The ExtraCare Charitable Trust

ExtraCare Charitable Trust Seagrave 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 inspected the service on 2 February 2016. The inspection was announced. Seagrave Court is located on Seagrave Road in Strelly, Nottingham. It is a scheme which provides Extra Care sheltered housing. Tenants have their own individual flats of which there are 44. Tenants can purchase a range of services from domiciliary personal care and practical help, to catering services and domiciliary community health support. The scheme is staffed 24 hours a day all year. At the time of our inspection 25 people were receiving care and support.

The service had a registered manager in place at the time of our inspection. 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 knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. People received the level of support they required to safely manage their medicines. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely. There were sufficient numbers of staff to ensure visits were made when they should be and to meet people's care needs.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People received the assistance they required to have enough to eat and drink.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the different support each person needed. Care packages were in place to meet the changing care needs of people and staff recognised the importance of making sure people did not become socially isolated. People felt able to make a complaint and knew how to do so.

People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. The registered manager assessed how well the service was running to identify if any improvements were needed.

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 felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received the support needed to manage their medicines and there were enough staff employed to ensure they received their visits when they should.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported with nutrition and staff responded when people's health needs changed.

People made decisions in relation to their care and support.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff who knew their needs and preferences.

People were encouraged to make choices and decisions about the way they lived.

Is the service responsive?

Good

The service was responsive.

Care packages were altered to meet people's changing care needs and staff recognised the importance of making sure people did not become socially isolated.

People felt comfortable to raise concerns and knew how to do so.

Is the service well-led?

Good

The service was well led.

There was an open, positive culture in the service and the management team worked closely with the staff to ensure people received care and support which met their needs.

People's views of the service were sought and the registered manager assessed the quality of the service.

ExtraCare Charitable Trust Seagrave 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.

We inspected the service on 2 February 2016. This was an announced inspection. 24 hours' notice of the inspection was given because we wanted to be sure the registered manager would be in. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with ten people who used the service, two members of care staff, a member of the wellbeing team and the registered manager. We looked at the care records of three people who used the service, staff recruitment and training records, as well as a range of records relating to the running of the service including surveys sent to people to gain their views of the service. During our visit we spoke with a health and social care professional to get their views of the service.

Good

Is the service safe?

Our findings

The people who used the service told us they felt safe with the staff supporting them. They said they knew the staff well and felt comfortable with them. They told us that if they were concerned about anything they would talk to a member of staff, or the registered manager. One person told us, "I feel very safe here. People can't just walk in and I have my own door which I can lock. I have a pull cord system so if I have a problem I just pull it. We have regular fire checks and are told to stay in our flats until help comes, in the event of a fire." Another person told us, "I feel completely safe when they (staff) are here and I often leave them a key if I am going out. I trust them (staff) with anything."

We saw that safeguarding and raising concerns were discussed at meetings held for people who used the service, to ensure they knew what to do if they had any concerns about their own or other people who used the service.

People could be assured that there were systems in place to protect them from harm. Staff had received training in protecting people from the risk of abuse and the staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the processes for reporting concerns and escalating them to external agencies if needed. The registered manager was proactive in sharing information with the local authority when needed.

People felt they were protected from risks. One person told us they took part in interviewing new staff by turning their own flat into a 'hazard room.' They told us this involved moving things around and highlighting problems and dangers for the candidate to identify.

People were supported with the management of risks to their health and safety. Plans were in place which detailed risks to people who used the service and to staff when visiting a person's apartment. Staff were made aware of these risks prior to delivering care and support. People had individual emergency evacuation plans in place to guide staff or others, such as members of the emergency services, in how to safely evacuate people from their apartments in an emergency such as a fire. People were reminded of fire procedures during meetings held for people who used the service. Staff were also given training on health and safety in relation to the apartment's people lived in to ensure they knew how to recognise any risks and report them to the registered manager.

Where people needed assistance to move using mobility equipment, we saw there was guidance in their care plans to inform staff how to use the equipment safely. We saw that checks were made on equipment in people's apartments to ensure it was safe to use, including mobility aids and bed rails used to protect people who were at risk of falling out of bed. The registered manager completed an analysis of any falls or accidents and used this to identify trends or to see if changes were needed to people's support packages. We saw the care records of one person who was at risk of falling and there was a risk assessment in place detailing the risks and what staff needed to do to support the person and minimise the risk of further falls.

People felt there were enough staff working in the service to meet their needs. They told us that staff were

usually on time for their visits and if they were going to be late then staff would let them know. One person said, "They (staff) are usually on time but if they have an emergency and are going to be a bit late, they call and let me know."

