

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Beacon Park Village

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 this service on 14 September 2016. This was an announced inspection, and we telephoned the provider two days prior to our inspection in order to arrange home visits with people. At our last inspection in September 2013, the provider was meeting the regulations we looked at.

ExtraCare Charitable Trust is registered to provide personal care support to older people who live in their own apartments within the housing complex. There are 135 apartments and at the time of our inspection, 39 people received personal care support visits.

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 2008 and associated Regulations about how the service is run.

People felt safe having support from the service and within their home environments. They were supported by staff who had good knowledge and understanding about protecting people from harm and abuse. Staff knew how to respond to any concerns and were confident at doing this. Risks to individuals were assessed, reviewed and managed and staff followed plans to protect people from harm. There were enough staff to meet people's needs. Recruitment processes ensured that staff were safe to work with people and medicines were managed to reduce the risks associated with them.

People received support from staff who had the necessary knowledge to carry out their roles. Staff received training and support to develop their skills. People were able to make decisions about their support and staff sought their consent before care was provided. People were able to make choices about the food they ate and were supported to maintain their health and wellbeing.

Staff supported people in a kind and caring manner and people had developed positive relationships with them. People were involved in making decisions about their day to day care, and staff promoted their independence. People were treated with dignity and their privacy was respected.

People were involved with the planning of their support, and their care was responsive to their needs. Support was provided in an individual manner and people's care plans were personal to them. People were supported to pursue activities that they enjoyed. They were aware of how to raise any concerns and complaints were dealt with in an open and timely manner.

The service was well managed and there were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relatives, staff and a programme of audits. These were used to drive continuous improvement within the service.

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 harm and were kept safe by staff who understood how to recognise abuse and knew what actions to take. Risks to individuals were managed and staff took actions to minimise them. There were enough staff to meet people's needs and keep them safe. The provider had safe recruitment processes in place and people's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills to carry out their roles. Staff received regular training and support to ensure they could meet people's needs. People made their own decisions about their care and support and staff gained people's consent. People were supported to have a balanced diet and maintain their health.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and staff supported people in a caring manner. People were supported by staff who knew them well and were encouraged to be independent. People's privacy and dignity was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People contributed to the planning of their care. They received support that was individual to them and responsive to their needs. People were able to participate in activities that they enjoyed. People knew how to raise any concerns and the provider listened and acted upon any feedback.

Is the service well-led?

Good ●

The service was well led.

The provider encouraged people to be involved with the development of the service and the management team promoted an open culture. Staff felt supported by the management and people found them to be approachable. There were effective systems in place to assess, monitor and improve the quality of care people received.

ExtraCare Charitable Trust Beacon Park Village

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 visit took place on 14 September 2016 and was announced. We gave the provider two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us. The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also requested feedback from the local authority.

We had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We used a range of different methods to help us understand people's experience of using the service. We visited six people in their own apartments and also spoke with two of their relatives and two visitors. We spoke with two people who used the service by telephone. We spoke with four members of care staff, a team leader, the head of care and the registered manager. We also spoke with two visiting community professionals.

We looked at the care plans of three people to see if they were accurate and up to date. We reviewed three staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related

to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe having support from the service. One person said, "I'm safe enough at the moment because the carers are available if I need them." Another person told us, "I feel safe. I do trust the carers that come in to help me." A third person told us, "I feel a lot safer now that I'm living here." People told us that the environment they lived in also made them feel safe. One person said, "I've got my own front door and my own home; but as it's in the complex, it's not like anyone can walk in. That makes me feel safe." Another person said, "It's a great place to live; just right for me."

Staff had a good knowledge and understanding about safeguarding people and protecting them from harm and abuse. They told us how they would respond to any issues or concerns. One staff member said, "When we support people with their personal care, we would notice any bruising or marks. Anything I see of concern, I would report it immediately." Another staff member told us, "If I had any concerns about anyone's safety I would report it straight away. First to the team leader, then the head of care, then the manager. If needed, I would go straight to the police. I'd have no hesitation raising any concerns."

Staff were able to describe the different types of abuse that could happen, and told us how they would recognise possible signs of harm or neglect. When needed, the provider had reported any issues to the relevant authorities and had informed us of any concerns. We saw posters were displayed in the public areas to give people information about safeguarding and how people could raise any concerns themselves. This demonstrated the staff and provider were able to protect people from harm.

