

The ExtraCare Charitable Trust

ExtraCare Charitable Trust

Bushfield Court

Inspection report

Oxford Street
Bilston
West Midlands
WV14 0PX

Tel: 01902493858
Website: www.extracare.org.uk

Date of inspection visit:
03 August 2016

Date of publication:
19 October 2016

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 3 August 2016 and was announced.

The ExtraCare Charitable Trust Bushfield Court provides personal care for people living in a purpose built scheme where there are individual flats and bungalows with shared facilities. These included a restaurant area, lounge areas, fitness facilities and activity rooms. There were 46 people receiving personal care when we inspected. There was a registered manager 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 and associated Regulations about how the service is run.

People who used the service and their representatives spoke highly of the registered manager and staff. All staff we spoke with were highly motivated and committed to ensuring people had the best quality of life possible.

People's safety was taken seriously by the registered manager and staff who understood their responsibilities to protect people's health and well-being. Staff knew what action to take if they suspected abuse. Risks to people who used the service and staff safety both internally and externally to the person's home had been assessed and recorded, with measures put in place to manage any hazards identified. People told us they received their medicines as prescribed and at the correct time. They also felt that if they needed extra pain relief or other medicines these were provided. People told us there were enough staff to support them when they needed or wanted help or assistance.

Where needed people were supported to eat and drink enough to remain healthy. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

Staff were supported to develop and progress within their role by the provider and registered manager. People received consistent support from the same staff who knew them well. The provider employed staff dedicated to people's well-being and who understood the complexities of supporting people living with dementia or mental health needs.

We received very positive feedback about the care, the provider and the staff. People who used the service and their relatives felt staff went out of their way to support them in a kind, caring manner and went above and beyond what was expected to meet their needs. Staff developed positive, respectful relationships with people and were kind and caring in their approach.

People and relatives said skilled staff provided excellent care which met people's individual needs. This was confirmed by health professionals who told us they had evidenced people had achieved very positive outcomes whilst using the service particularly around increased confidence and independence. People were supported to plan and achieve goals and objectives relating to their independence and social life. People's

confidence and self-belief were supported by additional staff that worked with them to do this.

The provider and registered manager were committed to providing a high quality service to people and to its continuous development as an organisation. Feedback from people, their representatives and others was continually sought and used as an opportunity to improve the service people received. The provider and registered manager also demonstrated strong links with the local community.

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 received care and treatment from staff that understood how to keep them safe and reduced the risk of potential abuse.

People received their medicines where needed and were supported by care staff that met their care and welfare needs.

Is the service effective?

Good ●

The service was effective.

People had consented to their care and were supported by trained staff that understood their care needs. People's dietary needs and preferences were supported. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

The provider and staff spent time building relationships of trust with people and met people's expectations of care. The provider and staff provided personalised care and provided additional support where it was needed. People and their relatives were involved in decisions about their care and their privacy, dignity and confidentiality was respected.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People, relatives and health professionals spoke very positively about the responsiveness of the service. Examples of how the service had helped people achieve very positive outcomes were given. People were helped to celebrate these outcomes and positive achievements.

People were empowered to take control of the care and support they received.

People had access to a wide range of activities to help ensure their social needs were met. People and relatives told us the service was excellent at meeting people's needs.

Is the service well-led?

Good ●

The service was well-led.

The provider was supportive of people and listened and acted on their views and feedback. The registered manager and staff team looked at improvements that would improve people's experiences of care.

Staff were supported to improve their practice across a range of areas. Staff understood their roles and responsibilities and were encouraged and supported to develop professionally. There were effective quality assurance systems in place which reviewed people's care experiences.

ExtraCare Charitable Trust Bushfield 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.

This inspection took place on 3 August 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 inspection was carried out by one inspector.

The provider had 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 reviewed the information we held about the scheme 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 spoke with eleven people who used the service and five relatives. We spoke with the head cook, three care staff, one well-being advisor, the locksmith (member of staff to assist people living with dementia) one visiting health professional, one team leader, the deputy manager and the registered manager.

We looked at two records about people's care, two medicine records, staff and residents' meeting minutes, incident forms, activity schedules, three staff monitoring sheets, two residents' magazines, three people's care reviews and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Bushfield Court and knew and trusted the staff that provided their care and support. One person said, "It feels safer for me to be here and I want to be here". Relatives we spoke with said they felt their family members were safer as staff looked out for them during the day whilst they were out of their flat in the communal areas. One relative said, "They are in safe hands here".

