

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Terryspring Court

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

The inspection took place on 13 April 2016 and was announced.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office. People lived within their own individual flats and shared some communal areas.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including dementia, who live in their own homes.

At the time of our inspection 26 people received support with personal care. A registered manager was in post when we inspected the service. 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 and associated Regulations about how the service is run.

People told us they were safe and that care staff supported them to remain safe. People told us they felt comfortable with the care staff supporting them and care staff understood what it meant to keep people safe from harm.

People were supported by regular care staff who understood their individual needs. Care staff understood people's health and the risks to their health. They understood what precautions needed to be adhered to keep people safe and which symptoms to monitor. People told us they were able to access help when they needed it and care staff felt care staffing levels were adequate.

People received their medications as prescribed and regular checks were made to ensure that care staff understood how people needed to be supported to take their medications.

Care staff understood how to care for people. Staff training was regularly monitored to ensure care staff had access to training that kept their knowledge up to date. Care staff accessed regular supervision and feedback on their performance.

People accessed additional medical help and support when it was required and were supported by care staff to access this.

People felt cared for by care staff they regarded as their friends. Regular care staff supported them which helped care staff understand people's individual needs.

People were treated with dignity and respect by care staff who understood what this meant for people.

People fed back on the care being delivered in a number of ways. People spoke with care staff and the registered manager individually or attended meetings at the service. People also participated in spot checks to check they were satisfied with the care they were receiving.

People had confidence in the registered manager and that their concerns or feedback were taken seriously and acted upon. Peoples care was reviewed and updated regularly and where appropriate feedback from external partners was sought.

The registered provider made regular checks of the service to ensure that the quality of care being delivered met their expectations.

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 kept safe by care staff. Care staff understood what was needed to keep people safe and understood the risks people lived with. People were supported to take their medications as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by care staff who understood people's health and the risks associated with their health. Care staff were supported by the management team. People were included in discussions about their care and were supported to access additional medical help.

Is the service caring?

Good ●

The service was caring.

People were cared for by care staff they regarded as friends. People were treated with kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People influenced how care was delivered. People understood the complaints process and knew how to complain if needed to.

Is the service well-led?

Good ●

The service was well led.

People's care and the quality of care was regularly reviewed and updated. Care staff felt supported and part of a team that understood their role. The registered manager understood the registered provider's expectations for running the service and these were routinely monitored.

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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 13 April 2016 and was announced. The inspection was undertaken by one Inspector.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to eight people receiving care at the service. We also spoke with one relative, two care staff, the deputy manager and the registered manager.

We reviewed two care records, the complaints folder, recruitments processes, monthly checks the registered manager completed as well as results of checks the registered provider undertook.

Is the service safe?

Our findings

People told us they felt safe. When we asked people whether they felt safe, one person told us, "Absolutely." Another person replied "Oh yes." We observed the way people interacted with care staff. People had no hesitation in approaching care staff or chatting to them. People smiled at care staff and looked comfortable in their presence. Care staff reciprocated this and this helped to create a relaxed atmosphere.

Care staff we spoke with all recognised the signs of abuse and their responsibility should they come across a safeguarding incident. Care staff told us they had received training on protecting people from harm. Care staff clearly relayed to us what should be done and who they could discuss their concerns with. Care staff also told us they felt comfortable speaking to their line manager if they were unsure of anything. The registered manager understood their obligations. Records we checked confirmed the registered managers understanding and that they followed the correct processes to ensure any concerns they had were recorded.

People told us they were able to access help from care staff when they required support. People told us they were able to alert care staff if they needed support. People told us they pressed their pendant or pulled the cord. One person told us "If I ring the bell they come running. I collapsed in the bathroom and they come running." The registered manager told us each person was asked to call them before 11am. If people failed to call they are checked on to ensure they are safe.

The registered manager worked with a core care staff team that were supplemented by 'Bank care staff' to cover sickness or annual leave. Care staff we spoke with told us they felt care staffing levels were adequate. Care staffing levels were reviewed by the registered manager and were adjusted based on people's changing needs. For example, the registered manager told us about a person who required additional support and care staffing levels were adjusted to meet the person's needs.

People told us about some of the risks to their health that they lived with and how care staff helped them. Some people lived with diabetes. Care staff we spoke with understood which people lived with diabetes and the symptoms they needed to be aware of when caring for each individual. Another person had recovered from suffering from a stroke. Care staff we spoke with knew how a stroke may present itself and what to do if they were concerned for that person. We reviewed two people's care plans which contained information for care staff on people's health needs as well as risks to their health, they lived with.

The registered manager followed the registered provider's recruitment policy for new care staff. The registered manager amongst other checks ensured care staff had completed DBS (Disclosure and Barring Service). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices. Two care staff files we reviewed demonstrated that the necessary checks had been followed before care staff were allowed to work at the service. Care staff we spoke with also confirmed that all the necessary background checks and suitable references were completed before new care staff commenced work.

