

The ExtraCare Charitable Trust

ExtraCare Charitable Trust

Yates Court

Inspection report

95-97 High Street
Evesham
Worcestershire
WR11 4DN

Tel: 0138640006
Website: www.extracare.org.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was announced and took place on 30 March 2016.

ExtraCare Charitable Trust - Yates Court is registered with us to provide personal care and support for people who live in their own flats within the premises at Yates Court. At the time of our inspection 47 people received care and support from this service. The levels of support people received from the provider varied, according to their assessed needs and levels of independence.

A registered manager was in post. 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.

People said they felt safe at Yates Court and received support from staff who were kind, caring and respectful towards them. Staff understood how to protect people from abuse and received regular training around how to keep people safe.

People told us the staff and management were approachable and if they had any concerns they would be listened to. People said there were enough staff to meet their needs and they were supported to take their medicines when they needed them.

Staff had received appropriate induction training and on-going training was in place in order to develop staff and ensure they had the skills to meet the needs of the people they supported.

People were listened to and were involved in making decisions about their care and staff understood they could only care for and support people who consented to being cared for.

People we spoke with were very positive about the care that they received. They told us staff were kind and caring and treated them with dignity and respect. People told us how they enjoyed the social events arranged by the provider and that staff were caring in the support they provided. Staff provided support that ensured people were treated with privacy and dignity. People were supported by staff to maintain their independence.

People told us they were involved in the care and support that they received. People were given choice and their wishes were respected by staff. People told us staff were quick to respond when they were unwell and they were supported to access other health professionals when needed. People told us staff helped them prepare meals or attend the on-site restaurant when needed.

Complaints information was available and people and staff were confident of the actions they would take if they had concerns and that any concerns would be dealt with appropriately.

The management team ensured regular checks were completed to monitor the quality of the care that people received and had identified areas they felt would improve the service for people.

People were positive about the care and support they received and the service as a whole.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who knew how to keep them safe from the risk abuse and harm.

People were supported to take their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff supported people to maintain good health by accessing healthcare professionals and supporting them to maintain a healthy diet. People received care from staff who were trained in their needs and were well supported by management.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and they received care that met their needs. Staff provided care that took account of people's individual preferences and was respectful of their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care needs and their preferences in order to provide a personalised service.

People knew how to raise any concerns and were confident that they would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People and care staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

ExtraCare Charitable Trust Yates Court

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.

The inspection took place on 30 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

During the inspection we spoke with five people who received support from the service, the registered manager, two team leaders and four residential support workers. We also spoke to two people who received support from the service by telephone following the inspection.

We looked at the care records of three people who received support from the service, three staff files, incident recordings, safeguarding records, policies and procedures and medication records.

Is the service safe?

Our findings

People we spoke with told us they were kept safe when cared for by staff in their own homes. One person told us, "Staff keep me safe; they know what they are doing." Two people told us they felt safe knowing staff were nearby and they could call them if needed.

People were supported by staff who were aware of the risks to them. Staff we spoke with were clear about the help and assistance each person needed to support their safety. We spoke to staff who told us of the risks they needed to be aware of when providing care and the actions they would take to keep the person safe. Staff told us they ensured people were safe when helping with their mobility, this was confirmed by one person who told us they always had the correct number of staff to assist them. Staff also told us they looked to ensure the environment was kept safe and secure for people.

People were cared for by staff who recognised the types of abuse people could be at risk from. Staff told us they had received training in safeguarding and were able to tell us what action they would take if they suspected someone was at risk of abuse. This included contacting external agencies if necessary.

People told us there was enough staff available to support them and they stayed for the required length of time. All people we spoke with told us they usually had the same staff who arrived on time to provide their care, unless there were changes for holidays or sickness. They said staff were reliable and this reassured them. One person told us, "It's usually the same staff, I like them."

Staff told us they felt there was enough staff to meet people's needs. One member of staff said, "It's a good team if someone is off, others in the team will cover." The provider told us staff levels were based on the assessed care needs of the people. They confirmed if there was an increase in the amount of support needed then the staffing would be changed to respond to this.

People told us new staff were introduced to them before providing care. One person told us, "They always introduce new staff and they never send them without an introduction." Staff confirmed this and told us they would always read people's care plans before providing care.

We saw records of employment checks completed by the provider to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

People were supported by trained staff to take their medicines. One person told us, "Medication is very, very good. It's always on time, I can guarantee it." Staff confirmed they had received medication training and were able to give us examples of the actions they had taken when someone refused their medicines. One member of staff told us, "I would explain why the medicine was needed and if they still refused I would record the reason why and notify the office." Checks of the medication record sheets were made to ensure staff had correctly recorded the medicines they had given to people.