Staff we spoke with told us about how they supported people to remain safer and free from the risk of abuse. The training they had undertaken provided them with the types of abuse people are at risk of, for example, physical or financial abuse. All staff we spoke with told us they would report any suspected abuse to the management team. The registered manager had reported concerns to the local authority and worked with them to ensure the person's wellbeing.

People we spoke with told us when they first starting using the service their risk to harm or injury had been talked about. People told us they worked with staff to remain independent where able and were able to tell the staff the level of assistance needed depending on how they felt on the day. Their care plans detailed the risks and the actions staff needed to take to reduce them and provide safer care. People told us staff always looked at their care plans as part of their visit to check the detail for any changes. Staff confirmed they did this and gave an example of checking that the guidance was up to date on how to support people with their physical needs or how to use equipment correctly.

Where a person had fallen or had an incident in their home, staff had completed details about the circumstances. The registered manager had then reviewed each incident and provided an analysis to see if any immediate action was needed to prevent a reoccurrence; such as a referral to the local falls clinic. All incidents were collated and reviewed by the provider's health and safety team to identify any patterns across all their locations. The registered manager told us that any learning from other locations was shared with them so they could review their service and any take preventative steps required.

All people we spoke with told us the care staff arrived when they should and they were never concerned that a call would be missed. The registered manager told us they had enough staff to cover the number of calls people required. They also ensured people received care from the appropriate number of staff with the right skills. Whilst people told us they received care and support from regular staff the provider had ensured that all staff had received consistent training so that if necessary any staff member could provide the care that people needed. For example, all care staff had received training for stroke awareness and catheter care. Everyone we spoke with felt they had 24 hour contact if they needed advice or help when the office was not open. The emergency line was covered by a team leader who was always available in within the scheme.

People told us about the level of support they needed with their medicines. One person said, "Thankfully, they look after mine now". People also told us they received reminders from staff with administering some of their medicines. One person said, "I do my medicines apart from the creams as I am not able to do that on my own".

Care staff we spoke with told us they recognised the importance in correctly administering people's medicines and had been supported with training. The management team checked to make sure staff were competent and understood their training. Where people's medicines had been administered by staff the management team made checks to ensure there were no gaps in recording. Staff were supported with observations or refresher training if concerns had been identified.

Is the service effective?

Our findings

People and their relatives we spoke with were happy that staff understood their care needs well and were able to provide the care they wanted and needed. One person said, "They [staff] keep an eye on you and know if something is not right". Relatives said that staff and management were knowledgeable about their family members' care needs and the support they needed.

Training was a feature that staff told us was continuous and available. One said, "The training is really good, I can't fault it". Staff told us about the courses they had completed which helped them understand people's conditions better. The staff told us training courses had embedded their knowledge in areas such as dementia care and medicines administration which supported people to get better care.

All staff we spoke with told us the management team supported them in their role to provide good quality care for people. They told us that apart from the management team being always available to talk to, they also had structured routine meetings and supervisions to talk about their role and responsibilities. Staff we spoke with told us they were able to discuss people's care and any concerns or uncertainties they had. One member of staff said, "You walk away feeling you have learned something" after their supervision.

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

People we spoke with told us how they had agreed to their care and had signed consent forms where needed which were kept in their care plans. Where a person had been assessed as needing help or support to make a decision in their best interest, this had been recorded to show who had been involved and the decision made. Where people had appointed a person to make decisions on their behalf, they had been involved in any decisions made.

All staff we spoke with understood the MCA and that all people had the right to make their own decisions. Staff also knew what steps to take where people were not able to make decision around particular aspects of the care. People told us staff listened to their choices and decisions and they would not do something against their wishes.

People we spoke with that needed assistance with their meals said they chose their meal or received assistance from staff to prepare their meal. All people we spoke with said they had the option to purchase meals from the onsite restaurant. The cook had taken steps to ensure that where people had allergies or

specialist diets, these were known so that meals could be prepared in line with their needs. Meals could also be prepared and taken to the person's home if they wanted.

All staff we spoke with told us they were directed by a person as to what meal they wanted or the amount of help needed with meal preparation. Staff also knew and had access to information about who required a specialist diet or support when eating their food.

People we spoke with said they had used the two health professionals employed within the scheme and they were able to book appointments if needed. There was a well-being advisor who was able to help monitor nutrition, blood pressure and offer general health advice. The results of the tests were then shared with the person's GP for reference or further medical advice. The well-being advisor would also work on the advice of the GP to further support a person with their care needs and share any learning with staff to enable a consistency approach to care. One person said, "They are coming tomorrow to check me over".

