

The ExtraCare Charitable Trust Shenley Wood Village

Inspection report

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Date of inspection visit: 08 and 09 October 2015.
Date of publication: 25/02/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 8 & 9 October 2015 and was unannounced.

Shenley Wood Village has 300 homes on site with over 350 older people living at the service. Approximately a third of people within the village receive help with their care. Dependent on individual circumstances staff can support people with personal care to housekeeping. The service also supports people living with dementia. There were 54 people using the service when we visited.

Following recent changes to the management team, there was a temporary registered manager in place, until a permanent manager had been recruited. 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.

Summary of findings

Prior to our visit we received concerns in relation to insufficient staffing numbers, a high use of agency staff and poor management and leadership within the service.

During this inspection we found that the service relied heavily on the use of agency staff, because of this, we found there was a lack of consistency of care staff. This was confirmed by people we spoke with. All the people we spoke with were unanimous in their wish for continuity in care. People also told us that staff were often rushed and did not stay for their allotted time.

Changes had recently 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. People we spoke with felt unsettled and anxious about the recent changes.

We saw 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.

People were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures. We saw that risks to people's safety had been assessed and were linked to their care plans. Pre-employment checks were completed on staff before they were judged to be suitable to look after people at the service. People received their medicines from staff that were trained and competent to administer medication safely.

Staff received appropriate support and training and were knowledgeable about their roles and responsibilities. They were provided with ongoing training to update their skills and knowledge to support people with their care and support needs.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. People told us that staff always asked for their consent before undertaking any task.

People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. There was a restaurant and a coffee shop in the complex which served a variety of meals, including a vegetarian option.

People's health and wellbeing needs were closely monitored and the staff worked with other healthcare professionals to ensure these needs were met and to prevent hospital admissions. There was a well-being advisor who promoted good healthcare access for people using the service. They also provided a drop-in service where people could go to have their blood pressure or blood sugar taken. The well-being service has been recognised as best practice by several different national agencies. In addition there was a service available to people living with dementia and dementia-related conditions.

People were looked after by staff that were caring, kind and promoted their privacy and dignity. People's rights in making decisions and suggestions in relation to their support and care were valued and acted on.

People's needs were assessed and care plans gave clear guidance on how people were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care.

Staff supported and encouraged people to access the community and participate in activities that were important to them. We saw volunteers from the local community who worked at the service to support people with activities. There were links with the local churches and people accessed the local shopping areas. All the people we spoke with said there was a large and varied assortment of activities provided at the service that provided them with a sense of well-being. The provider has an annual programme of established events that everyone who used the service was invited to take part in. In addition, the provider also supported people wanting to pursue more active lifestyles. They had supported people to loop the loop in a glider, walk with wolves, perform on stage at Birmingham's Symphony Hall or wheelchair abseiling.

There was a process in place so that people's concerns and complaints were listened to and these were acted upon. On the provider's web site we saw they had a compliments and complaints page for people to complete if they were not satisfied with the service.

The provider empowered people to be involved in making decisions about how the service was run through a residents association and other interest groups.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not consistently safe.

The service relied heavily on the use of agency staff which meant there was a lack of consistency of care staff.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

There were risk management plans in place to promote and protect people's safety.

The service followed robust procedures to recruit staff safely.

Safe systems were in place for the management and storage of medicines.

Requires improvement



Is the service effective?

This service was effective

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People were supported to be able to eat and drink sufficient amounts to meet their nutritional needs.

The service worked effectively with other healthcare professionals to prevent hospital admissions and they demonstrated that they could sustain best practice with their well-being service.

Good



Is the service caring?

This service was caring

Staff communicated effectively with people and treated them with kindness and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Good



Is the service responsive?

This service was responsive

People, and their relatives, were actively involved in reviewing the person's care plan and their care needs.

Good



Summary of findings

People were enabled to participate in a wide range of activities that were innovative and varied and enhanced their well-being. People were also actively supported to be part of their local community.

Complaints and comments made were used to improve the quality of the care provided.

Is the service well-led?

This service was not consistently well led.

Changes had been made to the management of the service which had left people feeling worried and unsettled.

Systems to assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment had not been used consistently or effectively.

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

Requires improvement



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 8 and 9 October 2015 and was unannounced. The inspection was undertaken by two inspectors, one of whom was a pharmacy inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include

information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service.

