

The ExtraCare Charitable Trust

Bournville Gardens Village

Inspection report

Bournville Gardens
49 Bristol Road South
Birmingham
West Midlands
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Tel: 01212278019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Bournville Gardens provides personal care to people that live in their own apartments and cottages within an extra care housing complex. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service supported 40 people.

People's experience of using this service and what we found

People told us they felt safe when being supported by staff in their homes. Relatives had no concerns about the safety of their loved ones. People and their relatives confirmed staff arrived on time or called them if they were running late. People were supported by a consistent core group of staff. Staff knew how to escalate any concerns and were aware of any potential risks when providing support to people. People received the support they needed to take their medicines.

Staff had the training they needed to meet people's needs and felt supported. People had a comprehensive assessment completed before the service commenced to ensure their needs could be met. People, were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's healthcare needs were monitored by staff and the nurse employed to work at the service.

People and relatives made positive comments about the staff that supported them, describing staff as kind, caring and helpful. People told us the staff encouraged them to be independent, protected their privacy and treated them with dignity and respect. People's human rights were respected and promoted.

People were involved in all aspects of their care and in the development and review of their care plan. People's communication needs were identified, and information was provided in a format that was accessible. As people lived within an extra care complex they were able to access a variety of facilities and activities to meet their social and cultural needs. A complaints procedure was in place and people and their relatives knew how to raise concerns and felt confident these would be addressed.

People, and relatives thought the service was managed well. Staff felt supported in their role and told us the culture of the service was inclusive and empowering. The registered manager was described as approachable, open and transparent in the way they managed the service. Systems were in place to monitor the delivery of the service.

Rating at last inspection

The last rating for this service was good (published 8 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bournville Gardens Village

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by an inspector, an assistant inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was older people and dementia.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is either bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection visit. This was to enable us to make arrangements to speak with people and their relatives and to be sure the registered manager would be in the office to support the inspection. We visited the location on the 24 September 2019.

What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 13 people and one relative about their experience of the care provided. We spoke with six personal support staff (care staff), a nurse, the operations care manager, co-ordinator, and the registered manager.

We reviewed a range of documents and records including the care and medicines records for six people, two staff recruitment files and training records. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person said, "I feel safe as there is always someone around."
- The registered manager and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "It is my duty to look out for the signs of abuse and report any concerns I may have."
- Staff and the records we reviewed confirmed they had received training in relation safeguarding people from abuse.
- The registered manager had notified us and the local authority of any safeguarding incidents that had occurred. However, we noted where the service had missed a call for people this had not been notified to the local authority. The management team sought clarification from the local authority, and then sent the required information to them following our inspection.

Assessing risk, safety monitoring and management

- Staff demonstrated their knowledgeable about risks to people and risks had been assessed. A person told us, "The staff supported me with my mobility and walked alongside me or in front of me when I come downstairs to make sure I am safe."
- A staff member said, "The quality of the documentation regarding medication and the care plans is very good and detailed and easy to follow and understand."
- Records we reviewed confirmed risk assessments were completed and covered a variety of areas including, moving and handling, medicines, skin integrity and the environment. This ensured any risks had been identified and action recorded to reduce these where applicable.
- Staff told us any changes in people's needs, would be reported to their supervisors, and relatives if required, and to the appropriate healthcare professionals to ensure people's needs were met.

Staffing and recruitment

- People told us there was enough staff to meet their needs. One person said, "The staff do sometimes change but there is enough staff around to meet my needs."
- People told us staff usually arrived on time and most people confirmed they would receive a call if staff were running late. One person told us, "The staff have been on time for me and if they were running late I was informed."
- Records confirmed the required recruitment checks had been completed before staff commenced working in the service. Part of these checks included a police check which ensured potential staff were suitable to work with vulnerable people. We did note some gaps in one staff members employment history

which were addressed during our visit by the registered manager.

Using medicines safely

- People told us they received the support they needed to take their medicines. One person said, "Yes, I get the support I need."
- Records we reviewed for four people showed they had received their medicines when they needed them.
- The records for one person who was prescribed medicines with specific administration instructions were unclear as to the time these medicines were to be given. This was to ensure it was given in accordance with the prescribed medicine's instructions. We spoke with this person who told us at times they did not always receive their medicines half an hour before food. The management team took action to address this during our visit and changes were made, and staff informed to ensure the time of administration was recorded and visits undertaken to ensure the medicines were administered as required.
- Staff told us, and records showed they had received training to administer medicines. Competency checks were also completed to ensure staff were administering medicines safely and to monitor staff performance.

Preventing and controlling infection

- People told us staff wore aprons and gloves to prevent the spread of infections when supporting them with personal care.
- Staff told us, and records confirmed, they had received training in relation to infection control and food safety. This ensured staff had the knowledge to prevent cross contamination and infection.