The other health professional known as a 'locksmith' worked with people who needed additional support with mental health concerns, for example, memory loss, confusion or anxiety. One person we spoke with was currently using this service to help support them in their home. Over a period of six weeks the person would receive visits and consultations to develop a plan of care. This involved referrals to other health professionals for diagnosis and working with care staff to offer the individual support needed.

People told us they arranged their own appointments to support their health care needs, for example, eye tests and dental treatment. People had also been supported to contact their GP if they were unwell or had been advised they may need to visit their GP. We also saw that one person was checking with staff about an upcoming consultant appointment. All staff said they worked with people to make sure the care they got was in line with advice and guidance from other health professionals.

Is the service caring?

Our findings

People and their relatives were very positive about the service they received. One person said, "The girls are lovely and I want to be here. I spend less time in my flat". One relative told us "I can't fault them, they make my wife so comfortable and that is the most important thing". People were supported to share and talk about their life. One person was very impressed with one member of staff as they had really listened to their stories about their past and told us, "They care and really show how much. They are so thoughtful".

People and their relatives told us the staff were 'brilliant' and very often gave up their free time in support of their family members. People told us it was nice to have the support on trips out and for social event nights in the communal lounge. One relative said, "No one has to force the staff they are so willing to come and join in". All people who we spoke with told us they had the same four care staff that provided their care which was an important for the consistency of care. They also said it helped the staff know their preferences and routines. Staff told us how small things were important to people and how it maintained and promoted a person's general well being. One member of staff said, "Even down to not having creases in the bed sheets is very important for one person" and went on to explain how happy it made the person when it had been done the way they preferred.

All members of staff we spoke with were passionate about the people they cared for. They told us their role was to provide the best care for people to ensure they had a good quality of life. All staff told us that as they saw people in the communal areas during the day it helped to build even closer relationships and trust.

One person confirmed staff would stay longer if required and would never rush off and leave them feeling uncomfortable or worried about something. One relative told us, "It's such a relief [relative's name] is here now, they look out for her when she is out of her flat". People we spoke with told us how staff would do additional things when they had finished delivering personal care which really helped them. This included hanging washing out or doing the washing up. If there was any time remaining during a visit the staff would stay and chat. One person said, "They [staff] must be busy you know, but I never feel rushed".

We found all staff were keen to promote an atmosphere of care and support which enabled and encourage people using the service to lead interesting and independent lifestyles. The provider and staff made positive suggestions to help people stay in touch with the community. These included offering positive encouragement for people to be involved in the activities and social side of using the communal areas. People we spoke with told us they were keen to remain independent and in control of their lives which they had been able to do.

The provider used additional advice and guidance from the 'locksmith'. This was a member of staff that worked with a person on a one to one basis to analyse and understand how their dementia care needs was impacting on the person's wellbeing. One relative and team leader told us how they were building a relationship and gaining the confidence of a person living with dementia. They had spent time sitting with the person and having a cup of tea. The person's relative told us that as their family member's confidence and trust grew they had started to eat better and take their medicine.

One relative visited the office during the inspection and they told us, "This is one of the best, they are absolutely fabulous". People and their relatives told us they were involved with their care. They told us they were encouraged to participate in care planning and reviews. Care and support plans were written in a way that respected people's wishes and individuality. They provided individual plans for staff to follow during the calls, for example supporting a person whose aim was to reduce the number of cigarettes smoked and advising a person on healthier diet choices.

Staff treated people with dignity and respect. People confirmed staff respected their privacy and dignity. Staff told us the values and principles of privacy and dignity were covered in their training and told us about making sure they always asked before carrying out personal care and checked that the person was comfortable throughout. Staff also told us they would ensure that where needed doors were closed and curtains drawn to ensure privacy. One staff member said, "Each call is catered to the person's needs and wishes". Relatives told us the care staff respected confidentiality, for example they did not talk about other people's care.

Is the service responsive?

