

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Brunswick Gardens Village

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service: ExtraCare Charitable Trust Brunswick Gardens Village is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection, the service supported 82 people who lived in apartments or bungalows on the Brunswick Gardens Village site, which is located in Sheffield.

ExtraCare Charitable Trust Brunswick Gardens Village has an office on site from where the domiciliary care service is managed and provides care and support, to some of the tenants, on a prearranged basis at certain times during the day. People's care and housing were provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises. This inspection looked at people's personal care and support services. Not everyone living at Brunswick Gardens Village was receiving personal care. CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating.

People's experience of using this service:

Without exception, people told us they enjoyed living at Brunswick Gardens Village.

People received a comprehensive assessment of their care and support needs which gave clear guidance on the support people needed. Care was personalised and flexible so that each person's support reflected their preferences. People were supported to attend a range of groups and activities. The range of activities on offer was extensive and varied providing outstanding choices which supported people to live meaningful, active and fulfilling lives.

People using the service felt safe. Staff received training to enable them to recognise signs of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as possible. People were able to remain independent whilst their safety and well being were balanced and promoted.

We saw outstanding examples of when people had been supported to maintain a healthy life and how this had significantly improved their lives. The provider's policies and systems ensured people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

People received care and support that was evidently person-centred. We received unanimous feedback of the positive impact this had on people and how they had changed people's lives. We saw excellent examples of how the care and support people received enriched their lives through meaningful activities. The service was proactive in its response to concerns or complaints and people knew how to feedback their experiences.

Innovative approaches to support people living with dementia and other conditions were embedded in the service.

The service was well led by an experienced long-standing management team. The registered manager planned and promoted holistic, person-centred, high-quality care resulting in excellent outcomes for people. The values and culture embedded in the service ensured people were at the heart of the care and support they received.

Staff told us they received excellent support from management and they recommend the service to their loved ones. There was a very open and transparent culture and people were empowered to voice their opinions. Without exception, people told us the service was well-managed.

Rating at last inspection: ExtraCare Charitable Trust Brunswick Gardens Village was last inspected in October 2016 and was rated good.

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated as good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any information is received that we need to follow up 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 remains safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was extremely effective.

Details are in our Effective findings below.

Outstanding ☆

Is the service caring?

The service remains caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was extremely responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service remains well-led.

Details are in our Well-Led findings below.

Good ●

ExtraCare Charitable Trust Brunswick 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one 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.

Service and service type: The service is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. 82 people supported by the service were assisted with personal care tasks.

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 because we needed to arrange to speak to people using the service and to ensure we would have access to the service office.

What we did: We reviewed information we had received about the service since they were registered. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with nine people to ask about their experience of the care provided. We spoke with 10 members of staff. This included; four support workers, two care coordinators, one wellbeing advisor, the dementia lead, the head of care and the registered manager. We reviewed a range of records. This included four people's care records. We also looked at four staff files, training and supervision records. We looked at records relating to complaints and records relating to the management of the service such as medicines and care plan audits. We contacted health professionals and gained the feedback from commissioners, continence services and a district nurse.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe. One person said, "I feel safe living here, much more than in the community."
- The registered provider had a safeguarding policy and procedure in place to provide guidance to staff on how to recognise and respond to safeguarding concerns.
- There were effective safeguarding systems in place and we saw staff reported concerns appropriately and to the right agencies.
- Staff were knowledgeable about safeguarding and how to report concerns. One staff member told us, "If I needed to I would contact safeguarding and I would contact CQC."

Assessing risk, safety monitoring and management; Using medicines safely

- Risk to people and the environment were well managed.
- The service provided a piece of equipment which could assist people who had fallen and help them safely get back on their feet.
- Care records contained up to date assessments of risk which were regularly reviewed and updated to ensure they contained relevant information and reflected people's needs.
- Staff we spoke with had a good thorough understanding of people and were aware of what support people needed in line with their assessed physical and emotional needs.
- Staff responsible for administering medicines received training and thorough checks of competency to ensure staff were working safely and in line with guidance on best practice.
- Staff had completed the medicine administration records accurately. There was guidance in place for staff on people's individual medicines and how to administer these.
- There were systems in place to monitor and audit medicines to help ensure these were administered safely and action taken where shortfalls were found.

