

The ExtraCare Charitable Trust

Wixams Retirement Village

Inspection report

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22 December 2020

24 December 2020

05 January 2021

06 January 2021

08 January 2021

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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

About the service

Wixams Retirement Village provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements.

Not everyone using Wixams Retirement Village received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The village scheme consists of 230 apartments. At the time of this inspection 28 people using the service were receiving a regulated care service.

People's experience of using this service and what we found

People spoke positively about the care they received and told us they would recommend the service to others. One person said, "We think they (staff) are reliable and they genuinely care." Another person said, "It is a good place and the care is good. The carers are kind and thoughtful."

People were protected from abuse and avoidable harm and risks were managed safely.

Thorough care plans and risk assessments were completed by staff and were tailored to the individual's needs. People and relatives told us they were involved in this process and their care plans were regularly reviewed.

Staff completed training and competency checks and were knowledgeable in their roles.

Systems were in place to manage infection control. Staff were provided with an adequate supply of face masks, gloves and aprons.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff encouraged people to maintain their interests and hobbies. Wellbeing advisors and activity coordinators worked enthusiastically to provide a range of activities and made these available to all.

The manager and staff took pride in their work and were passionate in working with people to achieve good outcomes.

People felt confident in raising complaints and concerns if necessary.

People and staff were positive about the management and felt they were approachable.

Quality assurance audits were completed, and plans implemented where relevant to drive change and improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 11 June 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was Responsive.

Details are in the responsive findings below.

Good ●

Is the service well-led?

The service was Well-led.

Details are in the well- led findings below.

Good ●

Wixams Retirement Village

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Wixams Retirement Village provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service did not have a manager registered with the Care Quality Commission at the time of inspection. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the management team are often out of the office supporting staff or providing care. We needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 22 December 2020 and ended on 8 January 2021. We visited the service location on 7 January 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We looked at all the information we hold about the service including notifications. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including the regional operational manager, care manager, interim village manager, care lead, activities co-ordinator, wellbeing advisor, fitness instructor, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and four medication records. We looked at three staff files in relation to recruitment, training and staff supervision. We looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The same staff team visit me each time, which is comforting and makes me feel safe as they know my needs." Another person told us, "I know if anything happens, I can ask for help as carers are here 24/7 and this makes me feel safe."
- A relative told us, "Everything about the scheme from getting the care required, to being able to request changes which meet our (relative) needs provides both (relative) and us reassurance they are cared for."
- The provider had effective systems and processes in place to safeguard people from abuse. The provider held records and logs of safeguarding referrals which they had raised to protect people from harm. Staff had received safeguarding training and were knowledgeable of actions to take to keep people safe from harm and abuse.

Assessing risk, safety monitoring and management

- People told us they had been involved in the care plan and risk assessment process and felt these records were an accurate reflection of their needs. One person told us, "Staff are aware of the need to complete transfers as a pair and do not proceed with this until two staff are present."
- Staff had access to people's risk assessments and care plans. Risk assessments were regularly reviewed and updated.

Staffing and recruitment

- All people spoken with stated the care staff arrived on time and they were familiar with the care staff team.
- Pre-employment checks were being carried out to ensure staff were recruited safely. Staff files viewed contained verifications of references and documentation, however there were some noted gaps in employment history. This meant that people could not be assured that new staff were safe to work at the service. The provider confirmed this had been addressed immediately after the site visit and documentation was now completed in full.

Using medicines safely

- Where required, systems for administering, storing and monitoring people's medicines were in place and regularly reviewed.
- Staff received training to administer medicine safely in people's homes. Staff competency was checked and monitored to ensure they were competent and confident to administer medicine safely.
- Staff spoken with were knowledgeable of administering medicine and actions to follow should a person refuse their medicines.

Preventing and controlling infection

- There were procedures and systems in place to promote good hygiene and infection control measures. This included the wearing of facemasks, gloves and aprons, adhering to good hand hygiene and disposing of waste safely. In addition, staff wore high visibility vests to remind people to maintain social distance to support reducing risk of the spread of COVID-19.
- Staff had received training about infection, prevention and control, COVID-19 and use of personal protective equipment (PPE).
- People spoken with said they received regular updates from the provider advising of changes in requirements of PPE to be worn and restrictions relating to visiting during the COVID-19 pandemic.

Learning lessons when things go wrong

- The manager shared with us examples of learning from incidents and near misses, and the actions taken to reduce the risk of reoccurrence.
- Team meetings, handovers and supervisions provided further opportunity to cascade information and discuss lessons learnt from incidents and feedback.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- One relative said, "Staff and (relative) have built lovely relationships and staff are really caring; we are very impressed."
- People's support needs were addressed prior to them moving into the service.
- The provider told us a member of the wellbeing team met with people and their families to discuss health and social needs and expectations as part of the pre-assessment process. This information was shared with the care manager and staff team. Assessments contained details of people's care needs, medical requirements, preferences, hobbies and life history.
- The management team kept themselves updated with current legislation and shared this with the staff team through daily handover meetings, bulletins and team meetings.

Staff support: induction, training, skills and experience

- Staff told us that their induction included face to face training, e-learning, shadowing and competency checks. Staff said the induction process was supportive of their role. One person told us, "Staff know what they are meant to do and are able to apply this in their work."
- One staff member told us, "The manager and management team are very supportive of enriching knowledge and skills and progressing people in their role."