Our findings

People told us staff had empowered them to express, listened to and valued their individual needs. They told us how this helped them achieve and celebrate goals relating to their health, independence and social lives. During our conversations with people and staff, we heard how people's lives had improved since moving to Bushfield Court. One person told us about how staff had supported them in gaining their confidence in walking on their own again following a recent fall. One person was being helped with memory loss and told us that staff were using labels in their flat to help them identify kitchen appliances. One person told us how their life had improved since moving to the scheme and how they were now happier and more confident and were able to enjoy the social opportunities and atmosphere. They told us that staff had supported them closely with these changes so they were less isolated. People we spoke with said staff were positive in involving them to achieve healthier outcomes by attending the onsite gym or fitness session run by the scheme.

People had sought assistance from the provider's onsite 'well-being advisor' or 'locksmith' so that their individual needs could be further understood. The well being advisor had supported people with individual weight management plans, including recommended exercise and nutritional advice. The well being advisor ran weekly group meetings where people wanted this to support their weight loss plan.

The locksmith at this scheme was an occupational therapist and had supported people who benefitted from falls prevention advice and how to use equipment to improve their independence in walking. People were supported with personalised goals, with the frequency and length of their attendance with the locksmith were discussed and agreed on. For example, people were supported with weight management programmes and healthier snacking choices. Staff could respond to people's needs when they arose and asked for referrals to be made. Specialist support was sought to meet people's individual needs from external agencies as required. People were then able to continue to receive support in their own home. One relative felt this had helped their family member to remain at this service without the need for a care home admission.

People's goals and improved well-being were reviewed and showed how the staffing team had made a difference. The reviews showed how working with the locksmith and well-being advisor had improved people feeling isolated in their flat, improved how people managed their diabetes and understood the impact their dementia had on their life.

There was a strong focus within the service on involving people in every aspect of their care and support. People and relatives told us they were fully involved in care reviews and understood their plans of care. People were supported to achieve goals around daily living and independence, health, activities and aspirations. We saw people were supported to volunteer in roles across the supported living service, such as reception duties and catering roles. People we spoke with told us how this gave them a real sense of purpose and focus. One person had been able to enhance their personal well-being and had been supported to make healthier lifestyle choices.

People who used the service and their relatives told us about the responsiveness of the staff and management. Staff told us they met people's individual needs and responded to changes in people's condition. One relative told us, "They always check [person's name] thoroughly to make sure there are no changes". Staff told us any changes with a person's well-being would be referred to the team leaders. There were a range of resources available in-house to support people with changes. These included running a number of screening tests, such as for blood pressure, cholesterol and infections. Then with the person's permission, results would be forwarded to their GP for actions. This supported people in receiving treatment such as antibiotics or a medicines review to ensure their health and well-being needs were responded to in a timely way.

Health professionals spoke very positively about the responsiveness of the service. They went on to state they were particularly impressed about how staff involved people with genuine interest and felt people who had dementia or memory loss had positive outcomes. They said that staff listened to any advice or guidance and were proactive in seeking any support from them.

Staff we spoke with had an excellent understanding of people's needs and how to interpret people's needs who were not always able to clearly communicate verbally, for example hand gestures or facial responses. Daily records were completed and provided a good account of how people's needs had been met. For example, they showed the assistance people had been given with their personal care, how the person was feeling and if they had taken part in any social activities.

Regular review meetings took place and showed the person's wishes and thoughts about their care and support received and if any changes were needed. Relatives and staff views and opinions were also sought if the person had wanted. People we spoke with told us they had a discussion with staff to amend and change their care if needed and changes were made without delay. For example, following a review one person had accepted a 'Health Challenge' with a view to lowering their Body Mass Index score with positive results.

People told us staff encouraged them to participate in events with other people on site and to go into the community to organised events to reduce their risk of isolation. People were supported to undertake a range of varied activities and social opportunities. There was also gym style equipment on offer to help people with rehabilitation, maintaining or improving fitness. We saw effective arrangements were in place to support people to maintain friendships and family connections. For example, one person had been supported to travel abroad to spend time with family and one person supported to visit a family member.

People and relatives told us they were satisfied with the service. Information on how to complain was made available. Where complaints had been received we saw these had been logged and investigated. Once the investigations had been completed, learning was used to improve the service going forward. For example, a recent change meant that staff now checked people's medicines to identify low stock levels. The provider analysed the complaints on a quarterly basis to look for any themes or trends from all of their other locations.

Is the service well-led?

Our findings

People and their relatives were confident in the way the service was run and managed. People's comments included, "Keep people involved here" and, "They [staff] are always looking for suggestions, it's a nice place". One relative said, "It's the best run place I've seen. Residents get involved in everything". People also had access to a contact telephone number or call button they could use to access help or assistance at any time. The provider ensured a team leader was on duty 24 hours a day so people would be able to access advice and assistance when they needed it. One relative said, "The team leaders are brilliant".