Staffing and recruitment

- Staff continued to be safely recruited and reasonable steps were made to ensure suitable and sufficient staff were employed.
- Visits to people were organised onto separate 'boards' which showed details of all the visits and the allocated time staff needs to support the person. Staff told us they had time to make each call and sometimes they might run over but generally they had sufficient time.
- People told us there were enough staff around to meet their needs. One person said, "There are enough staff I've never had a problem." Another person said, "There are enough staff, it's the same in the evenings and at weekends." And "There seems to be [enough staff]. They are usually on time but if they are going to be late, they let me know."

Preventing and controlling infection

- Staff were trained in infection control and had an ample supply of personal protective equipment (PPE) which they wore to help reduce the risk and spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were reported, and detailed records were kept, and the provider informed the local authority and the Care Quality Commission (CQC). Accidents and incidents were audited to check for trends and patterns and then investigated to ensure lessons were learned and to help reduce risks.

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

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- ExtraCare Charitable Trust is taking part in a researched based project in partnership with Aston and Lancaster University. The service is using tools which monitors frailty levels and identifies the need for interventions such as physical or cognitive exercise and social engagement. This approach has been proven to significantly improve the health and wellbeing of residents who are taking part.
- People told us they were supported to ensure their health needs were met. One person said, "I told the carer about a lump that worried me. They talked it through then rang the doctor and went with me. They saw me through it". Another person said, "They sorted the medical care when I had an accident."
- Care records contained up to date information on people's medical history, current health needs and information on health care professionals who were involved in providing treatment. We saw that people had access to health care professionals where necessary, and received timely support with their needs.
- People received regular information in various formats such as newsletters to keep them up to date and informed on areas such as health and wellbeing and what activities were taking place.
- There was a person employed by the service called 'the locksmith' who worked with people who needed support with mental health concerns, memory loss, confusion or anxiety. The locksmith worked with the person to look at issues surrounding their individual experience of dementia and to develop a plan of care. Weekly active minds and reminiscence groups were on offer to people and their families, and coffee mornings were arranged to help integrate new residents. The locksmith also worked in partnership with the memory clinic. This approach supported significant improvements to the lives of people by enhancing their independence and quality of life.
- The locksmith provided training to volunteers, so they could become dementia friends which helped to raise awareness of dementia, in turn making a positive difference to people living with dementia. In addition, the locksmith offered support to people who want to access activities, both inside and outside of the village. The locksmith told us, "I love my job and the residents, I enjoy being here it's a nice place to be. People making their own choices and enabling them to make those choices is very important."
- The service has developed a buddy system where local children buddied up with residents who lived with dementia. People living with dementia had a higher level of positive engagement when interacting with children.
- The provider had adopted the Herbert Protocol which is a national scheme introduced by the Police and other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing. The Herbert Protocol is being used and systems are in place to allow for early interventions if vulnerable people were to go missing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People received the care they need because their needs and choices had been holistically assessed. The assessment process looked at people's mobility, sensory need, night time support and their ability to take medicines and what assistance they might need with it. Care and support were delivered flexibly, through flexible rota planning, so people could attend activities and appointments.
- People received an in-depth wellbeing assessment which was completed by a registered nurse who worked as a well-being advisor. This involved people receiving a health assessment, looking at various things like weight loss, diabetes, cancer awareness and diet and nutrition, this assessment was robust and ensured collaborative working with GP's and other professionals such as hearing services and district nurses.
- The well-being advisor offered drop in clinics and the service carried out research-based projects, which enabled people to have better health. The wellbeing advisor used a tool devised in partnership with a university to assess the needs of people, where necessary. They provide regular information to people on health and wellbeing and actively support people to live as healthily as possible. The well-being advisor told us, "I am able to act as a stepping stone and communicate with GP's on things like blood pressure and this can save people a lot of time and help them to feel reassured. I do an annual assessment and look at things like intake of fruit and vegetables, we found this was low for some people so offered workshops that were fun."
- There was a restaurant in the complex which provided a variety of meals. People feedback about the meals was extremely positive. We received comments such as, "We use it a lot. I like the food we have a good chef." And, "I go down all the time except for breakfast, it's excellent."
- Staff delivered meals to people where they were unable or chose not to access the restaurant facility.
- Where people were supported to make their meals by staff this was recorded in their care plans and a record of what meals had been offered was made. One person said, "The staff come in every morning and make my porridge. They know how I like it."

