

The ExtraCare Charitable Trust

ExtraCare Charitable Trust

Lovat Fields Village

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 20 April 2017 and was announced.

This was the second comprehensive inspection carried out at Lovat Fields retirement village.

ExtraCare Charitable Trust Lovat Fields Village has 258 homes and over 300 people using the service. Dependent on individual circumstances they can support people from housekeeping to personal care, including supporting people with dementia. At the time of our inspection there were 59 people receiving support with personal care.

The service had a registered manager. 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's experiences of care were overwhelmingly positive. They told us that they had a voice, felt listened to and that they mattered. Staff supported people and their relatives to fully engage in discussions about their care and support. They worked proactively to help people to make choices and decisions about their care and lifestyle choices and to experience new activities or take up past ones. The registered manager and the staff knew each person as an individual and knew what mattered to them.

People's needs were comprehensively assessed and care and support plans gave clear guidance on how people were to be supported. Care was personalised so that each person's support reflected their preferences. We saw that people were at the centre of their care and found clear evidence that their care and support was planned with them and not for them. People were supported to attend a range of support groups and there was an extensive range of activities on offer to ensure people led meaningful and fulfilling lives. The service was flexible and adapted to people's changing needs and desires, enabling positive outcomes for all concerned. Each person was treated as an individual and as a result their care was tailored to meet their exact needs.

People, relatives and staff were very positive about the leadership of the service and about the support they were able to provide for people. Staff demonstrated a passion and commitment to providing excellent care that supported people to lead gratifying and independent lives. People told us the service engaged consistently and meaningfully with families. There were excellent communication systems in place and people reported feeling involved and being part of village life. We found the service had a positive culture that was person centred, inclusive and empowering.

The service was exceptionally well led by a dedicated registered manager, who was very well supported by a forward thinking and self-motivated management team. The culture and ethos within the service was transparent and empowering; staff told us that they were proud to work for the service and wanted it to be

the very best it could be. Best practice guidelines were followed and the service used innovative approaches in its efforts to support people.

Links with the local community had been established and people were supported to participate in community events and other events that were important and meaningful to them. This provided people with a sense of purpose and wellbeing.

The registered manager and the staff team strived for excellence and it was clear from our discussions with people that staff worked tirelessly to ensure people were cared for in a holistic manner. Numerous initiatives implemented had resulted in reduced physical ailments and improved health and mental well-being for people.

There was strong oversight of the service and the registered manager demonstrated that they were highly committed to improving the service they provided. Their passion and determination to deliver exceptional care for people was clear in the way they spoke about what they did for people and how they tried to meet people's individual needs.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix on duty to support people with their needs. Effective recruitment processes were in place and consistently followed by the service. Staff were not offered employment until satisfactory checks had been completed. Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received an induction and on-going training. They had attended a variety of training to ensure they were able to provide care based on current best practice when supporting people. Staff were supported with regular supervisions.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People were enabled to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. They were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. People were supported to access a variety of health professional and there was a well-being advisor that supported people with their healthcare needs if required.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

People knew how to make a complaint. There was a complaints procedure in place which was accessible to all. Complaints had been responded to swiftly and in line with the organisations complaints procedure.

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 remains good.

Is the service effective?

Good ●

The service remains effective

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Outstanding ☆

The service was very responsive

The way the service responded to people's individual needs in all areas of their lives was exceptional and had clearly improved their quality of life and wellbeing.

People were supported to achieve their aspirations and follow their chosen hobbies and interests to ensure they maintained positive physical and mental well-being.

People's individual care needs and preferences had been assessed and were being met whilst encouraging new opportunities and promoting independence.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Outstanding ☆

The service was very well-led

The registered manager was an inspirational leader and provided clear leadership and management for the staff team.

People were looked after by staff who all shared the provider's commitment to running a high quality service. The staff shared the provider's vision and values to ensure people benefitted from the best possible care.

The systems and processes in place was detailed and robust and

allowed the staff and management to deliver all aspects of care to people in a way that brought a level of excellence to the service

ExtraCare Charitable Trust Lovat Fields 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 checked 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 comprehensive inspection took place on 20 April 2017 and was announced. We gave the provider 48 hours' notice of the inspection. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in March 2015.

During the inspection we spoke with 17 people who used the service, six relatives and two visitors to the service. In addition we had discussions with nine members of staff that included the registered manager, the head of care, two supervisors and five support workers.

We reviewed the care records of six people who used the service, six staff files four medication records. We also looked at other records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Our home was not designed for wheelchairs, so we were like prisoners in our own home! Here, we have a new life and can relax knowing that we are safe and help is there when we need it." A relative explained, "I am [name of relative] only family member. Once I simply could not come and that was a day when she had a fall. Now I spend quality time with her. It's a new, far better way of living for both of us. But there is something I cannot put a price on and that is the feeling I have that she is safe, not alone while I am at work. I guess we were very lucky they had a space for her."