Is the service effective?

Our findings

All people we spoke with told us staff knew the care they needed. One person told us of the support they needed and said, "All the staff are trained, they know how to look after me." Another person we spoke to told us, "Staff know what they are doing – they know how to get job done."

Staff spoken with told us training helped them to do their job. All six staff we spoke with confirmed that access to training was good and each of them was able to give an example of how training had impacted on the care they provided. For example, one member of staff explained how medication training had improved their understanding, handling and disposal of medicines and their support to people.

All staff told us they received regular supervisions, which gave them the opportunity to discuss any issues or request further training. One member of staff said, "They (management) monitor you and give feedback so that you know how you are doing." Another member of staff told us, "We can share information and also any request training."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with told us they were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. This was confirmed by people we spoke with, one of whom commented, "Staff always ask if I'm okay with things before they get started – they are very good that way."

Where people needed support with their decision making the registered manager said the provider had a procedure in place and they told us of the actions that would be taken. For example, the completion of a capacity assessment and speaking to the people who knew them well.

Where people were supported with their meals, they told us support was good. Staff confirmed that they ensured people were given a choice. One person said, "They make me a cup of tea and do breakfast. I have cereal but only have to ask if I want porridge or something else." Another person told us staff helped them go to the onsite restaurant each lunch time where they could sit and eat with friends.

Staff demonstrated they knew when to contact outside assistance. One person commented, "Staff contact the GP when I need them or arrange an ambulance when I go to hospital, they are ever so good like that." Another person told us when they were unwell staff had contacted their GP for them. Records showed when staff had contacted other health professionals, for example, GPs and district nurses, in the support of people's healthcare needs.

Is the service caring?

Our findings

All of the people we spoke with told us they felt staff were caring. One person told us, "The care is awesome – no other way to describe it." Another person we spoke with commented, "They are lovely girls, they are so very kind." We saw the provider had received a number of compliments from people and their relatives. One relative had written in to say, "Thank you for the all the care and help you have given my [relative's names]."

People told us staff supported them to access the amenities and activities available within the scheme. One person told us, "The activities are great; I did nothing before I came here, now I join in them all. I am so much better." The registered manager said the activities enabled people to get together and share experiences and also ensured people didn't become isolated.

We saw 'Time to shine' boxes were available to people in the reception area. These contained reminiscence books with stories and photos for people to use whenever they liked. The scheme also employed a 'locksmith', whose role it was to develop and lead on activities for people living with dementia. On the day of our inspection we saw activities planned by the locksmith which people could join in if they chose to.

People who used the service told us they had developed positive relationships with the staff who supported them and spoke about them with affection. One person told us, "I am very happy with the girls." One member of staff told us, "I love it when I see people out at the shops we stop and chat like friends do." One person told us how staff had arranged a surprise trip on their special birthday. They commented how kind staff had been and told how much they enjoyed the surprise saying, "It made me feel young again".

In the PIR submitted prior to the inspection, the registered manager wrote, 'The Liz Taylor Awards are voted for by the residents for staff and volunteers who have demonstrated exceptional service and commitment. Yates Court have had three winners and one runner up over the past three years.' On the day of our inspection we spoke to one member of staff who had received the award. They told us how special it was to be recognised by the people receiving support, they told us, "I felt honoured, it was lovely."

Staff told us how they respected people as individuals and how they involved people in their day to day care and which promoted their independence. This was confirmed by the people we spoke to, one person told us that following an illness staff supported them and this had given them the confidence to gain more independence back and they now needed less support.

All of the people we asked told us staff were considerate and treated them with dignity and respect. One person said, "They look after me and my things." Another person told us, "They listen and show concern when I am feeling unwell." Staff also described ways in which treated people with dignity and respect, for instance ensuring their personal information was kept confidential and not discussing their care in front of other people.

People told us how staff were respectful of their home and belongings. For example, one person told us

how staff took time fix their curtains the way they liked. They commented, "It's only a small thing but it's important to me and I appreciate the care they take."

People confirmed they were able to express their views on the care provided and felt listened to. One person said, "I can talk to staff about my care whenever I need to." Another person told us their care had recently been reviewed but, "Everything was OK any way."

Is the service responsive?

Our findings

People told us staff involved them in their care and cared for them in the way they wanted. One person we spoke with told us, "They (staff) know me so well." Another person said, "They (staff) help me when I need, I'm a happy chappie."