Staff support: induction, training, skills and experience

- Staff were well trained and had suitable and sufficient skills and knowledge to effectively meet people needs.
- Staff received mandatory training which was delivered around people's specific needs. The provider had a system in place to monitor training. When training was due to expire staff were booked onto refresher courses to ensure their knowledge was always current. Where staff needed specific training, the provider arranged that staff attend courses to give them additional knowledge. For example, staff had recently completed training on multiple sclerosis to be able to actively understand the condition and offer the correct level of physical and emotional support.
- Staff were also receiving training on pressure ulcers by taking part in the React to Red campaign. React to Red is a pressure ulcer prevention campaign that is committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be take to avoid them. The service had 6 champions who supported other staff to understand the factors which increase a person's risk of developing pressure ulcers and how to identify and respond to them following best practice principles.
- People told us they felt staff were extremely skilled. One person said, "All the ones [staff] I've had have been well trained."
- There were effective systems in place to support staff in their roles. Staff received regular supervision and appraisal to enable them to identify any training and development needs.
- People were actively involved in an inclusive recruitment and induction process. New staff were supported by a buddy system and shadowed more experienced staff until they were competent to work alone. Staff told us the induction was very good.

Adapting service, design, decoration to meet people's needs

- There were a wide range of facilities such as a gymnasium, restaurant, hairdressers which were all accessible.

- One person who used a wheelchair told us they had no problem getting around the village.

There was a wide range of activities on offer should people choose to be involved. The activities created for a variety of hobbies and interests such as gardening, singing, drama and woodwork.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- We checked, and the service was working within the principles of the MCA. We saw examples of where people were giving consent for their care and treatment. For example, consent to receive their medicines and consent for staff to enter their homes in an emergency.

Staff we spoke with were knowledgeable about the importance of understanding of MCA and supporting people to make their own decisions.

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

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

- Without exception all the people we spoke with said staff were kind and caring. One person told us, "Unbelievably kind. They do whatever I ask and more." Another said, "The staff are kind." And, "They are very genuine."
- People told us they were respected by staff and they had developed positive relationships. Comments were, "Yes, they know me well. Some of them are my friends." And, "I've been here for 10 years it was the best move I ever made."
- Staff told us how they supported people with their independence by encouraging them to do as much for themselves as possible. People were encouraged to take part in various groups and activities.
- We saw from our observations that there was a close community spirit. People waved and said hello in passing and also sat in groups reminiscing. The atmosphere was friendly and inclusive and feedback from people was that it was a great place to meet people and get involved in a variety of activities.
- The service had a strong person-centred culture. This was echoed in discussions with staff, professionals and people who used the service. One professional said, "The place is well ran and a nice place to visit. The people who live there seem happy and well looked after."

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

- People were supported by regular staff who knew their needs. When things changed people were involved in updating their records, so they were current and up to date. One person said, "I have talked to them as my needs have changed." And "I've seen my care plan. It's being reviewed at the moment."
- Discussions with staff showed people's diverse needs in respect of the protected characteristics of the equality act were met. Staff had received training in equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with told us staff respected their privacy, dignity and independence. Staff told us how they would always knock on someone's door and ask permission before carrying out tasks. We could see that records were safely stored to maintain confidentiality.

Is the service responsive?

Our findings

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

Services were tailor made to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support that was exceptionally person centred. People told us that staff were very responsive to their needs and care. Care plans contained holistic person-centred information about what individual support each person required. This helped staff to deliver individualised care.
- Staff regularly reviewed and updated people's support plans and made appropriate referrals to relevant professionals, when required. People and their relatives were involved in the completion of care plans.
- The service embraced technology and used this as a means of achieving positive outcomes for people. For example, we saw how modern technology had been used to support people who were disabled, to be as independent as possible around their home. People were using pendant alarms which were able to track their location, this enabled staff to be extremely responsive to people's needs and gave people confidence around their safety and wellbeing.
 - The provider supported people to use vibrating pillows, which alerted them of the fire alarm when they were sleeping, and flashing door bells were available for people who were hard of hearing. Technology was also used as a means of communication for staff, so they were able to access workplace information from their smart phones.
- Staff made clear detailed records detailing the level of care they provided on each visit so information about people's needs could be effectively passed on and care could be monitored. Staff had an in-depth understanding of people's needs and preferences.
- People had excellent support to undertake activities, hobbies and interests. Staff used innovative ways to enrich people's lives and help them make their lives feel more meaningful by encouraging and supporting them to take part in activities that would help them to live a varied and active life. One person was struggling with poor mobility but after using the specialist strengthening equipment available saw significant improvement in their mobility. Another person had gained weight which was impacting on their mobility. After monthly visits with the wellbeing advisor and referrals to other health professionals they had managed to lose weight by increasing their physical activity through use of the gym facility and weekly exercise classes. This had a positive impact on the person's physical and mental health and wellbeing and had helped them make new friends.
- People told us there was always plenty to do. People could volunteer in various projects such as working on reception or helping in the gymnasium. One person told us they had "A new lease of life since moving here, it's hard to be lonely, there's so much going on." Another person told us how their life had improved for the better and they felt like they were making a positive difference to others by volunteering and being involved. We saw from our observations there was an exceptionally strong sense of community and people had made numerous friends and told us they were extremely happy with the care and service they received and no longer felt socially isolated. The village had a warm, friendly and extremely welcoming atmosphere.
- Information was available in a variety of formats to meet the communication needs of people. For