Staff told us, and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "We are all responsible for making sure that we protect people." Another commented, "Keeping people safe is priority."

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. These had been developed with input from the person, staff and other professionals if required. They covered a variety of subjects including, moving and handling and tissue viability. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

Staff were recruited following a robust procedure that was consistently followed. One staff member said, "I had to get references and checks before I started." Documentation showed this had been carried out for all staff before they started work at the service. Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people who used the service required.

People's medicines were managed safely and administered at the prescribed times. One person told us, "I always get my medicine on time with my food." A staff member said, "We try really hard to make sure people get their medicines safely." Staff also told us and records confirmed that they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed.

Is the service effective?

Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. One person told us, "Staff who help my husband are amazing. He is not a cheery person and sometimes this illness gets him down. The carers who come to help somehow do make him smile and it seems he is in a much better place these days." Another person commented, "The carers who come to assist [name of relative] are excellent, they are cheerful, helpful and they know the job. That is exactly what we need."

A staff member said, "The training here is brilliant. There is training for everything." Records showed that all staff had completed an induction when they commenced at the service and they received on-going regular training appropriate to their roles. Staff told us they were well supported by the registered manager. One said, "We can go to her if we have a problem. She supports us and listens to us." Another said, "I find my supervision sessions really helpful. I can sort out any problems I have and get some feedback about how I am performing." We saw records which showed staff received regular supervisions and annual appraisals.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One staff member said, "You can't just assume people don't have capacity until proven otherwise." Staff and the registered manager were aware if people's freedom was being restricted to promote their safety, a best interest decision assessment would have to be made with a view of making a DoLS application.

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.. A well-being advisor was on site to support people with their healthcare needs if needed. People told us and records confirmed that people had regular dental, chiropody and optical check-ups.

Is the service caring?

Our findings

It was obvious from our observations that people were treated with kindness and compassion. One person said, "They look after you like we are their family. We often have a coffee with one of our carers after her shift has finished." Another person told us about a staff member who came in early every shift to give them a shave as they preferred that member of staff to shave them. A relative said, "Its exemplary here."

Staff were able to tell us about each individual, for example their likes and dislikes, background and family. One person we spoke with told us they and their family had been involved in planning how they wanted their care to be carried out. Care records we viewed showed the person or relative if appropriate had been involved.

The registered manager told us that there was an advocacy service available for anyone who needed it.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately and when being assisted with personal care. One person told us, "All the staff are so respectful, to me and my family." Staff had an understanding of privacy and dignity. One staff member said, "I always shut the door, close the curtains and try my best to make sure they don't feel embarrassed."

Is the service responsive?

Our findings

Staff used innovative and imaginative ways to ensure people received the care they needed. The registered manager informed us of a person who was living with dementia and had begun to throw their lunches away and who refused staff entry to their home to support them with meals. Staff learned that this person liked anything shiny or sparkly. Staff used this as a tool to engage the person in conversation and the person responded well and they began to allow the staff into their home. As a result the persons care package was increased so that staff now stayed with them through mealtimes ensuring they have enough to eat and drink. They also made sure they always took a sparkly bag with them to the care calls.

People and relatives told us that every aspect of care was provided in collaboration and partnership with them. It was adaptable and spontaneous and in line with any changing needs. One person said, "If I need to change anything in our care plan, all I need is to talk to any care staff. The other day I had to go to hospital for my own appointment and leave [name of relative] a bit longer than usual. They found me a carer to help with the additional hours. I was so grateful and I even didn't have to explain everything, they knew I needed the extra half day and they helped me, having me and [name of relative] in the centre of their heart."

The service was proactive in ensuring that peoples individual needs were responded to. There was a continence champion who supported people to manage their continence needs and ensured good use of aids and equipment. For one person this input had resulted in greater confidence and better sleep. This had helped to reduce their anxiety and extra calls at night had assisted them to remain continent and also had a positive impact on their mood and isolation. We also found for another person who regularly developed urinary tract infections that extra support had been put in place to support them to increase their fluid intake. This has been successful and the person had not had an infection for a substantial period of time. One person who used this service told us, "They [meaning staff] have been marvellous. They have helped me through bad times and I'm improving all the time."

