The ExtraCare Charitable Trust

Shenley Wood Village

Inspection report

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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

This inspection took place on 17 March 2016 and was announced.

At our first comprehensive inspection on 8 and 9 October 2015 we found we found that the service relied heavily on the use of agency staff which had resulted in a lack of consistency of care staff. Changes had been made to the management of the service and a team of managers had been drafted in on a temporary basis to improve standards until a permanent management team had been recruited. In addition, we found that audits and reviews had not been regularly used to monitor performance and manage risk and not been effective in identifying areas of concern within the service.

We asked the provider to provide us with an action plan to address this and to inform us when this would be completed. During this inspection we looked at these areas to see whether or not improvements had been made.

Shenley Wood Village has 300 homes on site with over 350 older people living at the service. Dependent on individual circumstances staff can support people with personal care to housekeeping. The service also supports people living with dementia. There were 55 people using the service when we visited.

The service had a manager in post that was going through the registration process with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out this second announced comprehensive inspection on 17 March 2016 and found that the service had a permanent manager in post. They told us that the recruitment of permanent staff was a priority and had been on-going. The manager told us they were gradually introducing set guaranteed hour contracts as opposed to zero hour contracts for those staff who did not wish to work full time hours. This was in an effort to help with staff retention as it gave staff more security. We were told there were also plans to increase the pool of bank staff to ensure a more consistent approach to staffing. People told us, and the staff rotas confirmed that the use of agency staff had reduced significantly since our last visit.

We also found that quality monitoring systems and processes had been improved and were being used effectively to make positive changes, drive future improvement and identify where action needed to be taken. We saw improvements plans for the service with timescales for completion.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. Risk assessments were centred on the needs of the individual and any potential risks to people had been identified. We saw that risk management plans had been completed to enable them to live as safely and independently as possible. There were sufficient

numbers of staff to meet people's needs and keep them safe. Robust recruitment checks took place in order to establish that staff were safe to work with people before they commenced employment.

Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and maintained relevant records that were accurate.

Staff received regular training which provided them with the knowledge and skills to meet people's needs in a person centred manner. People told us and records confirmed that all of the staff received regular training in mandatory subjects. In addition, we saw that specialist training specific to the needs of people using the service had been completed. People told us they were mainly responsible for their own food provision. However if they required support then this was provided. People could be supported to cook their own meals or to have a meal in the village restaurant. Referrals to other health and social care professionals were made when appropriate; to maintain people's health and well-being.

People and their relatives were involved in the planning of their care and felt included in discussions. They said that staff listened and respected their views about the way they wanted their care and support to be delivered. People told us they were treated with kindness and compassion. The privacy and dignity of people was promoted by staff and they treated people with respect.

People received care that was responsive to their needs. Their care and support needs were assessed and care plans gave clear guidance on how they were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care. The service had an effective complaints procedure in place and we saw appropriate systems for responding to any complaints the service received. Staff were responsive to people's worries, anxieties and concerns and acted promptly to resolve them.

Staff attended regular meetings, which gave them an opportunity to share ideas, and exchange information about possible areas for improvements. Ideas for change were welcomed, and used to drive improvements and make positive changes for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm and felt safe living within the service. Staff were able to recognise signs of potential abuse and knew how to report any concerns they had.

Risk assessments were in place, which meant that people benefitted from an approach which enabled them to take positive risks. Staff supported people in a way that minimised risks to their health and safety.

Staff were recruited using a robust process. They were sufficient in numbers, skill mix and experience, so as to support people to remain safe.

Suitable arrangements were in place for the safe administration, recording and disposal of medicines.

Is the service effective?

Good

The service was effective.

Staff received a robust induction, on-going training and regular supervision sessions to support them to develop their skills and knowledge to enable them to perform their duties effectively.

Where required, staff supported people to eat and drink and to maintain a balanced diet.

If needed staff supported people to access healthcare services.

Is the service caring?

Good

The service was caring.

People told us that staff treated them with kindness and compassion.

People told us they were involved in making decisions about their care and were always listened to by the service.

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Staff maintained people's privacy and dignity when undertaking personal care.

Is the service responsive?

Good

The service was responsive.

The service was flexible and responsive to people's individual needs and preferences.

People had been involved in discussions about how their care was assessed, planned and delivered.

People told us they had a voice and that staff listened to and acted on their views about all aspects of their care and how the service was run.

Complaints and concerns were listened to, taken seriously and addressed appropriately.