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, the service supported people with their meals and drinks.
- People's care plans and risk assessments identified levels of support required with food and drink where necessary.
- People told us the staff offered choices at meal times and ensured that drinks and snacks were replenished and left within their reach.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff team were knowledgeable of how to request referrals to health and social care professionals. Wellbeing advisors provided support in the pre-assessment process and were trained in taking baseline observations including blood pressure and people's temperature. Where necessary, these observations were used to identify deteriorations in health so early medical intervention could be sought.
- People were encouraged to participate in activities held by the provider which included social events and exercise classes.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA as part of their induction and had a good understanding of this. One staff member told us, "It is about supporting a person to make a decision using appropriate information in a way which can be understood by the person and is relative to the specific decision to be made. If not, then it is necessary to request a meeting with families and professionals to discuss a decision to be made in their best interest."
- People and relatives confirmed that staff always sought consent before supporting them.
- Records which we viewed evidenced people had signed consent for their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively about the care and support which they received. One person told us, "Staff are very respectful. They check with me what I require support with, and respect decisions made." One relative told us, "Staff are always respectful. They take a genuine interest in people and speak to them sensitively, whilst respecting decisions made."
- People told us that staff always involved them in their care and support and acted in a professional manner.
- All the staff spoken with, were passionate, enthusiastic and motivated in their role.

Supporting people to express their views and be involved in making decisions about their care

- Care plans had been developed with the involvement of people and their families. People told us their care plans were reviewed regularly and updated with any changes to needs.
- People told us the staff always ask what support they required and felt their responses listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke respectfully to people and did not rush them with their care. One person told us, "Staff knock before entry and wait to be invited in."
- People were treated with respect and dignity.
- The manager understood their responsibility in terms of ensuring people's personal information was treated confidentially.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred and tailored to suit individual's needs.
- Daily records reflected care and support which had been provided as detailed in the care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person told us, "Staff spoke clearly and were easy to understand."
- The manager told us that following a care plan review, requests were raised for information to be made available in a larger print for those with a sight impairment was being addressed. In addition, the provider had identified people where English was not their first language and had plans to translate the care plan and documents appropriately. This would support people in understanding in full the information recorded about their care needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Robust assessments enabled information relating to peoples interests to be captured. This information was used to identify volunteering roles available for people to participate in should they wish. Staff understood the importance of people being offered opportunities to participate in meaningful activities.
- People were encouraged by staff to maintain interests and links with the community. During the COVID-19 pandemic, people had been supported to use electronic systems and computer tablets to maintain links with families and friends where visiting had been restricted.

Improving care quality in response to complaints or concerns

- People told us they were happy with the care and support they received. One person told us, "I would be happy approaching a senior carer with any concerns I have, although I am satisfied with the care I receive."
- The service had a complaints procedure which was shared with people, relatives and staff. If complaints were made these were investigated and lessons learnt from these shared with staff.
- People and relatives told us they felt confident in raising concerns and that they would be listened to and their concerns taken seriously.

End of life care and support.

- At the time of the inspection there was no one in receipt of end of life care.
- People's care plans detailed basic information relating to end of life. The manager told us they planned to improve this to ensure people's choices and preferences were clearly explored and recorded in greater detail.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The new manager promoted an environment which was positive and supportive of staff and everyone using the service.
- All people spoken with told us they found the manager to be approachable and felt confident they would be supported in resolving any concerns they had.
- One person described the service stating, "It gives all the people living here an outward looking view on life and a new lease of life."
- One staff member told us, "I can see change for the better." They went on to say, "(Name of manager) is putting things in place and sorting things out."
- All staff we spoke with were enthusiastic about their role. Comments from staff included, "I love my job" and "We are one big team".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager informed us they had applied to Care Quality Commission (CQC) to become the registered manager which was reflective in records which CQC hold.
- The manager had a clear understanding of the responsibility of notifying CQC of reportable events when required.
- The manager was supported by a quality team who assisted with completion of quality assurance audits.
- Staff told us they felt supported in their role and able to approach the manager and management team with any concerns. One staff member told us, "I feel very supported in my role." They went on to say "The whole team works together. The team just grows when a new team member joins." Another staff member told us, "All staff are passionate about their work and support each other as well as people in the scheme."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had regular reviews and opportunities to provide feedback to the manager about their care and support. One person told us, "There is a residents committee which meets regularly and is available to everyone to join. We are able to add items to agendas to discuss and take forward. Minutes of the meetings are made available for all."
- All people spoken with were positive about the care and support which they received.

- Surveys were completed annually and the feedback from these was used to support and drive change and improvement.

Continuous learning and improving care

- A range of quality assurance audits were in place to ensure the care and support was carried out effectively and safely. An action plan was in place to address any shortfalls identified through the audit process which was regularly reviewed by the manager.
- The manager was enthusiastic to grow the staff team in their confidence and knowledge. The training schedule had been reviewed to reflect this and additional topics added to enhance staff skills.
- The manager welcomed feedback and felt this was important to understand what was required to drive improvements and change.

Working in partnership with others

- The service maintained professional links with the local authority and other health and social care teams to support care provision in a joined-up approach.