Learning lessons when things go wrong

- Systems were in place to learn lessons from accidents, incidents and any other issues that arose within the service to mitigate future risk and to identify any patterns and trends.
- The registered manager discussed any lessons learned with staff through team meetings, and supervisions to drive improvements within the service.
- The registered manager discussed examples where lessons had been learned, for example, where a change in staff supporting a person could have been managed more sensitively to minimise the impact on the person.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples needs were assessed prior to using this service. A person told us, "Yes I was fully involved in the assessment on my needs, it was very detailed."
- We reviewed the care records and saw people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, sexual orientation and disability.
- The ability assessments were comprehensive and reflected people's needs and preferences.
- The provider told us in the information shared with us (PIR), people were offered a well-being assessment by their nurse who referred any findings to healthcare professionals where required and with people's consent.

Staff support: induction, training, skills and experience

- People and relatives thought staff had the skills and knowledge for their role. One person told us, "They seem to know what they are doing." A relative said, "I have no concerns I would expect they have been trained."
- Staff told us they had received an induction and had access to regular training opportunities. A staff member said, "The induction was good, I received an induction folder and had a mentor and shadowed other colleagues as well as completing various training for around six to 12 weeks."
- Staff told us they felt supported in their role, and received supervision, spot checks on their working practices and appraisals to set and review performance objectives. This enabled them to maintain their skills, knowledge and ongoing development.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received the support they needed with meals and drinks. One person told us, "I choose my own food and drink and the staff prepare it for me."
- People confirmed staff asked them if they wanted a drink/snack when they left. A person said, "They always ask before leaving if there is anything else they can do and if I want a snack or drink leaving."
- Information about the support people required and their preferences was recorded in their care plan for staff to refer to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a nurse and a well-being drop in clinic based within the village complex. On the day

of our visit some people attended the clinic for their flu vaccination. A person told us, "It is quite handy having the drop-in clinic you can go about anything and talk with the nurse she is very good."

- The service employs a dementia specialist who is able to support people that live with dementia and mental health and their relatives. The specialist also provides support and guidance to staff.
- Staff monitored people's health care needs. Regular meetings were held between management and the nurse to discuss any healthcare concerns people had and the best way to support them with these.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff would always seek consent before providing support. One person said, "The staff always ask me what support I would like before helping me."
- Staff confirmed they had completed MCA training and had an awareness of how this legislation impacted on their role. A staff member told us, "It is to empower people who don't have the mental capacity to make decisions for themselves."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were happy with the service provided which met their needs. People told us staff treated them with respect and staff were caring. A person said, "I am 101% happy with the care they provide, the staff are very respectful and compassionate."
- Care plans took into account people's diverse needs and identified the support people may need with these. One person said, "The staff are very accommodating with my needs."
- We saw staff wearing a LGBT badge in addition to information about LGBT and support groups being available on notice boards in the communal areas for people and staff to access. People and staff told us their human rights were promoted and respected.
- Staff spoke passionately about their roles and told us they enjoyed their jobs. A staff member said, "There's not one day I do not want to come into work. I've seen a lot of changes in people, the way we work as a team is amazing."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care. A person said, "Yes I am involved each time they visit, I make decisions about the support I receive."
- Staff told us they worked in partnership with people and encouraged them to be involved in all aspects of their care. Staff knew about advocacy services and how to sign post people to various support groups they needed help with making any decisions. A staff member told us, "It is important we listen to people they enjoy and value our chats and making sure what they want is in their care plan."
- Care records we reviewed demonstrated people were involved and consulted about how they wanted their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect at all times and without discrimination. One person said, "They are very good and make sure I am covered up, and the door is closed or the curtains when they help me with a wash."
- People said staff promoted their independence. One person told us, "They always encourage, me to do things for myself where possible."
- Staff knew the importance of maintaining people's privacy and promoting their independence. A staff member said, "It's about independence, it's enabling people. To care for someone, it's not about doing everything for them, it's keeping their independence. It's enabling them, not disabling them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in developing their care and support plans. Their needs were identified including any needs on the grounds of protected equality characteristics and their choices and preferences.
- People were supported by a staff team who knew them well and were knowledgeable about their needs. One person told us, "Although I have different staff they do know me and what my needs are, the care plan is here to if they need to refer to it."
- People and their relatives confirmed they had regular reviews of their care to make sure the service provided met their needs and preferences. One person said, "I am fully involved in the planning and review meetings."
- The provider told us in the information shared with us (PIR), they were reviewing their Equality and Diversity policy with input from Stonewall.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information accessible to them. We saw care plans were provided in an accessible format such as large print to meet individual needs.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). They told us about the different formats they could provide if needed to support people's communication needs. This included, pictorial, and different languages.
- Information about how people communicated was included in the initial assessment and care plan to ensure arrangements could be made to meet any identified needs.
- Information about the AIS was reflected in the communal areas for everyone to access and detailed the support people should receive.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were able to access the facilities available within the complex where they lived. One person said, "There are plenty of choices, and things to do here, I wouldn't want to live anywhere else." Another person told us, "There is a befriending service available so we don't get lonely if we don't have family."
- People had access to a range of activities that were available to them to meet their social and cultural