There were systems in place to ensure people were supported by adequate numbers of staff. Staff told us they had enough time to complete the tasks they needed to when they visited people and that they had enough time between visits to ensure they were on time at the next call. They told us the management team also delivered hands on care if this was needed and if they needed to stay longer with a person then arrangements would be made for another member of staff to attend the next call.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. We looked at recruitment files for three staff and saw that before staff were employed the registered manager requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions. In two of the files there was evidence that checks had been carried out to determine if staff were of good character. One of the files contained some gaps in regards to where the staff member had previously been employed. The registered manager rectified this and a full audit was undertaken of all staff files to ensure there was a consistency in the records kept.

People received the support they required to safely manage their medicines. We asked people if staff gave them their medicines when they should and one person told us, "Yes they give me my tablets." Another told us, "Yes I need help with my tablets because I can't see very well and need them to give them to me."

People's care plans contained information about what support, if any, people required with their medicines. Staff completed medication administration records to confirm whether or not people had taken their medicines. The registered manager ensured that staff received training and support before administering medicines and they had their competency assessed during 'spot checks' of their practice. Staff told us they were observed supporting people with their medicines and that if there were any issues they were given additional support and training.

Good

Is the service effective?

Our findings

People were cared for by staff who were trained to care for them safely. People told us they were happy with the care they received from the staff felt staff knew what they were doing.

We observed staff supporting a person to transfer using a hoist and we saw staff were confident in using this and followed safe practices. Staff told us they received training which helped them to do their job such as safe food handling and infection control. They told us that if they wanted any training which was not provided they could ask for this and it would be given. Records we saw confirmed training had taken place.

The registered manager told us in the PIR that staff behavioural competencies were in place for all staff and that this formed part of their regular supervision. The staff we spoke on the day of the inspection confirmed the behavioural observations and supervisions were carried out on a regular basis with the management team and these were used to discuss their work and any developmental needs.

The registered manager told us that new staff would complete an induction and be shadowed by other staff until they felt confident to work alone. Staff we spoke with confirmed this was the case and one member of staff told us that they often shadowed new starters as they had worked in the service for a number of years and had the skills and knowledge to do this. We looked at the records of the most recently recruited member of staff and saw they had been given an induction into the service. The registered manager told us they were starting to introduce the care certificate as part of the induction process. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

People felt they were supported to make decisions and be in control of their care and support. People told us they decided what they wanted to do and staff gave them the support they needed. One person told us, "I like to go to the gym twice a week and they (staff) take me down in my wheelchair."

People were supported to consent to care and treatment. We saw that where people preferred staff to support them with their medicines, they had signed consent forms for staff to do this. Consent forms were also in place to give consent for other aspects of care delivery such as the use of bed rails to protect people who were at risk of falling out of bed.

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.

The registered manager demonstrated an understanding of the MCA 2005 and she told us in the PIR that there was a nominated member of staff who was responsible for ensuring people had support with any memory and capacity issues. She told us that this staff members role was to work with people who used the

service with cognitive impairment such as the diagnosis of dementia. This included liaising with people who used the service, their family and the memory clinic to ensure each person was "enabled to fulfil their potential." One person told us, "(the nominated member of staff) is marvellous, has helped me a lot. Listened to my problems and then went to see my GP with me. I feel much better now."

We spoke with this member of staff and they described how they were working with a person who lived with a dementia related illness to help with their anxiety. They also described how they looked at a person holistically and had recently been able to support a person who was suffering ill health due to a memory issue and that this person was now healthy again.

Staff had received training in the MCA and understood the importance of raising any concerns with the registered manager if a person started to display a lack of capacity to make decisions. We saw the registered manager had responded to a concern about a person's safety and their capacity to make decisions at that time had been considered as a part of the response from the registered manager.

People were supported to eat and drink enough to help keep them healthy. Some people cooked meals in their apartment and others chose to eat in the restaurant located in the service. We spoke with the chef and they were aware of who required a special diet and told us staff communicated this to them when people first started using the service and gave them updates.

People who needed support from staff to prepare meals told us that staff supported them appropriately with this and if they chose to eat in the 'restaurant' in the service then they were supported to do so. We saw one person who ate in the restaurant needed support from staff with their meal and we saw this was given as detailed in the person's care plan.

We saw that staff had identified a risk to one person in relation to their nutrition and some weight loss. We saw a risk assessment and care plan had been implemented guiding staff in what to do to support this person with their nutrition. This included a referral to the doctor, who had prescribed drinks fortified with calories and there had been a discussion with the person's family to prompt them to supply the person with food which was high in calories. We saw one person had requested support to access a 'meals at home' service and this support had been given.

People were supported with their healthcare and changing needs. People told us staff knew about their health needs and supported them with these. People told us of the emotional support they received from the 'locksmith' and the availability of the 'wellbeing' clinic.