We spoke with sixteen people who used the service in order to gain their views about the quality of the service provided. We also spoke with two relatives, five care staff and the management team, to determine whether the service had robust quality systems in place.

We reviewed care records relating to four people who used the service and five staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

Prior to our visit we received concerns in relation to insufficient staffing numbers and a high use of agency staff. This meant that people experienced a lack of consistency of staff.

People we spoke with were unanimous in their wish for continuity in care. They said they did not get the same carers all the time; they realised that perhaps holiday times and staff absences were difficult to deal with, but felt that the use of agency staff created anxiety with people. One person told us, "You can't build up a relationship with the agency staff because they change all the time. There are so many agency staff. I get embarrassed having my care from new staff."

All the people we spoke with expressed dissatisfaction about the number of agency staff working at the service. They also raised concerns about staff being rushed and not always staying for the allotted time. One person said, "I was told I would have a team of four regular staff. So far I have had 28 different staff. Most of them are agency staff who don't know what to do. They don't stay for the time they should. My regular care staff are fantastic though. I can't fault them." Another person said, "You see a different person every day. I get tired of having to keep telling them what to do. They are always in a rush."

People also told us that staffing levels at weekends were inadequate and there were more agency staff on duty at weekends. One person said, "Weekends are terrible. There is no one about." Another person told us, "It's a struggle at weekends. Staff are rushed because they are always short-handed." A relative explained, "A lot of the old staff left. We lost some excellent carers. They have been replaced with a lot of agency staff who don't have the same commitment as the regular staff, who are very good and very dedicated."

We were told that there were numerous staff vacancies at the time of our visit. The provider was actively recruiting for new staff and a care manager and care co-ordinator had been successfully recruited. The registered manager told us a further recruitment drive was to take place the week following our visit. Due to the number of staff vacancies the registered manager told us the service was using agency staff to maintain cover.

We asked a senior staff member; who had responsibility to formulate the staff rotas; how they made sure there were enough staff available to meet people's individual needs. We were told that there were 54 people receiving care, and they required varying levels of support. They said that staffing numbers were based on the level of people's dependency needs. We looked at the staff rotas and found that although staffing numbers remained at a consistent level, the service relied heavily on agency staff. There was also a large number of agency staff used at weekends. This did not ensure that people received a consistent service from staff that know them and were able to fully meet their needs.

People told us they felt safe or felt their relatives were safe in their environment, both with the care staff and within the complex. One person said, "I feel very safe here. We only have to pull our cord and staff are here straight away." Another person told us, "There is always someone around if you need help. That's why I feel safe and have peace of mind." Relatives also told us they felt their family members were safe. One commented, "I can go home and feel happy that my [relative] is safe. They wear a pendant and have used it a couple of times. Staff always arrive quickly."

Staff told us they had undertaken training in recognising and reporting abuse and were able to demonstrate their awareness of how to keep people safe. One staff member told us, "I would talk to my manager if I had a safeguarding concern." Another member of staff said, "We all know what to do. All staff have had training and we have information about what to do." The staff we spoke with told us they were confident that any concerns reported to the management team would be effectively dealt with to make sure people were safe.

Whistleblowing policies were available and were provided to staff as part of their induction programme. Staff were aware of the information contained within these policies and told us they would use these to report any concerns they had within the service. This meant that the provider had taken action to minimise the risks of avoidable harm to people from abuse, because staff were trained to identify signs of possible abuse and knew how to act on any concerns.

We saw records of when staff had undertaken safeguarding training and also when they had undertaken 'safeguarding refresher' training. We also found that the provider had effective systems in place to monitor and review incidents,

Is the service safe?

concerns and complaints which had the potential to become safeguarding concerns. Records showed that the registered manager documented and investigated safeguarding incidents appropriately. These had been reported to the local authority but not the Care Quality Commission (CQC).

Risks to people's safety were minimised through individual and environmental risk assessments which identified potential and possible risks. People and their relatives were helped to understand the ways in which risks could be minimised through review meetings and discussions with staff. One person told us, "I know about my risk assessments. I know they have to be in place to keep me safe." A relative commented, "I have read my [relatives] care plan and the risk assessments. I understand why we have them."