needs. For example, art and crafts clubs, a gym, library, hairdresser and beauty rooms, trips, and music. Staff provided support to people where necessary to access any of these facilities as part of their plan of support.

- The provider told us in the information shared with us (PIR), they had a vibrant community with facilities utilised by the wider community, as well as people. There were many groups from the wider community who utilised the facilities such as Christian fellowship, choir and range of activity groups.

Improving care quality in response to complaints or concerns

- People and their relatives said that they knew how to make a complaint and felt listened to. One person said, "They're brilliant you don't get many complaints here, but I know what to do if I was ever not happy with anything."

- We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately.

- Complaints were reviewed and analysed to look for trends.

End of life care and support

- Although there was no one currently receiving end of life care, the service had processes in place to ensure people would be supported in a dignified, and sensitive way.

- The service was currently embedding the 'gold standard framework' which is a training programme for all staff to equip them with the skills to support people with dignity when they were nearing end of life. The documentation explores what might happen during people's pathway and enables staff to put things in place to make people more comfortable.

- The provider told us in the information shared with us (PIR), they were in a five year partnership with CRUSE Bereavement Service and plan to have all staff trained in Bereavement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to obtain feedback from people and their relatives. This included review meetings, street meetings within the complex, and electronic surveys where a portable device is taken to each person to enable them to provide feedback. A review of the feedback demonstrated positive feedback was provided.
- As people lived within an extra care complex they had access to the staff who were based on site and the provisions provided within the complex such as the well being clinic and bistro. This enabled people to have access to support, socialise with staff and public, and to access information about additional services available.
- Staff told us they enjoyed working at this service and felt valued. Staff told us how their religious observance was respected and their working day took into account times for worship, and key celebrations.
- Staff told us they attended regular meetings to discuss the service and felt listened to and their suggestions for improvements were valued. A staff member told us, "Its is a brilliant team and service to work for, different cultural and beliefs, I feel valued."
- The provider told us in the information shared with us (PIR), as an organisation they have set up an LGBT project group. Some members of the group have become members of the Stonewall Diversity Champion Group. They are working on areas such as: Organisational culture, staff attitude and awareness, environment and user involvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor the service provided to people, this included an electronic monitoring system which monitored all the calls provided to people. Any calls missed were investigated and action taken where necessary to mitigate the risk of it happening again.
- Audits were completed on the medicine's records, including an audit at people's homes. However, these audits did not identify the issue with the recording of medicines such as time specific medicines. In response to this action was taken at the time of our site visit and information was shared with supervisors during handover making them aware this information must be recorded.
- We were advised people's contact records were looked over by the supervisors each month but there was no formal record to support this. The Registered manager agreed to address this and ensure formal audits were undertaken to ensure staff were recording the additional required information about when people

received their time specific medicines.

- Audits were in place for all other areas such as care plans, training, and to ensure staff received regular supervision and spot checks. The provider also completed audits to maintain oversight of the service provided and where shortfalls were identified action plans were in place to address these.
- Staff understood their roles and responsibilities and were confident in the management team and the registered manager who they described as, approachable, supportive, and provided good leadership and direction.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed both on their website and at the office and promptly informing CQC of notifiable incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they were happy with the service provided. One person said, "I would recommend this service and this place. The staff are very helpful and approachable."
- People and relatives knew who the registered manager was. One person said, "Yes I know the managers and the staff on the front desk, they are all very helpful."
- Staff we spoke with felt supported in their role. One staff member said, "We have got an absolutely amazing team from the care staff, supervisors to management."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care.

- The registered manager understood her responsibilities in relation to the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to past incidents and any complaints she had responded to.
- The registered manager aimed to promote an open and transparent culture within the service and was able to describe the actions she had taken and was going to take to ensure the service learnt from any improvements where required. For example, in response to the medicines recording issues we shared, and notifying the local authority about any missed calls.

Working in partnership with others

- The registered manager and staff worked in partnership with health colleagues, local authority and other community groups as part of ensuring people received a personalised service.
- The provider told us in the information shared with us (PIR) they engaged with all specialist services where appropriate, to offer additional expertise and guidance for staff on best practice.