We saw the service had a 'wellbeing' clinic which was open each week for people to either make appointments or drop in and speak to the registered nurse who ran the clinic. This gave people a chance to discuss any health issues they didn't feel needed a doctor's appointment. The registered manager told us in the PIR that people who were new to using the service were offered a wellbeing assessment by the wellbeing advisor and following the assessment, referrals may be made to the person's resident's GP for input from community professionals such as the diabetes nurse or the continence service. We saw that referrals had been made to the continence team, a podiatrist and doctors following wellbeing consultations.

Staff told us they knew how to contact external health professionals if people's needs changed or they were unwell. We saw the contact details were recorded in people's care plans, which were kept in their apartments. We saw people had been supported to attend health appointments when they needed to. One person had been assessed as being at risk of developing a pressure ulcer and we saw there was a care plan in place detailing how staff should support this person to minimise the risk of developing an ulcer. Staff had

also supported the person to have specialist equipment which would further minimise the risk of an ulcer developing.

We spoke with a visiting health professional and they told us staff were proactive in contacting them or the doctor's surgery if people's health needs changed. They told us that if they requested any changes to a person's support needs or made recommendations then this was always acted on by staff.

Good

Is the service caring?

Our findings

People felt they were supported by staff who were kind and cared about them. One person told us, "The cleaning ladies are wonderful" another person said, "They (staff) are brilliant." A third person told us, "They (staff) are excellent I can't fault them. They go over and above."

Staff we spoke with felt that caring is what the service did best and that this came from having a well-established team of staff who cared about the people they were supporting. One person who used the service had recently passed away and staff told us they were hosting the wake after the funeral the following day so that other people who used the service and staff could be involved with the person's relatives. We observed staff setting up the room ready for the service and during this they spoke with warmth about the person and they spent time deciding on the colour scheme the person would have chosen. Pictures of the person were displayed and staff discussed the occasions the pictures had been taken, displaying an obvious affection for the person.

A visiting health professional we spoke with told us that when they had visited they had always observed staff to be caring and said the person they were currently visiting was always praising the staff for the work they did.

People were supported by staff who knew their likes and dislikes and got to know them as a person. People felt it was important to be supported by staff who knew them well and they told us that they had the same staff visit them, who knew how they preferred to be supported. People spoke of the staff warmly and we saw that people's likes and dislikes and how much support they needed and what they could do for themselves were detailed in their care plans.

People were supported to make choices about the service they received. We saw meetings were held for people to get involved in and to make suggestions and have a say in future plans, called 'street meetings'. There were also regular meetings held with the chef to get people's preferences for meals served in the restaurant.

People we spoke with told us that staff respected their privacy and dignity. One person told us, "I need help with showering but they always make sure doors are shut and then let me dress on my own." We saw that all flats had a front door which people could lock for privacy and each door had its own letter box so that people received their own mail.

Staff we spoke with demonstrated they knew the values in relation to respecting people's privacy and dignity. One member of staff told us, "You should treat people how you would want to be treated." The registered manager told us this was part of the observations in people's homes to assess if staff were respectful of privacy and dignity and records we saw confirmed this to be the case.

The registered manager told us that one person was currently using an independent advocate and that if it were felt a person may need advocacy this was discussed with them and support given to access one. She

told us that a further two people were given support to attend a day centre by a local advocacy service. Advocates are trained professionals who support, enable and empower people to speak up.

Good

Is the service responsive?

Our findings

People were included in planning their own care and support. One person told us, "I was involved in my care plan." Another said, "We have just updated my care plan because I need more help now."

People had an initial assessment with the registered manager prior to being supported by the service. We saw people had been involved in the assessment and then had been involved in deciding the care and support that was right for them. We saw that once the care package was set up a full review was held at regular intervals and this included speaking with the person and their relatives, if appropriate, to ensure the care package met their needs and preferences.

People were supported to make any changes to their care and support when needed. We saw that the care package reviews were used to explore if people were satisfied with their care package and if it still met their needs. We saw one person had informed the registered manager that they didn't feel they needed the same level of support anymore and so their care package was changed to a lower level. We saw another person had a temporary health condition and needed extra support for a short period of time. We saw from their care records that the support package had been changed to accommodate this.

People were supported by staff who knew their preferences and likes and dislikes. The registered manager told us in the PIR that biographies of people's lives were developed to inform staff of preferred life styles. We saw these had been completed in some detail and gave staff an overview of people's lives and their achievements. Staff we spoke with had a good knowledge of the people they were supporting. Staff we spoke with told us an initial assessment was completed for people prior to them receiving care and support from the service. They told us that this detailed what care and support was needed and said that staff were given this information prior to supporting people so they knew what support was needed and how people preferred to be supported.

People's independent living skills were valued and people were given the opportunity to get involved with the service such as becoming a volunteer for the service. Care records reflected what people could do for themselves and what they needed support with. Our observations and discussions with staff evidenced that staff knew what people were able to do for themselves.