The provider looked at innovative ways to ensure the health and well-being needs of people were met. There was a well-being advisor who was a registered general nurse. The purpose of the service was to promote the health and well-being of people by carrying out annual assessments, health promotion sessions and drop-in sessions. People could visit the well-being advisor to have their blood pressure taken, blood sugars tested and have their temperature taken. For many people this reduced their anxiety levels and provided them with reassurance. One person told us, "It's good to know they (well-being advisor) are there whenever we need them." The registered manager told us, "Our fitness instructor provides individual training if we have identified anyone who is at risk of falls. This has been effective and for some people reduced the number of falls they have. We also ensure different safety tools for others - i.e. crash mats."

The registered manager had set up various self help and support groups for people that included a Parkinson's group, a carers group and a visual impairment group. One person told us they attended the carers group and found it to be a "life saver." This meant that people were provided with access to specific support they needed, that they may not otherwise have had access to.

The provider found inventive ways to support people living with dementia care. There was an enriched opportunities programme that supported people with dementia-related conditions. This was managed by a specially trained staff member known as a Locksmith. The programme offered tailored activities for people living with dementia-related issues. The locksmith attended reviews, formulated care plans and provided advice and supervision for staff members. They also run a memory cafe and cognitive stimulation groups that people were supported to attend to improve their mental well-being. Some of the actions developed from this initiative had provided one person with a diary to support them to manage their day to day routines and for another person a story board had been implemented to assist with effective communication.

The Locksmith also worked with the registered manager to support people with other mental health issues, including awareness raising and working with the community mental health team which we saw taking place on the day of our inspection. As part of this initiative they had implemented specific programmes to engage people in activities and distraction. For example raised bed gardening. This showed that the service worked to ensure people living with dementia or other mental health conditions maintained their independence and good mental health. They also worked to promote awareness about dementia and mental health issues at the service.

The focus for people was person centred and ensured they felt they mattered. People had been actively involved in assessing and planning for their individual care needs. Pre-admission assessments had been completed and where possible, people or their relatives had been invited to visit the service and have a look at the facilities on offer and to meet the staff team. The assessment gathered information about the person's care and support needs and provided a 'whole picture' of the person including any care needs due to the person's diversity.

Care plans were very detailed and person centred, they covered people's physical abilities their physical health and mental well-being. It also included people's lifestyle choices and preferences. Staff acknowledged that care plans contained sufficient information which enabled them to understand people's care needs and to develop care in a personalised way. One staff member told us, "The care plans are a very good guide to what people want and how they want it."

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It was evident that people were protected from the risk of social isolation because the service provided an extensive range of social opportunities and activities. One person told us, "There is so much going on here. I always wanted to do ballroom and here I can. It's really important to me and I'm sure it helps me to stay fit and well-balanced. Keeping busy is so important when you get older. They cater for that here brilliantly." □

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. People said this had a positive effect on their mental well-being and said it gave their life meaning and made them feel that they had control over their lives and what they chose to do. One couple told us, "We love all the hustle and bustle here. We never feel lonely and we are learning new things all the time." Another person said, "If I was still at home I would be on my own and miserable. You

can't be sad here. There is so much going on and so many people looking out for you." There were volunteers who read to people with sight difficulties and 'buddies' for those who may be at risk of social isolation. This demonstrated that the service made sure people's views about their health and what their quality of life should be were listened to and catered for. In addition we found that people's individual preferences, interests and aspirations were taken seriously giving them as much choice and control over their lives as possible.

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, "Oh yes We can go to the manager with anything. She tries to help as much as she can." A relative told us, "I have made a complaint before and it was dealt with."

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

Excellent management and leadership were demonstrated throughout our visit and we found the management team were committed to ensuring people received personalised and good quality care. The registered manager had an in-depth knowledge of people and the service. We observed their friendly and approachable manner towards both people who lived at the service, visitors and staff. Their passion and determination to deliver exceptional care for people was clear in the way they spoke about what they did for people and how they tried to meet people's individual needs. One person told us, "The manager is very good. If you have any problem we would just talk to her. She is the one who sorts any problems and fast."

It was clearly evident from the responses we received from people and relatives, staff and volunteers, that this was an exceptional service. People told us they were very happy and found the registered manager and staff extremely approachable and felt they were listened to. One relative stated, "[Name of registered manager] always has time for people, staff and visitors. She knows everyone by their first name. I don't know how she remembers everyone's name. She puts the residents right at the heart of everything that happens here." Another relative added, "[Name of registered manager] is to be commended. She should have an award for running such a brilliant service. I would book myself in here to be cared for. It has everything you could ever need."

The staff told us that the registered manager led by example and was supportive, easy to talk to and they could always approach them. One staff member told us, "The manager is excellent. Really brilliant. She is a really good role model. You always see her out on the floor talking with people." Another member of staff said, "She [registered manager] wants us to do well and for us to provide really good care. She encourages us to do our best." This demonstrated that people and staff had confidence in the manager's leadership skills.