Is the service well-led?

Good

The service was well-led.

There was a permanent manager in post.

People were involved in the development of the service through a residents association and other village forums.

Improvements had been made to the quality assurance systems in place to assess and monitor the quality of the service.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

Shenley Wood Village

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 March 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available to facilitate our inspection. The inspection was carried out by two adult social care inspectors from the Care Quality Commission.

We used a number of different methods to help us understand the experiences of people using the service. We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also liaised with the local authority that commissioned the service to obtain their views about the service.

We spoke with eleven people who used the service and seven staff members that included the registered manager, the well-being advisor, the gym instructor, senior team leaders, care co-ordinators and support staff.

We looked at five people's care records to see if their records were accurate and reflected their care and support needs. We reviewed five staff recruitment files, two weeks of staff duty rotas, staff training records and further records relating to the management of the service, including quality audits and health and safety checks.

Good

Is the service safe?

Our findings

During our previous inspection people we spoke with expressed dissatisfaction about the high number of agency staff working at the service.

During this visit people told us they were beginning to notice an increase in the number of permanent staff working at the village. One person said, "I have been introduced to two new staff as they shadow those who know how to care for me." Another person told us, "It is definitely getting better, but not quite there yet." A third person commented, "There have been improvements recently with more care staff about."

Staff were positive about the increase in permanent staff that were being recruited. One member of staff said, "There have been huge improvements since you last inspected, there are more care staff on board now." A second staff member told us that six months ago it would not be unusual for five of the nine care staff on duty to be from an agency whereas today there was only one. They added, "I know more staff have been recruited and are waiting to start work."

The manager told us they were gradually introducing set guaranteed hour contracts as opposed to zero hour contracts for those staff who did not wish to work full time hours. This was in an effort to help with staff retention as it gave staff more security. We were told there were also plans to increase the pool of bank staff to ensure a more consistent approach to staffing.

We looked at rotas and saw that the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. Staffing levels had been organised for each person dependent on their assessed need. Support plans clearly described how these staffing levels were organised and the support required by each person concerned.

People told us they felt safe and comfortable in the company of staff. One person told us, "This is a very safe place to live." Another person commented, "I feel very safe here. There are always people around."

We spoke with staff about protecting people from abuse. Staff told us they had received training on safeguarding procedures and we confirmed this by reviewing their records. One staff member said, "The safeguarding training we have is very good." Staff knew how to recognise the signs of possible abuse and their responsibility to report it. A staff member said, "I would definitely act on concerns and report them to a senior member of staff." Another said, "We have received training about protecting people and know what we must do." Staff also told us they would be confident to report under the whistle-blowing policy if they identified a colleague using unsafe practices.

Throughout the village we saw large posters reminding staff, people using the service and visitors about the process for reporting possible abuse. The registered manager was able to demonstrate a good understanding of their responsibility to report allegations to the local authority and to notify the Care Quality Commission (CQC) of these. In addition our records confirmed that the manager had reported potential safeguarding concerns appropriately in order to keep people safe.

Risks to people's safety were minimised through individual and environmental risk assessments which identified potential and possible risks. People were helped to understand the ways in which risks could be minimised through review meetings and discussions with staff. One person told us, "I have a risk assessment for my scooter." Staff confirmed that risk assessments were reflective of people's current needs and guided them as to the care people needed to keep them safe. A staff member said, "We work hard to make sure the risk assessments are up to date." A second member of staff commented, "The risk assessments are an accurate reflection of the potential risks to people. If we identify any new risks we don't wait. It's addressed straight away."

Staff told us that people were involved with the development of their risk assessments and we were able to confirm this by looking at people's risk management plans. These outlined key areas of risk, such as falls, medication and manual handling as well as any other areas of potential risk specific to each individual. They included information on what action staff should take to promote people's safety and also ensured that people's independence, rights and lifestyle choices were
respected. We saw that risk assessments were up to date and reviewed as people's needs changed.

Many of the people living at Shenley Wood Village used a variety of motorised mobility equipment. We saw records that confirmed these were tested annually in order to ensure safety. We also saw that accident and incident recording procedures were in place. Staff confirmed that the manager was made aware when incidents occurred, and that action was taken where necessary. Accident and incident forms were completed on the day of the incident occurring. We saw evidence of completed forms within the records and saw that an overview was produced to identify any changes that could be made to reduce the numbers of occurrences. This information was used to identify ways in which the risk of harm to people could be reduced.

