

The ExtraCare Charitable Trust

ExtraCare Charitable Trust

Camoyo's Court

Inspection report

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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

We completed an unannounced inspection at Camoys Court on 23 February 2016. At the last inspection in 12 November 2013, we found that the service was meeting the required standards in the areas that we inspected.

Extra Care Charitable Trust - Camoys Court are registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported 30 people in their own homes.

There was a registered manager at the service. 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.

Staff and the registered manager understood their responsibilities to keep people safe where abuse may be suspected.

People's risks were assessed. Staff knew people's needs and carried out support in a safe way whilst they ensured that people's independence was promoted.

The registered manager had a system in place to monitor incidents and accidents and actions had been taken to lower the risks and ensure that people were protected from the risk of further occurrences.

There were enough suitably qualified staff available to meet people's assessed needs. The provider had an effective system in place to monitor the staffing levels against the needs of people who used the service.

We found that people's medicines were managed and monitored in a way that kept people safe from harm.

Staff received regular training which ensured they had the knowledge and skills required to meet people's needs. Staff told us that they felt supported by the registered manager.

People consented to their care and where they were unable to consent mental capacity assessments had been carried out in line with the Mental Capacity Act 2005 (MCA). Staff showed they understood and applied the requirements of the MCA. This ensured that when people had the ability to make decisions for themselves, their decisions were respected. It also ensured decisions were made in people's best interests if they were unable to do this for themselves.

People were supported to eat and drink sufficient amounts and staff understood people's dietary needs when they supported people with their diet.

People were supported to access health professionals and referrals for advice were sought by the registered manager, which ensured people's health and wellbeing was maintained.

People received care that was caring and compassionate and they were enabled to make choices about their care. People's dignity was maintained when they received support from staff.

People were involved in the planning and review of their care, which was planned and carried out in a way that met their preferences.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to complaints.

People and staff were able to approach the registered manager and staff felt supported to carry out their role.

People's feedback was sought and acted on by the registered manager to make improvements to the quality of care people received.

Effective systems were in place to assess, monitor and manage the service. The registered manager was continually looking for areas to improve the quality of the service.

The registered manager worked in partnership with key agencies to promote and maintain good working relationships.

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 protected from the risk of harm because staff understood and followed safeguarding procedures. People and their relatives told us they felt safe.

People's risks were assessed, managed and plans were updated when required. Staff understood people's risks and how to lower the risk of harm whilst supporting people to maintain their independence.

There were enough staff available to meet people's needs and the provider had safe recruitment procedures in place to protect people from the risk of harm.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received an induction including training and support which helped them to carry out their role effectively.

People's consent to care was gained and where people were unable to make decisions staff and the registered manager had followed the requirements of the Mental Capacity Act 2005. Staff understood how to support people in their best interests.

We found that people were supported to eat and drink sufficient amounts and when people's health had deteriorated appropriate action had been taken that ensured people were able to access support from health professionals.

Is the service caring?

Good ●

The service was caring.

Staff treated people with care and compassion when they provided support and people were given choices about their care, which staff listened to and acted on.

People were treated with dignity and respect when staff provided support.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that took account of their likes and dislikes and staff knew people's preferences well.

People were involved in the planning and reviews of their care any changes in people's care needs were updated.

There was a complaints policy in place that was available to people and people were aware of how to complain if they needed to.

Is the service well-led?

Good ●

The service was well led.

People and staff were able to approach the registered manager and staff felt supported to carry out their role.

People's feedback was sought and acted on by the registered manager to make improvements to the quality of care people received.

Effective systems were in place to assess, monitor and manage the service. The registered manager was continually looking for areas to improve the quality of the service.

The registered manager worked in partnership with key agencies to promote and maintain good working relationships.

ExtraCare Charitable Trust Camoyo's 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 was 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 23 February 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience that carried out interviews with people who used the service or their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in domiciliary care.

We asked the provider to complete 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 used the returned PIR to help in the planning of our inspection. We reviewed other information that we held about the service. This included notifications we received about incidents and events that had occurred at the service. We also looked at questionnaires that we had received from people who used the service and professionals to help us plan the inspection.