The service was forward thinking and responded well to people's needs. There was an enriched opportunities programme that supported people with dementia-related conditions. It is a joint research project between ExtraCare and the University of Bradford and offers tailored activities for people with dementia-related issues, aiming to reduce the disabling effects of the condition. The provider was also a member of the Dementia Action Alliance that brings together organisations and individuals across England committed to improving health and social care outcomes for people living with dementia, and those who care for them. This demonstrated that the provider was committed to sharing best practice and taking action on dementia.

The registered manager demonstrated that they were highly committed to improving the service they provided and had introduced a number of initiatives to help make improvements. These included introducing champions within the care team for a variety of relevant subjects such as continence care and end of life care. The end of life care initiative had resulted in a reduction of hospital admissions. We saw that during the past six months five people had been supported to remain in their homes for the end of their lives as they had wished. We spoke with one relative whose family member was receiving end of life care. They told us, "The care [name of relative] receives is the best it can be. Its dignified and they also have the

palliative home care team going in."

There was a focus and importance placed on ensuring staff had the skills to do their jobs well with opportunities for continued learning and development linked to the needs of people. Extra training had been made available when new areas of expertise had been recognised, such as end of life care. The continence champion ensured they shared training and information from healthcare professionals with other staff. This had a positive effect and impact on the people's daily lives and health. The provider has achieved Investors in People (IiP) Gold status which is recognition of good practice in how an organisation engages with, enables, develops and supports people (staff and volunteers) to drive performance forward.

People felt involved in their care and the running of the service. One person told us, "I help interview for new staff. I get the room ready and have my own questions to ask. If they don't get past me they don't get a job." Another person also informed us that they were also involved with the recruitment of new staff and commented, "I feel I have a say and that my opinion matters." There was exceptional communication throughout the service and we saw that regular street meetings took place where people could air their views and bring forward new ideas. In addition there was an active residents association and a care focus group and we spoke with one person who attended these groups. They told us these meetings gave people a voice and was a way to raise areas of common concern and to aid communication.

The provider produced a quarterly report for their in-house magazine about the activities of the residents' forum. There were other interest groups, such as a food focus group and most recently a refurbishment workshop so people could comment and be involved with a planned refurbishment plan for communal areas. At the time of our inspection the service was trying a new initiative where people and visitors could use an IPAD sited in the reception area to input their feedback. This would then be fed direct to the registered manager. We also saw that feedback forms were sent out annually to enable people to have a say about the care and support they received. This demonstrated that communication was used to ensure a transparent and open culture at the service.

A staff opinion survey was undertaken every two years & areas for improvement actioned. One comment included, "I like to feel that I can make a difference to someone even if it's just from the smallest thing." In addition there were regular group staff supervisions and staff meetings. We saw the minutes of the managers meeting and saw that feedback from all the focus groups was included to ensure communication was effective across all parties. This meant that due to effective communication staff felt supported, respected and valued.

There was a strong emphasis to continually strive to improve and implement innovative systems in order to provide a high quality service. The provider was committed to monitoring, reviewing and using quality assurance systems reflecting aims and outcomes for people that they supported in their own homes. The service had robust quality assurance and quality monitoring systems in place, using outcome based audits and welcoming feedback from everybody involved with the service. For example, we saw a 'You said, we did' poster that showed what people wanted to see change and what actions the service had taken. This showed that the service was committed to creating a culture of trust while driving home the message that everyone was invited to identify opportunities for improvement.

Quality systems were in place to measure the success in meeting the aims and objectives of the organisation. The registered manager told us that there was a system for self-monitoring the delivery of care which included regular internal audits such as care plans, risk management plans, staff training, staff supervision, and staff recruitment records. The provider had successfully embedded a robust quality assurance and auditing system, whilst maintaining a strong and dedicated passionate staff team who were

resolute in their desire to provide high standards of care.

The service also worked in partnership with key organisations and agencies to support people's care provision and transform service development. For example, organisations with interests in improving dementia care, Parkinson's and also local facilities, including volunteer agencies, local churches and schools. The registered manager told us how the service was very keen to become involved in all the local communities. The provider was committed to promoting a person centred ethos for the people it supported. They wanted to ensure that people could develop social, communication and life skills and to make their own life choices. They were supportive of other services and involved in networking to promote best practice and share initiatives.

The service had been recognised for a number of awards and these include the Outstanding Approach to Innovation Award in the 2016 UK Housing Awards. This represents work across the Charity, including health and well-being, care, research, resident involvement and volunteering, commissioning, marketing and PR, recruitment and training.

The registered manager told us that she was aware of her responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.