

# Durham County Council Extra Care

### **Inspection report**

The Coulson Centre Spennymoor County Durham DL16 7RS Date of inspection visit: 16 January 2024

Good

Date of publication: 02 February 2024

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### Ratings

### Overall rating for this service

Is the service safe?	Good	
Is the service well-led?	Good	

### **Overall summary**

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Extra Care supports people to live in their own homes. People using the service lived in flats across 7 schemes, across the County Durham area. The service provides personal care and support to people who may be living with dementia, of older age, a learning disability or autistic spectrum disorder, a physical disability, sensory impairment or mental health needs. At the time of the inspection, the service was providing care to 210 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

### Right Support:

Risks to people's health, safety and well-being were effectively managed. Medicines were administered safely. The provider had effective infection prevention and control systems in place.

People were supported to access specialist health and social care support where appropriate. People told us they felt safe when receiving support from staff. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

### Right Care:

People told us staff arrived on time and they received support from the same group of staff, which promoted good continuity of care. People's needs were assessed prior to the commencement of the service. The assessment included people's health, physical, emotional and communication needs. Care provided was personalised and supported people's preferences and wishes. Care plans had been reviewed regularly to ensure they were accurate.

People were encouraged to be independent and to carry out tasks without support.

### Right Culture:

The provider had recruitment processes in place to ensure suitable staff were employed. New staff we spoke with said this process was clear, inclusive and supportive.

People and staff spoke positively about the management of the service and their openness to feedback. The management team was approachable, maintained regular communication, and listened to the views of others.

Systems to monitor the quality and safety of the service were in place. The registered manager was a positive influence, open and aware of their legal responsibilities.

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

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

Rating at last inspection: The last rating for this service was good (published 26 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Extra Care on our website at www.cqc.org.uk.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

### 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.	
Details are in our safe findings below.	
Is the service well-led?	Good •
<b>Is the service well-led?</b> The service was well-led.	Good •



# Extra Care

### **Detailed findings**

# Background to this inspection

#### The inspection

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

### Inspection team

The inspection was carried out by 1 inspector and 2 Experts 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.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced giving 24 hours notice so a representative from the provider would be available.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 8 people who used the service and 13 relatives about their experience of the care provided. We spoke with the registered manager, 2 support workers and received written responses to questionnaires we sent from 46 other staff members including supervisors and senior care staff.

We reviewed a range of records. This included 8 care and medication records. We looked at other records relating to the management of the service including staff supervision, recruitment and systems for monitoring quality.

Following the inspection, we looked at a range of documents sent to us such as audits, care records and training information.

# Is the service safe?

# Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

• People's known risks had been assessed and accompanying care plans and risk assessments were in place.

• Risk assessments were person centred and reviewed regularly.

• Staff managed the safety of the living environment. Regular checks on equipment and maintenance were made.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

• People and those who matter to them told us they knew how and when to raise a safeguarding issue. People said, "I always feel safe in their care," and "They are well trained to meet all my care needs."

• People were kept safe from avoidable harm because staff knew them well and understood how to recognise and protect them from abuse. One staff member told us, "I am very confident that I can see the signs of abuse and I have raised safeguarding concerns in the past, and I am not afraid to speak out."

• The provider had an out of hours on call service to provide guidance and support to staff. Staff would contact a senior manager if there was a significant care related issue and there was the housing provider on call service if there were any housing related emergency issues.

• Accidents and incidents were recorded, and action had been taken to mitigate risks to prevent reoccurrence.

• Audits were used to identify any shortfalls in practice. When shortfalls were found, lessons had been learnt and shared with the staff team.

Staffing and recruitment

• Staff were recruited safely. Appropriate recruitment checks were carried out and recorded as standard practice.

• Staff had the skills to ensure they could meet people's needs. Staff told us they had received training to support them in their role.

• One of the senior care team told us, "At present we have several new members of staff who are on doing their care certificate; I feel that I have been able to pass down my knowledge and skills which in turn will improve their caring role."

Using medicines safely

- People's medicines were managed safely. Staff received medicines training and their practice was assessed to check they were competent to manage medicines safely.
- Information regarding the support people needed with their medicines was recorded within their care

plans, which was clear, up to date and accessible to staff.

Preventing and controlling infection

• The provider had up to date infection prevention and control and COVID-19 policies in place to provide guidance for staff.

• Staff were provided with appropriate personal protective equipment (PPE) and had completed infection prevention and control training.

## Is the service well-led?

# Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive culture at the service which created a warm, relaxed and caring atmosphere.
- Staff told us they met regularly with the registered manager and their colleagues. Feedback and input including ideas for improvement were listened to and valued. One staff said, "I always feel listened to and taken seriously, an agenda will go up on staffroom prior to the meeting to give us time to write any topics on we might wish to discuss."
- Staff told us they were supported well both personally and professionally by the senior leadership team at the service.
- The registered manager was aware of the requirements under the duty of candour. People and their relatives were kept informed of issues when needed. Statutory notifications had been submitted to CQC in line with requirements.
- Positive relationships existed between people, relatives and staff. People spoke highly of the staff team and their approach. Comments included, "The girls are brilliant particularly with personal care," "I wouldn't change their care in any way and would recommend them," and "I would consider the service very good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

• The provider was actively involved in the service. The supervisors from each scheme and the registered manager met regularly. One supervisor told us, "We have a good working relationship with everyone which makes giving care and support to our service users so much easier and helps them to be more independent and have more choice in their care."

• Audits and performance checks were used to manage the service, maintain standards and identify areas for improvement.

• Audits contained clear action plans to address any concerns found.

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

- Regular staff meetings and meetings with people and questionnaires provided individuals with the opportunity to contribute their views to help the service improve.
- People had regular review meetings with their staff and relevant professionals to review all areas of their care plans.

• Staff told us they felt valued and fully involved in the service.

Continuous learning and improving care; Working in partnership with others

- Monitoring systems in place included unannounced spot checks of staff to help ensure they were upholding the provider's values of good quality care. Staff were then given feedback on what they did well and any areas to be improved upon.
- We saw evidence that when things went wrong these were discussed with the staff team to allow reflection and lessons learnt to help reduce the risk of recurring themes.

• The registered manager worked in partnership with other agencies. This included the local authority's selection panel for extra care housing to ensure people's needs could be met. Where people received specialist support, such as mental health support, effective joint working was in place. One supervisor told us, "We are setting up new things all the time. We have just received a new cup and beaker and the base lets service users know by speaking, when to take a drink. You can set the frequency of drink intervals and on a night instead of the base speaking it lights up to remind them. I think this is a great innovation as it will help with UTI's and dehydration, as well as other things."