We spoke with five people who used the service and one relative, four care staff, the deputy manager and the registered manager. We viewed five records about people's care and medicine records. We also viewed records that showed how the service was managed, which included staff training, induction records and audits completed by the registered manager.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when they were being supported by staff. One person said, "I feel safe. Everyone treats me lovely". Another person said, "They [the staff] are lovely. I have never had a problem". Staff were able to explain how they supported people to remain safe and the action they would take if they felt someone was at risk of abuse. Staff told us that they would report any concerns that someone was not being treated properly to the registered manager immediately. We spoke with the registered manager who told us the procedures they followed if they had been made aware of suspected abuse. They were aware of the professionals that they needed to inform and we saw that where there had been concerns about a person's safety they had reported this as required. This meant that people were protected from the risk of harm.

People and relatives told us that staff knew how to help them safely. One relative told us, "I feel assured that my relative is safe and they have an alarm if they have fallen, and staff know what to do, which puts my mind at rest". Staff were able to explain how they supported people to reduce risks whilst they promoted people's independence. One staff member said, "One person is at risk of falling and we help them to stay safe by making sure they have their walking aid with them". We viewed records that showed people had been assessed for risks to their health and wellbeing. These included people who were at risk of falls, risks to a deterioration of people's skin and possible risks within the person's home. The assessments gave staff information and guidance on how people's individual risks needed to be managed.

We saw that accidents that had occurred whilst people were using the service were recorded by staff and monitored by the registered manager. We saw that the registered manager analysed accidents for any trends, which ensured the appropriate action had been taken to lower the risk of a further occurrence. For example, where a person had fallen appropriate action had been taken to review their risk assessments and care plans to lower the risk of further falls, such as; staff needed to check that the person wore the appropriate footwear and to use the required equipment.

People we spoke with told us that there was enough staff available to support them and that they stayed for the required time as assessed in the care plan. One person told us, "Staff come when I want them and do what I need. They stay for the right amount of time too". Another person said, "I get the same carers every day so I know who is coming and they come at the right time to help me". Staff told us that they felt there was enough staff available to meet people's needs. One staff member said, "There is enough staff available, I've never felt there wasn't enough staff to meet people's needs". Another member of staff said, "If there is a staff shortage due to sickness then we have relief staff that are contacted to provide care so that people still receive care from people they know". We spoke with the registered manager who told us that they had a good team of staff and where there was sickness at late notice the permanent staff or relief staff covered the hours to provide consistency in care for people. We saw that the registered manager had a system in place to assess the amount of staff required against the needs of people. This meant that there were sufficient staff available to meet people's needs and the provider had a system in place to assess these levels regularly.

We saw that the registered manager had followed safe recruitment procedures. The registered manager had undertaken checks that ensure staff and volunteers that were employed at the service were suitable to provide support to people.

People told us that staff helped them with their medicines. One person said, "The staff come in every morning to make sure I have taken my medicines". Staff we spoke with told us that they felt competent to support people with their medicines. One staff member said, "I have had training in medicines, which helped me feel confident when I am supporting people with their medicines". We viewed medication administration records (MARs) for people who were supported with the medicines. We saw that staff had recorded when medicines had been administered and when creams had been applied. This meant that people were protected from harm because medicines were administered, recorded and managed safely.

Is the service effective?

Our findings

People and their relatives told us that they were involved in the planning of their care and they consented to their care and treatment. One person said, "I have a care plan, which I can look at if I want to. The staff write in it to say what they have helped me with". Another relative said, "I always know what is going on and we are listened to when we say how our relative likes their care". Staff told us how they supported people to understand the care that was being provided. One member of staff told us, "I always ask the person if it's okay to provide the support and tell them what I am going to help them with". Records confirmed that people had consented to their care and had been involved in the assessment of their needs.

People we spoke with told us that staff prepared meals and drinks for them. One person told us, "I can get my own drinks and when staff help me with my meals it's what I like". Another person said, "Staff support me to go to the restaurant where I can get my meals from as I don't like to cook. If I am unwell staff support me at home". People told us that staff knew what they liked and that they always made sure they prepared food the way they liked it and there was always a drink available. Staff were aware of people's dietary needs and how they needed to support people to eat and drink in line with professional advice. For example, some people who used the service were diabetic and needed a controlled diet to ensure that their sugar levels were at the right levels. Some people were also on medication that stipulated they were unable to eat certain foods and staff were aware of this.