We saw care plans in place that included information on people's life history and a daily plan of care. Care plans were reviewed to reflect any changes in people's care and staff we spoke with felt records reflected people's current care needs. All staff we spoke with knew each person well and understood the exact care and support they needed. For example, one person had a particular illness. Staff knew how it affected the person and about the medication they took for the illness.

Staff spoken with were able to describe in detail people's preferences and how they liked to be supported. One member of staff told us, "We get to know most people before they live here because they come to the scheme before." Staff told us assessments of people's needs gave them good information on the support needed but they felt the best way to know people's preferences was to talk to them.

Staff were able to tell us about the level of support people required, for example people's health needs and number of staff required to support them. We saw staff shared information as people's needs changed, so people would continue to receive the right care. This included information that was shared among staff when their shift started. For example, if a person had been unwell and had changed medication. Staff said communication systems worked well and we saw for each person supported there was a daily communication record in place for staff to refer to.

People said they felt able to complain or raise issues should the situation arise, however people we spoke with told us they had no complaints and had not had to raise any issues since arriving at the scheme. One person said, "I have no complaints but I'd soon let staff know if I did and I know they would sort it for me."

Staff told us they had not had reason to raise any concerns but felt they could approach senior staff with any concerns if they needed to. One member of staff said, "I'd be the first to raise an issue, I'd do it there and then."

We saw that, 'Tell us how we are doing' leaflets for people to feedback compliments or complaints were available throughout the scheme. There had been no written complaints over the previous twelve month period but the registered manager was clear of the actions they would take if a complaint was received including logging the complaint, investigating, responding to the person and taking any learning for improvements.

We saw residents' meetings were held. In reference to the scheme's community they were called street meetings. Two people told us they attended the meetings and one person told us they attended the meetings and one person said, "We put our points of view. Management do listen and things have changed."

Is the service well-led?

Our findings

All the people and staff we spoke with spoke positively about the service. One person said, 'I love it here,' They advised us to get our name down for a place because, "Staff are great and it's never too early to apply." Another person told us the service was, "Absolutely brilliant. "

People told us they knew who the registered manager was and they were approachable and we made observations that supported this. We saw the registered manager chatting warmly with people and people looked relaxed around them. For example, we saw one person smile and share a joke with them. People described the registered manager as approachable and friendly. One person said, "The manager is really nice and helpful. They're a real gem."

Staff spoke positively of the management team. They told us they could go to team leaders for any advice or support and also any concerns or issues. They told us they felt listened to and supported. All staff we spoke with told us there had been a period of change within the scheme which had been expanded to provide more flats. Two members of staff told us the management team had provided information of the changes and that there was ongoing recruitment to ensure there was enough staff. One member of staff told us, "They always let us know what's going on."

Staff told us they enjoyed working at the scheme and they felt valued. One member of staff said, "I really enjoy working here. " Two staff told us they were thanked at staff meetings. One of them told us, "A thank you from the managers goes a long way."

The registered manager felt that all staff worked well as a team. Staff confirmed this and one member of staff said, "Everyone wants what's best for the residents." The registered manager told us how they looked to recruit good staff, "Staff, I would want supporting my family."

Staff told us they attended staff meetings and when they were not able to attend the minutes were copied and made available to them, which they then signed to confirm they had read. Staff advised these were open meetings and they could raise agenda items and were encouraged to put forward new ideas. One member of staff said, "We can raise anything we like, they do listen and provide advice."

In the PIR the registered manager commented, 'We use a holistic approach, looking at all aspects that may impact on the care we give to each resident, we aim to promote independence, wellbeing and choice.' Two members of staff we spoke with confirmed the values of the organisation, with one telling us, "It's great, we promote activity based care and keeping people independent."

People's confidential information was held securely. We saw care plans and health records were maintained and that incidents were logged and a record made of any actions taken. There were good systems in place and staff knew where information was kept and how to access it. The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made.

We found although actions had been taken in response to incidents, not all relevant notifications had been submitted to CQC. A notification is information about important events which the provider is required to send us by law and CQC requires this information to look at the risks to people who use care services. The registered manager said this would be done following the inspection.

The registered manager told us they were supported by the provider. They advised they attended quality groups with other scheme managers to share support and advice. They advised the operations manager also visited the scheme. The registered manager said the provider encouraged open communications and told us, "They are very supportive; I could go to any director and ask for help."

The registered manager advised they were currently working with a university project looking at the benefits of extra care schemes. We saw information was available to people supported at the scheme and volunteers were sought to take part in this independent research.