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. One staff member said, "The risk assessments are very important. They do help us to try and reduce risks to people." A second member of staff commented, "We are always reviewing people's risk assessments regularly to make sure people stay safe at all times."

The registered manager told us that the service had worked hard to ensure that risk assessments were robust and detailed. They said they had tried to enable people to undertake positive risk taking, whilst remaining as independent as possible. We saw that the needs of one person had recently changed significantly. Risk assessments had been reviewed and updated to reflect the current level of risk to that person. Each of the care records we examined contained up-to-date risk assessments.

Accident and incident recording procedures were in place and showed that the registered manager had been made aware and action taken where necessary. This information was used to identify ways in which the risk of harm to people who lived at the service could be reduced.

Staff told us that they had been through a robust recruitment process before they started work at the service and that the provider had undertaken appropriate recruitment checks before they commenced work. One staff member who was new to the service told us they had

had to wait until all their recruitment checks were received by the service." They said, "I was very impressed by the whole procedure. It was thorough and I felt it was done properly. No shortcuts."

We found that recruitment records were well organised. We looked at five staff recruitment files and saw that the necessary staff recruitment and selection processes were in place to keep people safe. The staff files included written references; satisfactory Disclosure and Barring Service clearance (DBS) checks and evidence of staff identity had been obtained. Where any issues had been identified, the provider had taken steps to complete a risk assessment of the situation to ensure that people were safe to work with people who used the service.

Consent to administer medicines had been obtained from people or their appropriate relative. One person said, "The carers give me the tablets with water or tea. They sign the book. It's alright, it's good."

No medicines were stored by the provider and where needed a locked safe was provided for people who were not able to look after their medicines safely.

The service had policies and procedures in place to manage people's medicines when they were not able to, or chose not to take them themselves. We saw risk assessments which stated whether the person required low level, medium level or higher level support. For all levels of support the providers policy was to have a Medication Administration Record (MAR) for staff to record that they had given medicines.

We looked at the MAR charts and saw that there was a list of people's current medicines and that this correlated with the medicines profile. Allergies were all recorded to prevent inappropriate prescribing. When medicines were not given, the appropriate code to explain the reason was stated and there were detailed separate instructions for giving 'as required' (PRN) medicines and creams.

We saw that staff signed the MAR charts confirming they had given people their medication as prescribed. However, in two people's medication files we saw that several MAR charts were not clear and had caused confusion with the staff administering medication. We saw records of a medication audit that had been carried out on the previous

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month's MAR charts. This helped to address problems and the provider had actively communicated with the staff, GP and supplying pharmacy. However, despite this, the audit did not fully reflect what we found in practice.

When medication errors occurred they were identified and recorded. The provider had followed appropriate actions in their policy; reported and sought advice from the GP or NHS emergency services or reported to the local

safeguarding team if required. Records showed that where staff had made medication errors, they were withdrawn from administering medication until they had received a counselling session, retrained and completed ten separate observations in handling medicines as part of the action plan for improvement.

We saw that staff had been trained to give medicines to people using the service.

Is the service effective?

Our findings

People told us they were looked after by staff that had the necessary skills, knowledge and experience to provide effective care and support. Two people told us that their health had improved since they started to use the service. One person said, “My mobility is so much better since I came to live here and that’s thanks to the staff.” Another person commented, “My regular carers are very good. They know how to do things for me properly.” A third person told us, “I am very well looked after here. My carers are well trained and very competent.” A relative said, “My [relatives] carers are fantastic. They know what to do, they know when to call a doctor and they are very good at meeting [relatives] needs.”

Staff told us that training had improved and they had recently received a significant amount of training. Staff told us this had been beneficial to the way they delivered care to people. One staff member said, “We have had a lot of training just lately and it’s been good.” Another staff member told us, “I think we have completed all our training. There has been a real push for staff to complete all their training.” We were told there was an Extracare University where staff could access additional courses that might benefit them.

Staff told us they had been provided with induction training when they commenced employment. One staff member said, “The induction training was very good. It covered everything and I felt happy to start working on my own after my induction.” Another member of staff told us, “The induction gave me confidence and provided me with the necessary skills to do my job properly.” New staff also told us there was a buddy system in place which ensured that new staff had support from a consistent staff member and said they found this beneficial.

