The ExtraCare Charitable Trust

ExtraCare Charitable Trust Lark Hill Village

Inspection report

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Date of inspection visit: 4 August 2015
Date of publication: 07/10/2015

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

Overall summary

This inspection took place on 4 August 2015 and was unannounced.

ExtraCare Charitable Trust Lark Hill Village is a complex of 327 apartments and bungalows. People who live at the service have the option of having personal care, as well as support with housekeeping and social activities provided, by staff who work there. There were 61 people receiving support with their care at the time of our inspection.

There is a registered manager and he was available during the inspection. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

People who used the service felt safe and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink and external professionals were involved in people's care as appropriate.

Staff were caring and treated people with dignity and respect. People were involved in decisions about their care.

People received personalised care that met their needs. Care records provided sufficient information for staff to provide personalised care. A wide range of activities were available. A complaints process was in place and staff knew how to respond to complaints.

People were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

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?
The service was safe.

People who used the service felt safe and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Good

Is the service effective?
The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink and external professionals were involved in people's care as appropriate.

Good

Is the service caring?
The service was caring.

Staff were caring and treated people with dignity and respect. People were involved in decisions about their care.

Good

Is the service responsive?
The service was responsive.

People received personalised care that met their needs. Care records provided sufficient information for staff to provide personalised care. A wide range of activities were available. A complaints process was in place and staff knew how to respond to complaints.

Good

Is the service well-led?
The service was well-led.

People were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

Good

ExtraCare Charitable Trust Lark Hill 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 4 August 2015 and was unannounced.

The inspection team consisted of three inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service to obtain their views about the care provided in the home.

During the inspection we observed care and spoke in depth with five people who used the service, one healthcare professional, two care staff and the registered manager. We looked at the relevant parts of the care records of five people, the recruitment records of three staff and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People were protected from abuse. People told us they felt safe and they had no concerns about the staff caring for them. One person said, "Oh yes, ever so safe." Another person said, "Yes, definitely safe." One person told us they would speak with the team leader or go straight to the manager if they had any concerns about their safety.

Staff told us they had received safeguarding adults training and were able to describe the signs and symptoms of abuse. They said they had no concerns about the behaviour or attitude of other staff. The team leader told us if they identified potential abuse by a staff member they would remove them from the care environment and seek advice from a senior manager. Staff were aware of the need to make a safeguarding referral to the local authority.

A safeguarding policy was in place and staff had attended safeguarding adults training. The staff handbook included information on safeguarding. Information on safeguarding was displayed in the main reception building of the service to give guidance to people and their relatives if they had concerns about their safety. Accurate records of any potential safeguarding issues were maintained by the home.

People were protected from avoidable harm and their freedom was supported and respected. They told us that they were able to make choices and were not restricted. One person said, "Yes, I don't worry about it, nobody criticises you." Another person said, "Yes, I do what I want."

Staff said they were encouraged to report incidents. A staff member said, "Everything has to be recorded and reported, even small things, whether a [person using the service] or staff [member] are affected." They said if a person had a fall they would ask the falls team to assess them to advise of measures that could be put into place to reduce the risk of them falling again.

Individual risk assessments had been completed for each person and the controls in place to reduce the risk were documented. Risk assessments included security risks, health risks, behavioural risks, participation in external outings and risks in their everyday living. These were detailed but the timescale for review was not specified and they had not always been updated as frequently as would be expected. For example we found some examples of assessments which had not been updated for six to ten months for people with high dependency needs which meant there was a greater possibility that risks may not have been identified and actions put in place to minimise those risks. Risk assessments had been signed by the person or their attorney.

When bed rails were in place a bed rails safety audit had been completed. A slips, trips and falls hazard checklist had been completed of people's living accommodation. We saw documentation relating to accidents and incidents and actions were taken to minimise the risk of the accident or incident happening again.

The premises were well maintained and safe. People told us that their home and equipment were well maintained and their belongings were safe. Staff told us they had the equipment needed to carry out their job safely and equipment was checked monthly. They said if a piece of equipment malfunctioned they were usually able to access repairs within 24 hours. Staff were able to identify the actions needed in an emergency such as a fire and an emergency evacuation. We saw that the premises were in a good state of repair and free of obvious risks to people's safety.

We saw there were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) had been completed for people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. Appropriate checks of equipment and premises took place and action was taken promptly when issues were identified. We saw there were monthly checks in place for pendant alarms when they were in use to ensure the person had access to help in an emergency.