Recruitment procedures were in place to ensure only suitable staff were employed by the service. The registered manager told us that staff would only be allowed to commence employment following receipt of all relevant documentation. We saw that prospective staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out which included Disclosure and Barring Scheme (DBS) checks, health clearance, proof of identity documents including the right to work in the UK and two references. Staff files demonstrated that staff members had been safely recruited and that appropriate steps carried out, to ensure staff were of suitable character to work with vulnerable people.

We spoke with two people who required support with their medication. One said, "It is a fool proof system you can see easily if the medicines has been given or not." Another person told us, "The staff just arrive at the right time and give it. No problems."

Staff told us they had received training in the safe handling and administration of medicines and their knowledge and skills were regularly updated. One staff member told us, "We have just competed medicine training. I think the new system is very good."

Since the previous inspection the medication systems used within the village had been changed and the new processes were still embedding. The new system required that all those people who required assistance with their medications had their medicines delivered in pre-packed containers direct from the pharmacy. The containers clearly detailed the medication that had been packed in them, a description of the tablet, its use and any contra-indication. The supplying pharmacist also supplied Medication Administration Records (MAR) for each individual. We were able to confirm by looking at the process that staff were administering medication safely, in line with the services medication policy, and signing the MAR

sheets to confirm they had been given.

We were told that currently the staff were not trained to administer any form of controlled medication but if this were necessary the community nurses would support the service and train the staff as necessary. We saw that people were supported to order their medications as the supplying pharmacy had a post box in the village and collected and delivered peoples prescriptions regularly.

The service had policies and procedures in place to manage people's medicines when they were not able to. There were risk assessments in people's support plans that recorded the level of support each person required to take their medicines safely. Care records had information about people's medicines and times of administration and dosage. We found all staff administering medication had completed training, which we verified by looking at training records.

Good

Is the service effective?

Our findings

People using the service felt that staff had the appropriate knowledge and skills to provide them with effective care and support. One person told us, "The carers are very good. I think that's because they get the right training. Another person explained, "They are very helpful."

Staff told us they were well supported and explained that when they first started working at the service they completed an induction. They also told us they were able to shadow more experienced staff until they felt confident in their role. One member of staff told us, "All new staff have an induction and shadow a more experienced staff member." Records demonstrated that staff completed an induction programme before they commenced work.

Staff told us that they received refresher training and this benefitted the way in which they delivered care to people. They said the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "We have loads of training." Another said, "I look forward to any training; it is a chance to learn more about people and what they need to be as independent as possible." Staff confirmed that all mandatory training was recorded and they were reminded when training needed to be updated. We were aware that a member of staff who had not attended mandatory training had made themselves unavailable for work. This confirmed that the provider was aware of the importance of training.

We were informed that there was an Extracare University where staff could access additional courses that might benefit them. One staff member told us they had applied for funding so they could attend a course in Computer skills as this was an area they felt they needed to develop further and was essential to their role. Staff described clinical and support supervision sessions. They told us they were a forum for discussing training needs with a senior person. A staff member told us that supervision was planned so that each member of staff should have the opportunity for a supervision session every six weeks. Staff confirmed that they felt supported and felt able to raise any concerns, worries or ideas through supervision and staff meetings. Records we looked at confirmed that staff received supervision on a regular basis with a line manager.

Staff were aware of how to provide care and support to those people who lacked capacity. One person said, "The carers always discuss things with me. They will always ask if it's okay to do something first before they start."

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. The application procedure for this in domiciliary care service is called Court of Protection.

Staff and the manager had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated a good understanding and were able to explain how the requirements worked in practice.

Staff were available to support people at mealtimes, with food preparation or by accompanying them to the village restaurant. One person said, "I have help to prepare my own meals. I am able to choose what I eat and I get good support to do that." Another person told us, "I like to visit the restaurant. The meals are very nice."

The manager told us if people were at risk of poor food and fluid intake or had difficulty with swallowing they would be closely monitored. In each care plan we looked at we saw detailed guidance about the support people required in respect of food, drink and nutrition. We also saw that people's dietary likes, dislikes and preferences had been recorded to ensure they received the meals they enjoyed.

We were told by people using the service that most of their health care appointments and healthcare needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed.

The manager told us that district nurses visited people in their homes. Staff recorded these visits and the outcomes of them to ensure people's care was reflective of these visits. All staff we spoke with said they would call a GP if a person needed to be visited.