We looked at the induction programme for one person new to the service. We saw that the provider had a robust induction programme which covered the Care Certificate and core essential standards of basic care. We spoke with this staff member who told us, “The induction was everything it should be. It provides you with the training, you have a buddy to go to if you’re unsure about something and you have to shadow a more experienced staff member until you feel competent and confident to work alone. I have worked in care for 15 years and this is the

best I have experienced.” We saw that the induction programme enabled staff to be assessed against a variety of competencies which took them through until the conclusion of their probation period.

To supplement the knowledge acquired through the induction process and on-going training, staff received regular supervision and appraisal. They said that supervisions were useful, allowing them to discuss any training needs or concerns they might have about their performance. One staff member said, “Supervision sessions have not been regular, but they are now being carried out more frequently.” 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.

People told us that staff asked them for their consent before providing care and support. People told us, and records confirmed that consent was always obtained about decisions regarding how they lived their lives. One person told us, “Staff always ask me if it’s okay before they do anything. I wouldn’t expect anything less.” A relative said, “I have never seen staff do something without asking first. They are very polite and always ask before doing anything.”

Staff told us they always asked people for their permission or consent before they undertook personal care. One staff member said, “I always ask people if they would like me to go ahead with a task before I do it. That includes simple things such as doing the laundry.”

Staff and the management team 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. At the time of our inspection no one using the service was deprived of their liberty. Although no one lacked capacity, processes were in place to ensure that other people who had an interest in a person’s welfare would be involved in identifying their best interests if necessary.

Care records demonstrated that people or their representative had provided written consent for the provision of personal care, the administration of medicines, access to their apartment in an emergency and to their risk assessments.

Is the service effective?

People told us that, where necessary, staff supported them to prepare their own meals and drinks. They told us that when they did this, they were provided with the food that they had chosen and staff involved them as much as possible in its preparation. One person told us, "I like to cook my own meals with the help of the staff. That way I can choose what I like."

There was a restaurant in the complex which served a variety of meals, including a vegetarian option. The atmosphere in the restaurant was relaxed and pleasant. One person commented, "The food has improved a lot lately. Under the old caterer the food was not so good. It's a lot better." Some people we spoke with said they dined in the restaurant daily. There was also a coffee shop that served a range of snacks such as panini's and baguettes. One person told us, "The food is good. I come here every day. It's very handy." A relative said, "When I visit [relative] we go to the restaurant for lunch. It's nice to be able to do that together."

Some of the food preparation at mealtimes had been completed by people in their own home, or by staff in people's homes. We spoke with one staff member just after lunchtime who confirmed they had been to support people with their lunchtime meal. Care plans we looked at recorded instructions for staff to leave drinks and snacks within people's reach. Staff had received training in food safety and were aware of safe food handling practices.

People's care plans recorded their dietary likes, dislikes and preferences to provide staff with guidance and support. There was good nutritional screening information available in care files that detailed people's specific needs and support they required with their meals. For example, we saw that one person required a liquidised diet. We found there was good information in their care plan about the foods they could eat and foods to avoid. There was a risk assessment in place in relation to choking and these also detailed feeding techniques that staff should use when they were supporting the person to eat their meal.

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

care if their health or support needs changed. One relative told us, "My [relative] is visited by the district nurse. The staff are very good at letting me know if [relative] needs to see the doctor or needs a health appointment."

A staff member said, "We would take people to their appointments if they don't have anyone else to go with them."

The registered 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.

At the service there was a well-being suite where people could go if they felt unwell, or wanted their blood pressure or blood sugar taken. One person told us, "I go for all the health tests they offer. During one I had my ears syringed and my hearing improved." Another person said, "I took part in the aneurysm screening and they found I might be at risk. I think that saved my life." The well-being service supported people to regain as much independence as possible and to be proactive in managing their own health. The well-being advisor acted as the link between people using the service, care staff and healthcare professionals. Each person received 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. There was a notice board outside the well-being clinic that advertised a stroke rehabilitation group, healthy eating advice and other health promotion information. The well-being service had been recognised as best practice with the Health & Social Care Awards 2010: Chartered Institute of Housing 2009 and Integrated Health Awards 2008.

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. It was a joint research project between Extracare and the University of Bradford. This

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service was given the National Charity Awards 2009: Winner of Healthcare and Medical Research Category. The award was given in recognition of research and development in the delivery of dementia support.