People told us there were sufficient staff to meet their needs Staff told us staffing levels were generally adequate but that sometimes there was one less staff member on evening duty than needed, which caused difficulties. They said when this happened the team leader assisted with the provision of care, so people's needs could be fully met, but this meant they then had issues with completing the documentation reviews and audits in a timely way. However, where possible they were given additional hours to compensate. A staff member said, "We always ensure the calls are covered. If a person has half an hour they are given half an hour. We make sure they have the full time we don't cut the visits short."

Good

Is the service safe?

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. Staff told us that staffing levels were based on dependency levels. They told us that any changes in dependency were considered to decide whether staffing levels needed to be increased. We looked at records which confirmed that the provider's identified staffing levels were being met.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. Part of the recruitment process included a 'mock hazard house.' Applicants visited a mock home on the site and a person who used the service acted the role of a fictional person who used the service. The applicants' responses to the person were observed and the 'actor' was also asked their views on how the applicant responded to them.

Medicines were safely managed. People told us they received medicines on time and pain relief was available promptly if they needed it. People kept their medicines in their homes and medicines administration records were kept in a folder with the medicines. We were told the local pharmacies managed the supply and ordering of the medicines and delivered them to people's homes. If there were issues with the supply staff would assist the person to receive their medicines by liaising with the pharmacy where necessary.

We checked the current Medicines Administration Records (MARs) for three people and previous MARs for an additional six people. We did not find any gaps in the records of administration and if medicines were not given the reason was recorded. When medicines had been discontinued by the family doctor or a course had finished this was clearly documented against that entry on the MAR. There was a picture of the person on the front of the folder and key details about the person on a document stored with the MARs giving information about allergies and the way they liked to take their medicines. We saw there was a record of required health checks for a medicine which affected blood clotting and saw the doses were adjusted in accordance with the instructions received. The application of external creams had been documented on the MAR. However, we found creams had not been labelled with the date of opening.

There were no PRN protocols in place to give staff information about the reasons why medicines which had been prescribed to be given only as required, should be given and any special instructions in relation to these. However, we saw that when a PRN medicine had been administered the reason for administering it had been recorded on the reverse of the MAR. The registered manager agreed to put PRN protocols in place immediately.

Staff told us they had annual training in medicines administration and checks of their competency. Medicines audits were completed monthly and we saw records of these. When issues were identified actions were put into place to address the issues.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

People told us that staff knew what they were doing. One person felt that staff were, "Well taught." Staff said they had a buddy system whereby they provided support to new recruits. This was not time limited and could continue as long as the new staff member felt it was needed. Staff told us they were up to date with their mandatory training. They had also been encouraged to undertake additional training. Staff said they had an annual appraisal with a six monthly review.

Training records showed that staff were up to date with a wide range of training which included equality and diversity training. Supervisions took place and staff were also observed regularly when supporting people. The observation documentation was signed by the staff member and also the person who used the service so they could give their views on the care too. Appraisals were also taking place and contained appropriate detail. This meant that staff were appropriately supported to provide effective care for people who used the service.

Consent to care and treatment was obtained in line with legislation and guidance.

People told us that they were encouraged to make choices about their care and staff respected their decisions. One person said, "Staff say 'do you mind if I do this for you?'" Another person said, "I please myself, get dressed when I want." Staff told us they had undertaken training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They were able to describe the implications for their practice, describing the process for undertaking a mental capacity assessment in order to ensure decisions were made in the person's best interests.

Care records contained a completed consent form to give the service permission to enter the person's accommodation in an emergency. We saw there were also completed consent forms for the management of a person's medicines and the use of bed rails where these were required.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us that no applications had been made for people who might be being deprived of their liberty. We did not see anyone being deprived of their liberty.

People were supported to eat and drink enough and maintain a balanced diet. People told us that they enjoyed the food provided to them and were given choices. One person said, "The food is very nice, very good." People also visited the on-site restaurant facilities. One person said, "The restaurant is really nice, lovely."

People told us they had enough to drink. One person said, "Yes, bottles of water are left out for me and the kettle is filled during the day." Two people with diabetes told us they received food that met their needs.

People were supported to maintain good health and had access to healthcare services if they needed them. People told us they saw the GP if they needed to. One person said, "I see the doctor on the same day that I request to see them." People also told us they saw the optician and chiropodist regularly. One person said that they saw the dentist, however another person told us they would like to see a dentist but they didn't know how to. We spoke to the manager who agreed to arrange this.

External professionals were involved in the care and treatment of people using the service, including a speech and language therapist who had supported a person who had swallowing problems. There was also evidence of the input of other professionals in people's care including, social services, community nurses and an optician. A healthcare professional told us that staff followed their guidance.