Risks to people's safety had been assessed and staff were knowledgeable about how to support people to reduce any risk of harm. Some people needed to use equipment to help them to transfer. One person told us, "The carers will use the hoist to get me in and out of the jacuzzi so I'm safe." Another person said, "The carers are always saying 'make sure the breaks are on' when I get onto my shower chair. They will always check that everything's as it should be." One person who was visiting someone who used the service had experience of transferring people safely and had been employed to train people in this area. They told us, "I have watched the carers, and everything is done correctly." People told us that when new equipment was introduced, staff were shown how to use it safely. One visitor said, "I was here when they showed the staff how to use the equipment my friend now has." A staff member said, "We've not been using this piece of equipment for very long. We were shown how to use it correctly, and I am confident in what I'm doing." We observed staff following the guidance in people's care plans and saw these had been updated when people's needs had changed. This demonstrated that people were supported in a safe manner.

We spoke with a visiting professional and they told us, "The ExtraCare staff will refer people through to us; they are very good at picking up if there is a change in someone's mobility. We will then get information from the person and the carers and make suggestions about how to minimise any risks. The staff are good at following any recommendations we make." One member of staff said, "One person's mobility has got worse over recent months, so someone came in to look at what could be done differently." People were supported to take part in exercise classes, and one visiting professional told us, "The carers will bring people down to the exercise classes which help people with their balance and body strengthening." This demonstrated that

staff acted upon any concerns and supported people to reduce risks.

People told us they were able to call for help in an emergency by using the alarm system that was in place. One person said, "The emergency call button does give me reassurance. I know that I can always get someone to help me if I press this button." Another person told us, "If I press my emergency button, they do come very quickly if needed. They will check the system once a month to make sure it's working." The registered manager said, "The buzzer system is available in all the apartments here and is staffed by ExtraCare workers." This meant that people were able to retain their independence but have support available if they needed it. We saw that people had personal emergency evacuation plans in place which gave details to staff how they should support people in the case of an emergency such as fire occurring.

People told us there were enough staff to meet people's needs and keep them safe. One person said, "The staff are there when you need them." Another person told us, "I always get my care calls and the staff never let me down. They have enough time to help me, and will make time to have a chat with me as well." One staff member said, "There will always be two of us to support [person who used the service]." The head of care told us, "Even though the care staff are all working in the same building, we make sure they have some time to get from one call to another. We also group the care calls into specific areas within the complex, so they aren't spending too much time walking round the building." People told us their care calls were mostly on time and if the staff were running late, they would be informed. People were generally supported by the same staff which helped to ensure they had continuity and consistency in their care.

We saw the provider had checked staff's suitability to support people with personal care before they started their employment. One staff member told us, "I had to have my DBS done and give details of my previous employment. They don't let anyone start until all the checks have come through okay." The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. We looked at three recruitment files and we saw pre-employment checks were completed before staff were able to start working. This demonstrated there were recruitment checks in place to ensure staffs suitability to work within the service.

We checked to see if people were supported to have their medicines safely. One person told us, "They will order my medication for me and it arrives once a month. I then manage it myself." Other people needed support to have their medicines as prescribed. One person said, "They come in and help me with my tablets three times a day." Another person told us, "I get my medicines on time." Staff had received training to safely administer medicines for people, and one staff member told us, "I had to complete a full days training before I could give people their medicines; and the team leaders will check that we are doing it right." We saw that when staff had administered medicines this had been recorded and these records were accurate and up to date.

Is the service effective?

Our findings

People received support from staff who had the knowledge and skills to meet their needs. One person said, "The carers know what to do when they help me." Another person told us, "There will sometimes be new carers, but they are shown what to do by the others." One member of staff said, "We will get advice from other people when needed, it may be from the falls prevention team or the occupational therapist, and this helps us support people."

Staff told us that when they began working for the service, they received an induction to prepare them for the role. One staff member said, "For my induction I had one week observing the care people got, and then one week hands on. I was then signed off by the trainers. I was quite confident anyway, but it was a good way to get to know the people. And it was helpful to watch to see how to do things." A team leader told us, "New staff will go on the double up calls to start with, which helps to build their confidence." This meant that new staff were supported to carry out their roles effectively.

Staff spoke positively about the ongoing training they had. One member of staff said, "The training is good." Another told us, "We get training on all the important things; it gives us the knowledge and skills to support people." A team leader said, "Apart from the mandatory training, we also get training that is condition specific to help us care for people." They added, "After any training, we follow this up and will observe the staff to see they are putting their training into practice." We saw there was a chart in the staff room which identified when staff training was due. Staff told us they felt supported. One staff member said, "We have supervisions where we can discuss any issues, and the team leaders or head of care are always around." A team leader told us, "I get together with the head of care regularly; it's helpful to do this, but if there are any problems in between times I know I can speak with them." We saw that people had annual appraisals to look at their learning and development.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. People we spoke with were able to make decisions about their care and support. One person told us, "No one does anything without consulting me first." We observed staff gaining people's consent before they gave them support. One visitor said, "The carers will always do that." We heard staff calling out to see if they could enter people's apartments and only went in if invited to do so. One staff member told us, "We are always talking with the people we care for. Sometimes we may need to give people some choices to help them make a decision. But we get to know them all really well and understand their personalities." We saw that people had signed their care plans showing they were in agreement to receiving support and had given their consent when certain

equipment was being used.