The registered manager told us that Aston University researchers were studying the effects of the well-being programme. The three-year project being carried out by

Aston Research Centre for Healthy Ageing (ARCHA) will focus on the impact of the services on the longer term well-being of people who use the service and the associated care costs. One person told us they were part of this project along with their [relative]. They said they took part in annual health checks and completed questionnaires as part of this research.

Is the service caring?

Our findings

People told us the staff were kind, patient and caring. One person told us, “My regular carers are fantastic. I have got to know them very well. We have a good relationship and there is always a bit of a laugh and a joke.” A second person said, “I can’t talk about the agency staff but my own carers are wonderful. They will always go the extra mile for you and nothing is too much trouble.”

One staff member told us, “I love this job. It’s like being with a big family. We all care about each other and we are always there to help anyone.” Another member of staff said, “You don’t do this job if you don’t care. You build up caring relationships with the people you care for.”

We spent time in the communal areas of the complex, such as the restaurant and the coffee shop, and observed people undertaking activities. There was frequent friendly engagement between people and staff. Relatives agreed that staff were kind, caring and compassionate. One told us, “I know my [relative] is cared for and looked after by the staff. They know what it takes to make [relative] happy.” Another relative said, “I don’t have to worry about [relative] because I know the staff will look after her and they genuinely seem to care.”

Staff responded positively and warmly to people. We observed kind and friendly interactions taking place between people and staff. Staff were observed to be patient and supportive towards people, involving them in conversation, with lots of friendly chat taking place. One person said, “I would not have survived the last year without the carers. They have been marvellous. They always just pop in to see me and check I’m alright.” Relatives agreed that staff were kind, caring and compassionate.

People were empowered to make decisions about their own care and support. They told us that staff encouraged them to express their views about their care and to inform staff about how they would like their care to be delivered. One person said, “I am most definitely involved in decisions about my care. It’s up to me how I want to be supported.” Another person told us, “They [staff] do listen to me and we sort out what I need together.” A relative commented, “I am

very involved in my [relatives] care. If there are any changes needed to [relatives] care the staff will take time to listen. I have to say it’s improved a lot lately. It wasn’t always like that.”

The registered manager told us that each person’s care plan had been reviewed. Following this, reviews of people’s care had been arranged in order of priority. We saw that people were given the opportunity and were supported to express their views about their care through these reviews. This meant that staff respected people’s choice, autonomy and allowed them to maintain control about their care, treatment and support.

Records we looked at confirmed that people had been involved in the care planning process. These were written in a way that promoted people’s individualised care. For example, we saw that one person liked to have champagne and cheese nibbles daily. One staff member we spoke with told us about this and we saw it had been clearly detailed in the person’s care plan. Daily notes completed by the care staff demonstrated that this was provided for the person daily.

People told us they had information about the service and its facilities. We observed notice boards by the lifts, in communal areas and saw that information about the service and any upcoming events was displayed on each floor and throughout the communal areas. In the well-being suite there were leaflets and information about numerous health conditions such as diabetes and high blood pressure. In addition, we found detailed information for people and relatives about living with depression, dementia or other mental health conditions. There were notice boards that had information about health eating and other health promotion subjects. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available.

Throughout the day we saw that staff supported people in a kind, patient and respectful way. One person said, “All the staff are respectful. They are very polite and have lovely manners.” Another person told us, “Oh without a doubt the staff are very respectful. They talk to you like an equal.” A relative commented, “They are all lovely. They treat everyone with respect, including each other. They really are very special.”

Is the service caring?

Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, "I always cover people up when I am providing care. I close the door, pull the curtains and keep everything on a professional level."

We saw that staff knocked on people's doors and asked for permission before entering their flats. We found that staff communicated with people in a way that respected them and ensured their dignity was maintained. For example, we heard staff use appropriate terms of address when talking

with people. We found that any private and confidential information relating to the care and treatment of people was stored securely. Throughout the day we saw that staff supported people in a kind, patient and respectful way. One person said, "I am treated like an adult with a brain, everyone talks to me respectfully. All the staff are very caring and respectful."

We saw one person being supported to visit the coffee shop and another was being supported with shopping. We observed staff engaging with people in a kind and friendly manner.

Is the service responsive?