Some people were supported to take their medicines. One person told us, "When the carers come in they check I've taken my tablets." Another person told us that "Care staff usually come at the same time to help me with my tablets." We reviewed how the registered manager ensured people received the correct support to take their medicines. We saw monthly checks the registered manager completed that ensured people's medication instructions were followed. This review included whether people received their medicines at the time they were supposed and the correct dosage. Care staff we spoke with spoke knowledgeably about people's medications. Care staff described the medications that people received and the system for ensuring people's medication were ordered in advance and that they had continuous access to their medications.

Is the service effective?

Our findings

People told us they received the care they needed and that care staff understood how to care for them. One person told us they had confidence in care staff and told us, "You have to be specially trained to work here." A relative when asked whether they thought care staff had adequate training replied, "Absolutely."

Care staff we spoke with told us they were supported to access training and support to carry out their roles. One care staff member told us, "The training is spot on." Care staff told us they were able to access additional training if they required this. Care staff had regular supervision meetings where they felt able to talk about issues of concern to them and reflect on their performance.

Care staff told us about how they supported new care staff joining the service to understand people's care needs. Care staff told us new care staff shadowed other more experienced care staff and that this was supplemented with training. Three care staff confirmed that this was the process they had undertaken when first joining the service, although they had all worked there for some time.

The 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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

We looked at the way the registered provider was meeting the requirements of MCA. The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

People told us care staff explained their care to them and ensured they were happy before they proceeded. Care staff we spoke with also understood the importance of obtaining a person's consent. We saw numerous examples throughout the inspection of care staff explaining things to people and waiting for an acknowledgement in return. For example, after lunch if people required help with their wheelchairs, people were asked before they were supported to be moved.

Some people were supported with their meals. People told us that care staff always ensured they had access to drinks and food if they required it. Some people lived with diabetes, and care staff understood the importance of ensuring people had access to food and drinks. Care staff told us they would always ensure people had a drink prepared for them before they left. We also saw care staff preparing drinks for people to ensure people had access to fluids throughout the day. People told us they were given choices in terms of meals and drinks they were offered.

People told us they were supported to access medical help if they ever required this. One person told us, "If I'm poorly, they call the doctor out for me." People told us, they felt confident that they would get the help they needed. One relative we spoke with told us, their family member had been poorly and that care staff had called the doctor for them. People benefitted from having access to a number of drop-in wellbeing sessions that took place. One person told us, they helped run a support group for a medical condition they lived with. They told us, care staff had encouraged them to participate and that this had helped them to feel empowered. Other people we spoke with told us they benefitted from help from a fitness instructor and this helped them with their wellbeing.

Is the service caring?

Our findings

People we spoke with talked positively about the care staff that supported them. One person told us, "I absolutely love it here." Another person told us, "It's a family here." One relative told us, "The girls are really good."

We saw numerous examples throughout the day of how care staff smiled and acknowledged people as they walked past. One care staff member told us, "You have to chat to people and they do become your friend." People described care staff with warmth. Two people told us they regarded care staff more as friends rather than as care staff supporting them. One person told us about how when a care staff member had got married, they came in on their wedding day and bought a piece of wedding cake for them.

People described an easy and comfortable relationship with care staff. One person told us, "As soon as they come in, they're laughing and joking with me." People told us this enabled them to feel comfortable with care staff and discuss their care with the care staff. People told us they were able to contribute to their care planning. One person told us, "They (care staff) check I'm happy with everything." Another person told us "They check everything's ok." We saw throughout the inspection people being involved in making decisions about their care. Care staff told us they knew a lot of the people through spending time with them and getting to know them. For example, we saw one care staff member sharing a joke with a person about how they liked to drink their tea. The person told us "They all know what I like." Other care staff members could describe people to us and their exact preferences.

People we spoke with understood what it meant to be treated with dignity and respect. One person told us, "Care staff are gentle and respectful." People described to us things that were important to them and how this helped them to feel valued. One person told us, about how initially they had struggled with losing some of their independence but that care staff had worked with them to help them to manage things for themselves. They told us that support from the gym instructor had helped them to slowly feel empowered.

Care staff explained to us what caring for people with dignity meant to them. One care staff member told us, "You have to adjust your personality to suit people." By this the care staff member meant that they understood how each person expected to be treated and their values and they responded accordingly. We saw care staff discreetly help people that needed support. Another care staff member told us that this meant building a rapport with people so that when offering support with personal care, people felt comfortable and at ease.

Is the service responsive?