People told us that staff knew how to support them if they felt unwell. One person said, "They get me an appointment and the doctor will come to see me". Staff we spoke with explained the actions they took if they thought a person's health had deteriorated. Staff told us that they could tell if people were unwell because of their physical signs but also by their emotional wellbeing, for example; if someone was quieter than usual or they were lethargic. We viewed the daily records of people who used the service and saw where staff had informed the office if they felt a person was unwell and the appropriate professional had been involved. This meant that people were supported to have access to health professionals when needed.

Staff understood their responsibilities under 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 were aware of the actions they needed to take when a person lacked capacity to make decisions. One staff member said, "Some people might not understand why they need certain care provided and we have assessments to follow so we support people in their best interests". We saw that mental capacity assessments had been completed for people. These gave staff guidance on how to support people in their best interests when people were unable to make informed decisions in certain areas of their care. For example; where people lacked the capacity to safely manage their finances and medication mental capacity assessments were in place.

Staff told us they had received an induction before they provided support to people on their own. One member of staff told us, "The induction was good and I shadowed another care worker before I had to

support people on my own. I had lots of training too". Staff told us that they had received training, which was updated regularly. Staff also told us that the registered manager was continually sourcing specialist training in areas that enabled them to carry out effective care to people, such as Parkinson's disease, learning disabilities and end of life training. One member of staff said, "We have plenty of training and it is updated yearly". Another member of staff said, "I find the training really useful. It helps me to understand people's needs such as dementia and learning disabilities". We saw the registered manager had a training schedule in place which highlighted the training staff needed to carry out their role effectively.

Is the service caring?

Our findings

People we spoke with told us that staff were caring and compassionate toward them. The comments we received from people and relatives included; "They're always so nice to me. It's just like my family coming and I'm glad to see them", and "All the staff are kind to me, they will sit and chat to me too", and "The staff look after them [relative] well, they are all very good. Everything I have seen is kind and caring". We saw that people were supported by staff to access communal areas within the building by staff and our observations showed that people were supported with patience and kindness. Staff told us how they made sure people felt important and cared for. One member of staff said, "Some people like verbal assurance when they are being supported and some people like a caring touch if they are feeling anxious or upset. I treat people in a way that makes them feel cared for".

People told us that they were treated with dignity and respect when staff were supporting them. One person said, "I get a lot of privacy, they [staff] are good with that". Another person said, "I feel comfortable with the care and I can do quite a few things myself which they [staff] stand back and give me privacy". Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. One staff member said, "I always make sure that people have their privacy when I'm providing care. I talk to people in a respectful way and get down to the person's level if they are sitting down as eye contact is important".

People were given choices in the support they had and they told us staff always asked them what they needed. One person said, "Whatever I want they [staff] give me". Another person said, "Staff ask me before they do anything, I choose a lot as I can still do things for myself, so I know what I can and can't do". Staff told us that they asked people before they provided support and took account of their wishes. One staff member said, "I always ask people what they want doing at each visit. We have care plans, but people have varying independence and may need more help on one day than another, so I ask". The care records we viewed detailed how support needed to be provided and were personalised to people's individual likes and dislikes, for example; how much support was needed and people's preferred times for their care to be delivered. Records we viewed showed that people were supported by staff at their preferred time and people told us that staff were on time.

Is the service responsive?

Our findings

People told us that their preferences were taken into account. One person said, "They know me well and know what I like". Another person said, "I was asked what time I wanted and I get the time that I prefer". Staff we spoke with knew people's preferences and were able to describe how people liked to be supported to maintain their independence, such as food choices and how people like their care providing. Staff also understood different people's individual ways of communicating and how they preferred to be approached by staff. For example, one person used prompt cards to help staff understand what they needed. The care plans we viewed contained people's preferences such as; preferred times of calls and likes and dislikes. We saw that a 'biography' had been completed to help staff understand people's past lives and how this may impact on people.

People and relatives told us they had been involved in the reviews of their care and changes had been made to their care when people's needs had changed. A relative said, "There is a care plan and this gets reviewed every three months and we are involved. They [the staff] are always asking if everything is okay". We saw that where people's care had been reviewed and their needs had changed, the registered manager had made changes to the care plans in place. For example; one person was not eating sufficient amounts of food and a referral was made for dietary supplements and guidance for staff to follow was updated to ensure that staff knew how to support this person.