People and relatives told us they had been asked for their views about their care and had received visits from the management team. These visits had been recorded by team leaders or managers. Overall the responses were positive and where changes were needed these had been made. For example, ensuring a person's reading glasses were clean and that staff reminded people to reorder their medicines. One person said, "[Manager's name] checking up and ensuring I'm okay". Letters and cards received by the provider were also full of praise for the care and thanked the staff for their kindness shown to their relatives. Every two years people views and opinions were asked for with a questionnaire. The results from March 2015 were positive and showed an increase in people being happier since living at the scheme and were satisfied that their individual needs were being met.

The provider had set up the 'Residents' Forum Committee'. We spoke with a committee member who was clearly proud of their role. They told us they felt very involved in the service and raising ideas and feedback based on what people wanted. Each sub-committee met quarterly to discuss and share the information. One of the forums purpose was to review policies and currently a review of how people views and feedback were sought locally had been raised. Going forward the provider was working with the local forum representative in how best to achieve this and develop a 'Customer Involvement' policy.

All people who used the service and relatives we spoke with said they if they were looking for reassurance, advice or changes in their care call, they would happily speak to any of the management team. In addition there were regular meetings people could attend to get updates about the service and ask questions or raise ideas for example, care delivery, staff changes and any complaints.

All staff we spoke with were committed to supporting the provider to improve the service. Staff told us they were able to offer suggestions for improvements at any time, as well as more formal meetings and supervisions. One staff said if they had not been able to attend the meeting then they would read the minutes to keep updated.

Staff knew the action they needed to take to promote people's wellbeing. One staff member told us, "[Manager's name] aims for excellence and is a really good listener". They told us treating people as individuals was part of the provider's values. One staff member said, "We get told if something is wrong and we learn from the mistakes." They told us this was part of a whole team approach and were committed to improving the quality of life for every individual person using the service.

The registered manager told us they had good support from the staffing team and the provider. Two staff we spoke with said, "There is always someone available if you need guidance or advice," and commented on the commitment of the management team to ensure the service provided the best possible care. One team leader told us, "Things get done here; nothing is swept under the carpet".

The registered manager and provider had regularly reviewed the care and support provided and had completed audits. The audits we saw recorded the care people had received. For example, they looked at people's care records, staff training, and incidents and accidents. The registered manager and staff told us the results of audits were discussed in staff meetings. All staff were made aware so that any shortfalls were addressed to improve the overall quality of the service. These included staff being reminded about the importance of completing records accurately and ensuring people's reviews of care were completed.

The provider had developed partnerships with external stakeholders to support their goal to improve quality outcomes and services for people. The study had shown the positive impact the additional locksmith and well-being advisor role had with people living in the support living environment. In addition, the registered manager and staff had developed working relationships with the mental health team, stroke prevention team and falls prevention teams in support of people's care. These teams had supported people and staff with direction and guidance so people could remain living at the scheme for longer. The registered manager told us that if this meant an increase in care funding they would request this from the local authority. The registered manager told that the care came first and all additional care needs would be provided often before the funding had been agreed.

The provider had signed up to a variety of nationally recognised awards which included Investors in People and Chartered Institute of Housing and Elderly Accommodation Council. The provider was working on a current study looking at increasing physical activity, encouraging social activity, to improve nutrition and cognitive function using assistive technology. Whilst this was currently a pilot scheme the provider planned to use the outcomes to make changes across their services.

The management team told us they led by example and they were committed to providing the best possible service. They wanted the ethos of the service to have a strong emphasis on treating everyone as an individual and encouraging an active lifestyle. The provider and registered manager took part and engaged in organisations and associations to keep updated with the current best practice. Notifications had been sent to the Care Quality Commission and to other required bodies by the service as required.

Staff confirmed the management team promoted a culture which supported people to live a fulfilled and a meaningful life as possible. People and staff told us there was a wide range of activities on offer. Staff were keen to promote new and interesting events. One staff member told us, "We are keen to challenge stereotypes of older people and what they enjoy". They were currently looking to trial a sailing day to support this. The provider also offered opportunities for people in the community and those living at the scheme to take part on organised activities in a 'day centre' club. We found the managers of the service were positive about the provider's visions and values and were focussed on people's care. We spoke with people, their families and staff who all told us the provider and managers were inclusive and caring.