example, easy to read information and smart technology was all being utilised.

- The provider had supported people who were blind or visually impaired to access talking books and had arranged for staff to sit with a person and read to them which also offered companionship.

Improving care quality in response to complaints or concerns

- The provider had a concerns and compliments policy in place which gave timescales for how long it should take to address a complaint.
- We saw there was a log of complaints which had been responded to within the provider's policy timescales.
- People and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.
- People were confident that if they raised a complaint they would be listened to. Staff felt the management team responded appropriately to all complaints and felt that every complaint was important.
- People knew how to provide feedback about their experiences of care. The service provided a range of ways to do this through monitoring visits and regular surveys. There was an electronic system in place where people could leave anonymous feedback and suggestions should they wish to.
- We saw that numerous compliments had been paid in the form of letter and thank you cards, giving praise and gratitude to the care provided.

End of life care and support

- No one at Brunswick Gardens Village was currently receiving end of life care.
- Staff were passionate about providing good care and were completing the Gold Standard Framework. The Gold Standards Framework (GSF) is a framework used by many GP practices, care homes and hospitals to enable earlier recognition of patients with life-limiting conditions, helping them to plan to live as well as possible right to the end. The GSF was communicated to people through various forums and notice boards within the village.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered provider is required to have a registered manager as a condition of their registration for this location. At the time of our inspection, there was a registered manager in post and they had been employed by the provider for approximately 11 years. The registered manager was supported by a head of care and team leaders in the management of the service.
- People and staff were very positive about the management of the service and very happy with the care and support. One person said, "It seems to be well managed. I'm most impressed." Another said, "I like it here. I say to people what would you be doing if you weren't here. You'd be sat on your own." And, "I'm very happy here I can't think of anywhere I'd rather be. I can't fault it."
- Feedback from staff was very positive, one said, "I can go to the manager for anything. We all go out together. The staff all get on and we all talk. I like the residents and I you get a lovely mix of people." Another said, "Yes enjoy it, I love it. Think I enjoy all sorts, been here 8 years and all the staff are supportive and the residents are nice. The shifts are good. I worked in community before, but I now have more support at Brunswick."
- Regular observations of staff's practice were completed covering areas such as privacy and dignity, record keeping, medicines management and infection control. Positive feedback was provided as well as constructive feedback where any issues were identified. We could see that this was an effective system to monitor the quality of care and support provided by staff and to encouragement improvements.
- Various meetings and forums were held which gave people a voice to be involved in the up keep and running of the service. People views of the meetings were positive and they felt involved even if they could not attend as meeting minutes were sent round.

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

- Staff were supported by the management team through regular monitoring, supervision and appraisal of their work. Staff were able to express their views and opinions of the service through regular meetings where their suggestions and feedback was listened to and action taken where necessary. Staff were knowledgeable and working towards the organisation's visions and values and a strong emphasis was placed on delivering person centred care.
- People views of the service was sought through feedback and surveys. The feedback was gathered and analyses to see where improvements could be made, giving people a voice.
- An award takes place each year where staff and volunteers are nominated for going the extra mile, above

their normal duties. This year the award of £200 was given to a member of staff from ExtraCare Charitable Trust Brunswick Gardens Village. The registered manager told us that a number of staffs had received a nomination over the years, which shows their dedication and commitment.

Continuous learning and improving care

- There were robust internal systems in place which helped the manager monitor the running of the service. Regular audits took place to check areas such as care planning and medicines. Accidents and incidents, safeguarding and complaints were recorded, monitored and evaluated and statistics were overseen by senior managers to enable shared learning in the other providers locations.

Working in partnership with others

- The registered manager was aware of their duties to report certain incidents, such as allegations of abuse or serious incidents, to the CQC and the local authority.