Our findings

People told us that staff spent time with them before and on admission to fully identify their care preferences and future wishes. One person told us, “I was asked all sorts of questions. They know me very well.” Another person said, “It was all very thorough when we moved here. My [relative] has care needs and they made sure they knew everything about her so they could provide all the care she needs.” A relative told us, “I have been involved through every stage of [relative] moving here. We had a lot of information before she moved here and lots more when [relative] moved in.”

A staff member said, “We ask people and their families for information about their backgrounds and their histories so we know what matters to them.” The staff knew about people’s histories, likes and dislikes so they were able to engage people in meaningful conversation. For example, we heard one staff member talking with someone about holiday destinations as they knew the person had travelled a lot.

The registered manager told us they provided people and their families with information about the service as part of the pre-admission assessment. This was in a format that met their communication needs and included a welcome pack with information about the service, the facilities and the support offered.

Records confirmed that assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. One person said, “I remember that staff sat with me and went through everything. I felt confident it would be done properly.” We saw that people, and where appropriate, their family were involved in the care planning process which meant their views were also represented. We saw that promoting choice and independence were key factors in how care and support was planned and delivered. Care plans took people’s needs, wishes and histories into account and detailed what they would like staff to do during a visit. We also saw that care plans had recently been reviewed for every person using the service. Reviews of people’s care had then been prioritised and the service was in the process of reviewing everyone’s care package to reflect their changing needs.

It was evident that people were protected from the risk of social isolation because the service provided a wide range of social opportunities and activities. All the people we spoke with told us the activities provided at the service were plentiful, varied and provided them with a sense of well-being. One person said, “There is so much here. It’s fantastic. It’s better than being at home alone.” Another person told us, “You can be as involved as you want. There is something going on all the time. You can have a fantastic social life here if you want. Nothing is off bounds.” A third person commented, “The best thing about this place is the facilities. There is everything you need or want. There’s never a dull moment.”

The provider’s web site stated, ‘The provision of life-changing activities and an exciting range of health and leisure facilities enable our residents to carry on enjoying healthy and independent lifestyles’. We saw there were ample opportunities for people to follow their hobbies and interests.

We saw that the service offered on-site activities such as, arts and crafts, ceramics, computer, internet and email training (IT), gardening and woodwork.

We saw there were activities available to improve people’s physical health and well-being. For example, Tai Chi, dancing, massage, wheelchair aerobics and walking football that had been provided with support from the Milton Keynes Dons Football Club. During our visit we saw posters advertising a race night, a tap dancing show, a gardeners club and church services. One person told us, “I have been using the gym on a regular basis and it’s really made a difference. I can now walk around my apartment with a frame instead of having to use my wheelchair.”

There was a large greenhouse and we saw that this was regularly used by the gardening club. They maintained some of the flower beds around the service and we saw some visitors admiring these on the day of our visit.

We observed people and their families making good use of the coffee shop, bar and restaurant. There was a lively atmosphere with groups of friends meeting up for lunch or a drink. On the day of our visit we saw numerous people visiting the hairdressers and beauty room. We were also shown a bowls area where we were told competitions often took place. A staff member told us, “The bowls are very popular. We have a lot of people taking part but also we get quite a crowd watching.” We observed an art and craft

Is the service responsive?

room and were shown paintings on display that people had completed. It was obvious that people had artistic talents that they were able to express. There was a small library and a computer suite. We were told that staff supported some people in the computer suite to buy their weekly shopping on-line.

We saw there was a knitter knatter group that involved people getting together to knit and have a chat. One person who took part in this group commented, "It's nice to get together with my friends for a chat and we all love knitting."

A staff member told us there was a wine society group who enjoyed trying new wines. They also informed us that a small group of people who used the service visited a local casino regularly. During our visit we saw people taking part in a painting class, the hairdressers, the gym and the beauty room. One the second day of our visit there was a small market that had been set up in the foyer area. This sold fresh fruit and vegetables, breads and cakes. We were told this occurred every Friday and gave people an opportunity to buy fresh food if they did not want to leave the complex. One person told us, "I love market day. I don't like to go out shopping so it's nice to be able to buy fresh vegetables and fresh bread. I love it."