Integral to the village was a gym where a variety of classes were offered. We were told that the ethos of the gym was to keep people supple and motivated and we saw that rehab exercises were also provided by a physiotherapist. We found the village and the environment was suitable for any medical equipment that people might require.

The organisation employs a well-being advisor who acts as the link between people using the service, care staff and healthcare professionals. People could receive an annual well-being assessment if they wished. This looked at people's lifestyles, medication, any changes to their health, falls and mobility, and an osteoporosis and diabetes assessment. We were told the nurse would respond to any emergency's and would be able to carry out procedures that the care staff could not such as the administration of certain medical procedures.

Records confirmed that people's health needs were frequently monitored and discussed with them. We saw that people had access to the dentist, optician and chiropodist as well as specialists such as the physiotherapist, dietician and speech and language therapist. The service also offered an Enriched Opportunities Programme that supported people with dementia and dementia-related conditions.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, "All the staff are very kind." A second person said, "I do feel cared for."

Some people told us there had been a decline in the use of agency staff but when they had to be used it could prove to be frustrating. One person told us, "The permanent staff know what I need but I do get frustrated having to tell the agency staff how to provide my care." The manager told us they had reduced the number of agencies they used to one. Also, as a drive to improve consistency they always asked for the same agency staff. One person commented, "I have noticed a reduction in the use of agency staff and they are using the same agency staff on a more regular basis."

We observed positive and respectful interactions between staff and people who used the service. Staff spoke with people in all the communal areas. By talking with staff we confirmed they knew and understood the people they were providing care to. A member of staff said, "Because we have seen most of the people who eventually need care around the village we feel we know them, like a family member."

People told us that they and their family members were involved in making decisions and planning their own care as much as they were able. The manager said that people receiving a service and their relatives made decisions jointly wherever possible. People had care plans in place which recorded their individual needs, wishes and preferences. These had been produced with each person receiving care and their relatives so that the information within them focussed on them and their wishes. This meant that staff respected people' choice, autonomy and allowed them to maintain control about their care, treatment and support.

One person told us they had been part of the team involved in interviewing both the manager and the care manager. This process gave people greater control and a say about the type of person that worked at the service. The person involved in the interviews said, "I got the person I wanted."

We saw that people were given the opportunity and were supported to express their views about their care through regular reviews and records showed that families were invited to these. Staff understood the importance of promoting independence. One member of staff told us, "I always offer people the chance to do as much of the task as possible." Another staff member said, "I always encourage people to do what they can for themselves." We saw this was reinforced in people's' care plans. For example, one person's plan stated, "Encourage [name of person] to do as much for themselves as possible." This was in relation to their personal care and getting dressed.

Staff were able to explain how they supported people to maintain their independence. We were told by people that the service provided them and their family members with the information they needed regarding their care. One person commented, "I got a lot of information with everything I needed." They said that when their care package started they were provided with a guide to the service which included useful information, such as contact details and the complaints procedure. We looked at people's care files and saw

that this information was in place.

People told us that staff were respectful of their privacy and maintained their dignity. One person said, "The carers always behave most respectful towards me." A second person informed us, "They treat me with respect and are very polite to me." A couple who received care told us their care was provided entirely separately to promote their dignity.

Staff understood the importance of treating people with dignity and respect. For example one staff member told us, "It's important for people's dignity to make sure we don't embarrass them. I always close curtains and shut doors as a sign of respect." Another staff member told us, "I like to treat people how I would want to be treated." Records showed that this approach was reflected in people's care plans and that these areas had been covered in staff induction and on-going training.

We found that any private and confidential information relating to the care and treatment of people was stored securely. Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "All the staff are aware of confidentiality." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Good

Is the service responsive?

Our findings

People's care and support was planned in partnership with them. People told us their care was planned at the start of the service, and that staff spent time with them to fully identify their care and support needs. One person told us, "Everything was discussed with us. There were no surprises." People told us they were asked about their preferences, what care they wanted/needed and how they wanted their care to be delivered. One person commented, "It all happened so smoothly. We sat and chatted with staff about what we wanted."

People told us they felt the staff took them seriously and if they needed to change or adapt their care they felt they only had to make a phone call or talk with a member of staff. One person commented, "If I needed to change anything, or if I wasn't happy about something I know I could say and it would be sorted."