The service had a wellbeing centre which was a drop in clinic where people received health screening and advice on managing a healthy lifestyle. Support was also provided to people with memory issues and also those people with

Good

Is the service effective?

dementia or dementia-related conditions through an 'enriched opportunities programme.' Other groups meeting in the home included a bereavement support group and a reminiscence group.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. People told us that staff were kind. One person said, "Staff are very nice." Most people felt that staff listened to them; however, one person told us that although staff did generally listen to them, they had a preference which they felt staff did not act upon. We raised this with the manager who told us they would discuss this with staff to ensure that the preference was respected. A healthcare professional told us that staff were caring.

People also felt that staff knew them well. One person said, "They soon get to know you." A healthcare professional told us that staff had a good understanding of people and their needs. Staff we spoke with were knowledgeable about the care and support needs of the people they cared for and their individual preferences.

People were supported to express their views and be involved in making decisions about their care, treatment and support. People Those we spoke with told us they had seen their care plan and been involved in making decisions about their care. One person said, "Yes, it is in my flat. I go through it with a team leader and a carer every six months." People also told us there were regular reviews of their care and that their family were also involved in discussions about their care with their consent.

There was evidence in the care records of people's involvement in decisions about their care. Risk assessments and care plans had been signed by the person or their representative. Where people could not communicate their views verbally their care plan identified how staff should identify their preferences.

Advocacy information was available for people if they required support or advice from an independent person. Information was also available for people in the 'Village Life' document which provided detailed information on living at the service. The provider also produced an 'Extra life' magazine four times a year which provided additional guidance for people who used the service.

People told us they were treated with dignity and respect. One person said, "Yes, when I am on the toilet they put a towel over my legs." Another person said, "Yes, they empty my commode very regularly."

People told us staff respected their privacy. One person said, "Yes, they always knock on my door." Another person said, "When I have a wash in the lounge, staff close the door and do things in another room." We observed that information was treated confidentially by staff; however we did observe one staff member enter a person's flat without waiting for the door to be answered.

Staff told us of the actions they took to preserve people's privacy and dignity. Staff said that in order to protect people's privacy and dignity they made sure room doors and curtains were closed and asked visitors to leave the room when they provided personal care. They said they made sure people were covered with a towel or clothing wherever possible when they assisted them with their personal hygiene. Staff received dignity training.

People told us they were encouraged to be as independent as possible. A person said, "Yes, they don't do things for me unless I ask. They know I like to do things for myself." Another person said, "I am disabled not 'unabled'. Staff let me do as much for myself as possible." Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

People told us that their families and friends could visit whenever they wanted to. We observed that there were visitors in the service throughout our inspection. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. People told us they received the support they needed at the time they wanted it. They told us they could make choices about when they got up and went to bed and staff supported them. A healthcare professional told us that staff provided care that met people's preferences and individual needs.

People were supported to follow their interests and take place in social activities if they wanted to. One person said, "I go to art on Friday, visit the gym and do some gardening." Another person said, "Quiz, bingo, I use the IT suite, gym and generally mingle with and talk to people." Another person said, "Painting, sewing, knitting, I watch snooker in the village and glass cutting."

A very wide range of activities took place at the service and people also went on trips outside the service. Activities included archery, tai chi, poetry and yoga. People who used the service also worked as volunteers at the service including the village shop, gym and reception.

Facilities available at the service included an Enriched Opportunities Suite (to support people with dementia), café bar, craft room, fitness suite with gym, spa pool and steam room, quiet lounge, greenhouse, indoor bowling green (within an enclosed winter garden), IT suite, guest suite, hairdressing and beauty salon, landscaped garden area, laundry, library, reception area and main street (with communal seating areas), relaxation room, restaurant, village hall, village shop, well-being suite and well-being bathroom, woodwork room.

People were encouraged and supported to develop relationships with people and avoid social isolation. One person told us that when they first arrived at the service, they had a buddy for the first two days who helped them to settle in. After this, they were given a 'befriender' who helped them to go to activities with the people they were friends with. Another person said that if other people saw them sitting alone then they would call them over for a chat. Another person said, "You can go into the village and people will talk to you. You can make so many friends."

We saw each person's care records contained a biography for the person giving detailed information about their life and preferences. Staff told us they found out about people's preferences through talking with them and by consulting the biography with their care records.

People told us they knew how to make a complaint if they wanted to and most people told us they would be comfortable doing so, although one person said, "No, not really." One person said, "I would go to reception. I have nothing to complain about though as everything is so nice." Another person said, "Yes I would complain to my support officer or ask to see the manager." One person told us that they raised a concern with the manager and it was dealt with satisfactorily.