Discussions with people showed that staff working in the service understood the importance of people not becoming socially isolated. One member of staff described how people's care packages included prompts from staff to support people to go and take part in the activities provided by staff and volunteers. We saw the activities centre and crafts room was used to provide people with a range of options such as a local church group 'friendship group', social evenings, arts and crafts and games evenings.

People felt they could speak with staff and tell them if they were unhappy with the service. They told us they did not currently have any concerns but would feel comfortable telling the staff or the registered manager if they did. One person told us, "We can raise issues at the meetings if we need to."

People could be assured their concerns would be responded to. We saw there were complaints forms available throughout the reception areas of the service and these could either be handed in to the office or put into the nearby suggestions box. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to report concerns to the registered manager. The registered manager told us that any concerns whether they were 'minor niggles' or formal complaints were all treated the same to ensure they were investigated and resolved. We saw there had been six such concerns recorded which had been received in the last year and these had been investigated and resolved appropriately by the registered manager. There was a complaints checklist in place to prompt the person receiving the complaint to complete all steps in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

There were a range of methods used for verbal and written communication in the service to ensure staff had up to date information. Staff had a 'daily line up' each morning used to relay any information they needed to know about the service and the people who used it. There were also handover records and a communications book. One member of staff told us they felt the methods of communication were effective and one of the areas the service did well. We saw there were also meetings held for all designations in the staff team. There were team meetings, chef meetings and management meetings. These were used to communicate changes as well as discuss any suggestions for improvements needed in the service.

There was a registered manager in post and she understood her role and responsibilities. People were clear about who the registered manager was and felt they could approach her if they wanted to talk about anything and felt she would listen and make changes as a result of this. One person told us, "The manager is 100% helpful. Nothing is too much trouble." Another said, "She (registered manager) comes to see me if I ask her to." One person told us, [Assistant manager] is very helpful."

The registered manager and other members of the management team were on call at any time if staff needed any support. Staff told us the registered manager and management team worked as part of the team and felt they were approachable and listened to them if they raised any concerns or suggestions for improvements.

People were given the opportunity to have a say in what they thought about the quality of the service they received. We saw that when the registered manager or team leaders observed staff practice in people's homes, they took this opportunity to speak with people and ask them if they were happy with the staff supporting them and the service received. The registered manager carried out 'full care package reviews' and we saw that during these people's views on the quality of the service they were receiving were sought.

People had the opportunity to attend 'street meetings' to voice their opinion of the quality of the service. We saw the minutes of the meetings and saw people were given information about any changes to the service and had an opportunity to discuss these and have a say. Any actions points from the previous meeting were discussed to ensure they had been addressed. We saw at the most recent meeting people were reminded that they could apply to become a 'forum member'. This gave people the chance to attend forum meetings and share ideas and suggestions with people who used the service at other schemes and villages run by the provider, along with senior staff.

There was also a survey sent out to people each year and we saw the results of the most recent survey and saw people had commented positively on the quality of the service. There was also a suggestions box in the reception area, along with a comments book for people to complete. We saw one visitor had written, "Best place like this I have ever visited. The kind of place I would like to end up."

Continuous observation and improvement of staff practice was an aspect of service delivery. Staff told us that their practice was observed regularly by the management team, whilst they were visiting people who

used the service, and said that following the observations they were given feedback on what had been observed and any learning needed. We saw the records of the observations which showed that staff were observed and feedback sought from the person using the service about the support that particular member of staff had given. Following the observation any actions for improvement or positive feedback was given to the staff member.

People could be assured there were systems in place to monitor and improve the quality of the service they received. The registered manager told us in the PIR that a 'manager's matrix tool' was used as part of the systems to and assess the quality of the service. This was an online system which the registered manager used to input information about areas of service such as accidents, wellbeing data, medication errors and complaints. We saw this system on the day of the inspection and the registered manager told us this was used by the provider to have an overview of events in the service and that information would be used to trigger any action needed and to identify any trends in the service and throughout the organisation.

Additionally an audit tool was used by the provider to regularly identify improvements needed in relation to the running of the service. This included monthly visits from a senior manager assessing the systems in place to ensure they were working as intended. The visit looked at a wide range of areas relating to the running of the service including care delivery, care planning and medicines. Complaints and incidents were also looked at to ensure they had been dealt with in line with the provider's procedures. Following the last visit in January 2016 there was an action plan left for the registered manager to complete in relation to some areas of improvement needed. We saw the registered manager had completed the actions and these had been signed off on the action plan.

The quality of the service was also monitored using a range of audit tools. Any late or missed called were logged so that the registered manager could audit these. The registered manager told us that the logs were used to identify any trends in late calls, why this was happening and if care packages needed amending if staff were running late due to people needing extra support. There were also audits in relation to checking if the equipment people used in their apartments such as mobility aids were well maintained and safe. Audits were used to check if staff were completing the tasks they were supposed to such as, completing apartment cleaning records and care records.