The provider had an annual programme of established events that everyone who used the service was invited to take part in. These had included, 'The Extracare Bake Off'. People using the services competed against each other to create the best cakes. Another event was the 'Cruise and Dance around the World' at Blackpool Tower Ballroom. This involved a day of dancing and entertainment from around the world at the Blackpool Tower Ballroom. The

provider also supports people wanting to pursue more active lifestyles. They had supported people to loop the loop in a glider, walk with wolves, perform on stage at Birmingham's Symphony Hall and wheelchair abseiling.

There were strong links to the local community. We saw volunteers from the local community at the service to support people with activities. There were links with the local churches and people accessed the local shopping areas. The registered manager told us that people from the local community were able to use the facilities at the service such as the gym and there was also a guest room where families could stay overnight when visiting their family members.

We found that complaints received by the service were managed effectively and swiftly.

People using the service and their relatives told us they were aware of the formal complaints procedure. One person said, "We can go to the office and staff will deal with your complaint." A relative told us, "I think things have been a bit slow and some things have not been addressed. It has improved recently I feel more confident that things would be dealt with now."

We saw that the service's complaints process was included in information given to people when they started receiving care. We looked at the complaints received by the service and saw these had been responded to in a timely manner. We saw action plans had been put in place following the complaints to minimise the risk of the same occurrence happening again. On the providers web site we saw they have a compliments & complaints page for people to complete if they are not satisfied with the service.

Is the service well-led?

Our findings

Prior to our visit we had received concerns about poor management and leadership at the service.

During this inspection we found there had been changes to the management of the service and a number of care staff had left. One person told us, “We haven’t been told much. Communication has not been brilliant.” Another person said, “We have lost some good staff and we don’t know why.” People told us that the management team had not been visible and we found that people were unsettled and anxious about the recent changes to the management of the service. One person said, “There are lots of new people in the office. I’m not sure who they all are though.” Another person told us, “It’s all up in the air at the moment. We have not been told what’s happening.”

There was a lot of dissatisfaction expressed by people who used the service in relation to the numbers of agency staff used. We found that the service relied heavily on the use of agency staff and this had resulted in a lack of consistency of care staff. A relative said, “It has been unsettling. [Relative] gets lots of different staff and her old carers have left. We don’t know what to think.”

Staff we spoke with acknowledged the issues that the service had been through and described how they had seen improvements. A staff member told us, “It has been difficult over the last three months. I can see things are improving slowly.” Another member of staff said, “There have been problems previously. It’s still not brilliant because we have so many agency staff working here. It is getting better and it can only continue to improve.”

At the time of our inspection there was a team of managers who had been drafted in on a temporary basis to improve standards and until a permanent management team had been recruited. We were told that the service had recruited a care manager the day prior to our visit to the service and they were holding interviews for a village manager on the second day of our visit.

We saw that audits and reviews had not been regularly used to monitor performance and manage risk. The management team acknowledged the shortfalls and they had already identified this as an area for improvement. We found that care plans had all been revised and reviews of people’s care were being planned in order of priority. Previously the audits of medication records and staffing

levels had not been carried out consistently and had not been effective in identifying areas of concern. Again the management team had identified this as an area for improvement and were in the process of completing a range of audits that included accidents and incidents, staff training, supervision, staffing levels, care reviews and medication records.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

Staff felt that when they had concerns they could now raise them and felt they would be listened to. One staff member told us, “I feel happy to raise issues or ideas at staff meetings.” They 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. Feedback was sought from staff through face to face meetings, personal development reviews and supervisory practice.

We spoke with three people who were part of the residents association. They told us this was an opportunity to act as a voice for the community, to raise areas of common concern, aid communication with the service and the provider and be involved in discussions and decisions to improve local service. We were told that the residents association had their own constitution and set the agenda for the meetings. There were other interest groups, such as a care focus group and a food focus group. These concentrated on specific areas of the service and people using the service were encouraged to join these groups. We were given an example of how the residents association had improved an area of the service that people had expressed concerns about. This was in relation to food served in the restaurant. The provider produces a quarterly report for their in-house magazine about the activities of the residents' forum.

During our visit we attended a street meeting. These were held monthly and were used to share information between the management and people using the service. During this meeting we saw that subjects discussed included information about staffing levels and the use of agency

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staff, maintenance of people's properties, housing related services, the location of emergency call bells in communal areas and activities. This was well attended and produced some lively debate.