The manager explained to us that people had an initial assessment before a care package was commenced. We found that people received personalised care that was responsive to their individual needs and preferences. We saw that care plans were in place for every person that was receiving support. It listed what was important to the person and how their support needed to be delivered. They were person centred with a focus on people's care, health and treatment needs. People's wishes, preferences, and their likes and dislikes were also recorded. We saw clear evidence that people's care and support was planned with them and not for them. One person told us, "I have my book. The girls read it to make sure they know what to do."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their care and support needs. One member of staff told us, "We get to know people well and that makes a difference to how you care for them. You get to know all the little things that are important to them." Another member of staff said, "The runs are being re-jigged so that we will get to see the same people more of the time. That's going to be much better."

People told us they would not hesitate to take any concerns they had to the manager. We spoke with one person who felt they had been well supported when they raised concerns. Another person told us they had raised an issue with the head office and this had been responded to. One person commented, "I would raise concerns with the office but also tell them about positive things."

The manager confirmed that people were issued with a copy of the service's complaints procedure when they started to receive care. She said, "Any complaints made would be fully investigated and used as a learning experience to improve on the quality of the care provided." We saw there were effective systems in place to ensure all complaints were investigated in line with provider's complaints procedure.

People told us that the service encouraged them to provide feedback about the care they received. We spoke with two people who were part of the residents association. They told us this was an opportunity to raise any concerns with the manager and ensure they had a voice about how the service was run.

Good

Is the service well-led?

Our findings

During our previous visit the management of the service had not been stable and there was no permanent manager in post. In addition, we found that audits and reviews had not been regularly used to monitor performance and manage risk.

During this visit we found that a permanent manager had been recruited and was in post. They were undertaking the process to register with the Care Quality Commission (CQC).

We found that improvements had been made to the quality assurance systems and saw that these were being used effectively to drive future improvement and make changes for the better. We saw there was a programme of regular audits which had been implemented and carried out on areas, including health and safety, care plans and reviews, risk assessments, medication and catering. There were actions plans in place to address any areas for improvement.

People were regularly asked their opinions about the service and whether they were satisfied with the care and support they received. The manager monitored the quality of the service by undertaking service satisfaction surveys. People could attend street meetings and there was a residents association and several care forums where people were encouraged to air their views. People told us these were an opportunity to act as a voice for the community, to raise areas of common concerns, aid communication with the service and the provider and be involved in discussions and decisions to improve local services. The provider produces a quarterly report for their in-house magazine about the activities of the residents' forum.

People and staff we spoke with acknowledged the issues that the service had been through and described how they had seen improvements. They were mainly positive about the changes made to the service. A person said, "The manager is new so I am not really sure about her yet but she has listened to me." Another person told us, "I have been here since the beginning and feel more positive in the last six months than I did this time last year." A third person commented, "Things are coming together. [Name of manager] is good and needs to keep making improvements."

A staff member who had been employed since the village opened told us, "There have been a few ups and downs with management changes, but there seems a solid team coming on now." Another member of staff said, "It is good to have fresh eyes, the management seem more transparent. They are doing audits which identify any problems and ensure improvements."

On-going recruitment of staff had taken place since our last inspection and had reduced the numbers of agency staff used at the service. The registered manager told us that recruitment remained a priority and was on-going until the use of agency staff was no longer needed. They also told us of their plans to ensure a pool of bank staff were available to cover any shortfalls in staffing numbers.

Staff felt they were well trained and supported. We looked at the service training and development strategy. We saw that staff completed a comprehensive induction programme and staff development was a high

priority for the service. Staff told us they were proud to be part of the organisation, they said they were very well supported and felt valued. One staff member said, "I do feel supported. Things have improved a lot."

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would be more than comfortable raising any concerns." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

We saw lots of information around the village for people, staff and visitors regarding the complaints process, safeguarding arrangements, activities, fire safety arrangements and health promotion. Clear information had also been developed for prospective users of the service, setting out what they could expect from the service, their rights and also information about fees and the cost of any extra services. Useful contact numbers had been provided for people, so that they could contact the different teams within the service directly. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people.

We looked at the minutes from team meetings and saw actions had been set and then followed up at the next meeting with any progress that had been made. Daily handover meetings helped ensure staff had accurate and up to date information about people's needs and other important information. The service had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

Information was used to aid learning and drive improvement across the service. We saw incident forms had been completed in good detail. Accident and incident records were analysed to look for any trends developing and where preventative action needed to be taken. Any issues were discussed at staff meetings and learning from incidents took place. We confirmed the manager had submitted appropriate notifications to the Care Quality Commission (CQC) in accordance with regulations.