People told us that carers arrived on time and they had consistent carers who they knew well. The comments we received from people included; "I get the same three staff and I know them by name", and "They come at the time I have asked and they are very good they stay the amount of time they should do and often have a chat with me too". The records showed that people received their care at a time that they preferred and for the amount of time that they had been assessed for.

People and their relatives told us that they knew how to complain and they would approach the staff or the registered manager if they had any concerns. One person said, "I'd complain if I needed to without a problem. I have my own standards that I expect but I'm lucky I have never had to complain". Another person said, "I know about complaints, initially I'd talk to staff, but I have never had any concerns". Staff told us they would pass any complaints onto the office and recorded any concerns in the daily notes. There was a complaints policy in place that formed part of the service user guide that was given to people when they started to use the service. There had been no complaints received at the service but we saw that systems were in place if a complaint was received.

Is the service well-led?

Our findings

People told us that the registered manager and deputy manager were approachable. They felt able to raise any issues they had and knew these would be dealt with appropriately. One person said, "The manager is around to talk to if I wanted to. He's nice and comes and sits with us for a chat sometimes". A relative said, "I know all the management team, I see them around the service a lot and I could talk to them if needed". Staff we spoke with told us that the registered manager was approachable and listened to any issues or feedback about people they supported or the service provision. One member of staff told us, "I feel supported and the registered manager has always been approachable and has dealt with any issues I have raised". Staff told us they received supervision with their team leader and they found the opportunity to discuss issues useful. One member of staff said, "We have supervisions regularly and I find them helpful".

People told us they were asked for feedback with a yearly survey and at their care reviews. The records we viewed showed that the feedback received from people about the service was positive. We saw that people were involved in a quarterly forum, which is held with other people that use different services within the provider organisation. People had the opportunity to view policies and procedures and other updates and give feedback on their opinions before these were implemented. This showed that people were involved and their feedback was gained to inform service delivery.

Staff were enthusiastic about their role and told us the registered manager promotes the values and involved staff with the improvements to the service. One member of staff said, "I understand the values of the service; to promote independence in a safe environment so people feel fulfilled and listened to. The registered manager also values our opinions, which makes us feel that our views matter and we can make a difference". Staff and the registered manager also told us that there was an award for care delivery, where people who use the service nominated staff for providing support 'above and beyond' their role.

The registered manager was passionate about the role that the service plays in making a difference in people's lives and was actively looking for ways to improve the service and meeting the required standards of care. For example, we saw that the registered manager had involved team leaders in implementing the new fundamental standards that came into force in April 2015. Team leaders were asked to think about the care they provided and gave examples of where they felt they met the standards of care and where improvements could be made.

Staff told us that a senior member of staff had undertaken checks on their performance whilst they were providing care to people and when they had undertaken training. Staff told us that these checks were useful and it meant that they could improve if they were not carrying out the care as required. Staff also told us they were involved in daily "line up", which was a system to discuss what the staff felt went well or not so well on each shift. This was used to improve people's experiences and ensure that the provider's values were being met when providing care. For example, the records we viewed showed that a person was upset and staff had given them time and reassurance and the person had responded positively.

We saw that the registered manager had a system to assess and monitor the quality of care provided. There

were audits in place that showed actions required in various areas, such as medicine management, training, risk assessments and care delivery. The registered manager had assessed the finding in these audits and an improvement plan showed where improvements had been made and by whom. We saw that the registered manager completed a monthly report on the service delivery, which was forwarded to the provider. The provider also carried out a 12 monthly unannounced audit at the service to check that the registered manager was undertaking their role and responsibilities effectively. This meant that the registered manager and provider had a good overview of the service provided.

We saw that the registered manager worked well with other key agencies to ensure that people were receiving holistic care. The registered manager told us that they had good relationships with other agencies and good communication which ensured people's received input from other agencies, such as; local authorities, doctors and community psychiatric nurses. We saw that the registered manager had recently implemented an innovative plan that ensured people had reviews undertaken by the local authority and positive relationships were built with staff. This consisted of a dedicated social worker who will be based at the service for two mornings a month so that they are available for people and staff when needed.