Our findings

People we spoke with told us they helped to influence their care, so the care they received was specific to their individual needs. One person told us, "Before I moved in I spoke to the care staff. We went through everything." People and relatives we spoke with told us they discussed care needs with care staff and that this was reviewed periodically. One relative we spoke with told us, their family members care needs had changed over time. In response to these changes the support care staff provided was adjusted accordingly. Other people we spoke with also told us about how they had been supported. For example, one person told us that they sometimes felt low in their mood, but care staff would cheer them up and get them involved with things.

People shared their views about the care they received in a number of ways. People told us they attended "Street Meetings", which were meetings aimed at people living within the flats. People were able to feedback on a number of issues that were important to them as well as receive updates from the registered manager. For example we saw in the minutes of meetings that people were kept updated about care staff recruitment and sickness, so that people knew why care staff were not at work or when new care staff were starting. People receiving care were also involved in care staff recruitment. People met potential new care staff and were encouraged to feedback what they thought so that this could be considered as part of evaluation.

People's care and access to care was reviewed periodically to ensure the care met people's expectations. The spot checks covered a number of areas that included punctuality, duration of the calls, care staff interaction as well as tasks completed by care staff. People were also asked to contribute to ensure they were happy with the quality of care they received. People told us they were happy to do this. Care staff also told us, they also received feedback on spot checks so that they understood if there was anything they could improve upon.

People receiving care were invited to represent the service at meetings held by the registered provider. We saw minutes of meetings the registered provider held to understand people's concerns as well as to share information with people. People that attended on behalf of the service then shared what they had learnt at the "Street Meetings".

People told us they understood how to complain and that they could either speak to the registered manager or care staff if they were unhappy with anything. One person told us if they had any concerns they "Go to one of the team and they help me sort it out." People we spoke with told us they had never complained. People, told us they had never had an issue about which to complain about. One relative told us, "I'm sure if there were any issues at all they would be sorted." We reviewed the registered provider's complaints process and saw that there was a system by which to record and acknowledge people's issues. Copies of the complaints would also them be shared with the Area Co-ordinator for them to review and escalate to the registered provider as appropriate.

Is the service well-led?

Our findings

The registered manager was known by their first name by people. We saw them chatting to people throughout the inspection. People exchanged light hearted jokes about some of the activities taking place and people responded positively to the registered manager participating in activities with them. People knew the registered manager and spoke with warmth when they described them. The registered manager knew all of the people receiving care and support as well as their individual circumstances.

Care staff we spoke with told us they had found the registered manager supportive and approachable. Three care staff we spoke with all spoke of their contentment at working at the service. Care staff told us the environment they worked within was friendly and that people benefitted from this because they were happy to work there. One care staff member told us, "I love the place."

Care staff told us they felt able to discuss issues they required clarification on. One care staff member told us, "If you have a problem, it's dealt with straight away (by the registered manager.)" We saw care staff carry handsets with them at all times. Care staff told us this was so that they could stay in touch with other care staff and access additional help or clarification on people's care should they require it. Care staff told us they also attended regular care staff meetings as well as appraisals. One care staff member told us they had not come from a care background but with support they had felt empowered to apply for other more senior jobs within the service. Another care staff member told us that adjustments were made for care staff to feel part of the team. When they were unable to attend training due to personal circumstances, attendance at another training session was organised so they did not miss out.

We reviewed how the registered manager assured themselves of the quality of care being delivered at the service. We saw the registered manager had a system for ensuring a number of areas of care were reviewed and updated regularly. Care plans we reviewed had been updated. Medications people received, people's care needs, care staff supervision and training were all checked and updated appropriately. The registered manager told us, they worked closely with care staff and that this enabled them to pick up any issues that might arise. Feedback from "Street Meetings" also ensured they understood people's up to date concerns so that they could incorporate this into their reviews of the service. For example, some people gave positive feedback on staff and this was fed by the registered manager to individual staff.

The registered provider also undertook their own audits of the service to ensure the quality of care being delivered met their expectations. We saw in the most recent audit, some areas of service delivery had been identified as needing updating or amending. We saw that the registered manager had attended to these and notified the area co-ordinator as soon as they had been completed. Feedback was also given to the registered manager after any audit or unannounced visit by the registered provider so that the registered manager understood clearly how the service was performing and whether any improvements were required.

The registered manager was supported in a number of different ways. The registered manager told us, they attended supervisions meetings and had appraisals with the registered provider's representative. Training

was also arranged for the registered manager so that they were aware of all developments in their role. For example, the registered manager told us about Mental Capacity Training they were undertaking to ensure their knowledge was up to date.

A monthly multi-agency meeting was also held to discuss people's care needs. Representatives from the local authority, the registered manager, care staff and social workers all met to review whether people's needs were being met and if changes were required. The registered manager then ensured that recommendations from the meetings were implemented. For example, one person's future at the service had been discussed. However, the registered manager worked with external partners to identify a way in which the person could continue living at the service with additional help.