Staff said if a person wanted to make a complaint they would ask them to put it into writing. If they were unable to do this they would ask someone to take notes of the complaint and ask the person to sign it. They said any complaints or concerns from people were discussed at team meetings and lessons were learnt from them.

We saw that complaints had been responded to appropriately. Guidance on how to make a complaint was contained in the 'extra life' magazine provided for people who used the service. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

People were actively involved in developing the service.

People told us they felt involved in the service. One person said, "Yes, ever since I've been here." Another person said, "Yes I'm always invited to activities and have been involved in the recruitment of staff."

Some people told us they had completed questionnaires on their views of the service and some people had attended meetings for people who used the service to express their views on the running of the home. One person said, "I attend a monthly focus group where we discuss activities and the food in the restaurant. I also attend a community meeting where we can question the manager."

People told us that the atmosphere at the service was good. One person said, "I love it here, it's so peaceful." Another person said, "I can't recommend this place enough. I love it."

People had a wide range of opportunities to become involved in developing the service. People receiving care completed a care survey and all people living at the service completed a resident survey. A suggestions box was in the main building and there was a feedback box for activities and events.

Regular meetings for people who used the service and their relatives took place and actions had been taken to address any comments made. Both resident and care satisfaction survey findings showed that people were satisfied with the quality of the service they were receiving. A Lark Hill Residents Association held monthly meetings and worked on behalf of the people who used the service. A residents' forum was also in place and the group contained representatives of people who used the service across the county and was consulted with on a wide range of issues.

A whistleblowing policy was in place and contained appropriate details. The information was also in the staff handbook. Staff told us they would be comfortable raising issues. They felt they would be listened to if they reported a concern and would be prepared to escalate to senior management or other organisations if necessary. The care home's philosophy of care was in the guide provided for people who used the service and staff were able to describe the vision and values of the home.

Staff told us the aim of the service was to promote independent living. Staff were proud of the service they provided and were able to provide a high quality service. A staff member said, "It's a brilliant service. I think we do really well; all the staff do a really amazing job." Another said, "I would be 100% happy for my Mum to come here." They went on to say, "There's lots of opportunities for staff, you couldn't ask for more." When a staff member told us, "I love it here," we asked why, and they said, "It's the atmosphere and the support. Everyone works together and there is always someone on the end of the phone if we need advice." A staff member we talked with said the other staff were, "Absolutely amazing." They said the teams were supportive of each other and there was good communication with each shift.

The service demonstrated good management and leadership.

People told us that the registered manager was approachable and listened to them. Staff felt well supported and said the head of care was available during the week and they could ring them at the weekend if there were any problems. They were aware there was a new roster being put into place to provide management support at weekends.

Staff told us there were regular team meetings where they discussed safeguarding and whether people's plans of care were working well. They said they received good feedback and they were encouraged to raise and discuss issues.

A registered manager was in post and available during the inspection. He clearly explained his responsibilities and how other staff supported him to deliver good care in the home. He felt well supported by the provider. We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. The manager also ran a weekly drop in surgery where people who used the service could discuss any concerns with him. We saw that regular staff meetings took place and the registered manager had clearly set out their expectations of staff.

The provider had a fully effective system to regularly assess and monitor the quality of service that people received.

We saw that regular audits had been completed by the registered manager. Representatives from the provider also

Good

Is the service well-led?

visited the service to monitor the quality of the service. Audits were carried out in a wide range of areas including infection control, care records, medication, health and safety, laundry, kitchen and domestic areas.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. Staff said if there was a complaint or incident they explored ways in which similar issues could be prevented in the future. We saw that safeguarding concerns were responded to appropriately and appropriate notifications were made to the CQC as required. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

The provider and the service took part in quality-based accreditation schemes. The provider, ExtraCare Charitable Trust, had achieved Investors in People (IiP) Silver status. IiP is a recognition of good practice in how an organisation engages with, enables, develops and supports its people (staff and volunteers) to drive performance forward.

The service, ExtraCare Charitable Trust Lark Hill Village, was awarded a Silver Medal for Best Housing With Care Scheme (over 100 homes) at the 2014 Elderly Accommodation Counsel's (EAC) National Housing for Older People Awards. The EAC provides information and advice about housing and care options to older people and their relatives and carers.

The service also runs an 'Enriched Opportunities Programme' which supports residents with dementia and dementia-related conditions. It is a joint research project between ExtraCare and the University of Bradford.