People had choice about the food they ate, and could have their meals when they chose. Some people preferred to have their main meal at the on-site restaurant. One person said, "The restaurant is brilliant, they know exactly what I want and its value for money." One visitor told us, "The carers will take my friend to the restaurant for lunch each day. It's good that they get a proper hot dinner." Some people needed support to prepare their meals in their apartments. One person said, "The carers are very good; they will get what I want." One visitor told us, "They will prepare a sandwich for my friend to have as a snack." Some people needed help to eat their food, and one person said, "I can't do this myself, but I'll move my head so they know I'm not ready for the next bit. They understand this and I'm given time." We were told that in the past, there had been people who needed foods prepared in a specific way. The head of care said, "We have previously referred people to the speech and language therapists if we were concerned about people's eating, but there is no one currently needing a soft diet."

People were supported to maintain their health and were given opportunities to receive advice and support. The registered manager told us, "Everyone is offered a wellbeing general health check when they move in and can have these annually if they choose." We saw there were a number of stalls set up in 'the street' area (the main walkthrough from the reception to the apartments). The registered manager said, "The wellbeing advisor will arrange regular events throughout the year." The stalls were offering advice to the people who lived there about various health related subjects. People were able to make their own decisions about their health and were given support when needed. One person told us, "The carers will sometimes suggest I see the doctor, and have arranged for the nurse to call in if I've asked for this." We saw that people's health care needs were recorded in their care plans, and any changes were documented so staff had up to date information available.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "I couldn't fault them; they are good people. We can have some banter with each other." Another person told us, "They are golden; wonderful." A visitor told us, "I know my friend loves all the girls that come in. I've not come across any who aren't very nice. They are all lovely." People said that they were listened to and that staff would take time to chat with them when they visited. A team leader told us, "At the moment we've got some people who are in hospital, so we use this time to spend with people to do more personal things; like nail painting, or sitting and having a chat in the coffee lounge." We saw a card that had been sent to the staff which read, 'Thank you for all your kindness to me.'

People told us they were generally supported by the same staff which helped to ensure they experienced consistency in their care. One person said, "It's usually the same carers that come in; they all know me." Another person told us, "The carers understand me well and can pick up what I'm feeling. They are always patient with me even if I'm grumpy. It's good to know there are people who care and worry about me." People told us that staff would speak with them and address them in the way they wanted. A team leader told us, "When we do our care monitoring calls, we also check how the staff interact with people. We get feedback from the residents every three months, and if there are any issues, we then pick this up with the staff member."

People were involved in making decisions about their care. One person said, "I said that I would love to have a bath rather than a shower; so now they help me once a week to have a jacuzzi in the gym." Another person told us, "I'm in control of my life and I know what's what." People told us they were encouraged to be independent. One person said, "I needed more help at first, but now I can do more for myself. They used to fuss around, but I told them I could manage; so now they let me get on with it. They are very good." Another person told us, "I'm pretty independent, I manage my own shower; but I can't get down to put my shoes and socks on so the carers help me to get dressed." A relative said, "The best thing is we can still do what we want to do." This demonstrated that people were listened to and their views were respected. We saw that information was available to people if they felt they needed the support of an advocate. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves.

People told us that staff were respectful towards them and we observed staff knocking on people's front doors before they accessed the apartments. One person said, "They always knock the door; it's not an open house you know." Another person told us, "They are all very polite." We observed staff closing the bathroom doors or curtains before they supported people. This demonstrated that staff treated people in a dignified way and respected their privacy.

We saw that people's families and friends were encouraged to be a part of their lives. One visitor told us, "I've been coming here every week for a long time. I'm always made to feel welcome and the carers will chat with me." Another visitor told us, "I'm staying with my friend at the moment here in their apartment." One relative said, "I can come and visit whenever I want; I can go out with my relation when we choose."

Is the service responsive?

Our findings

People were involved with the planning of their care. One person told us, "[The head of care] asked me about the amount of help I needed, and what things I needed support with." Another person said, "I'd not had support before, so it was a learning curve for me. But the carers and I educated each other. At first the calls took longer, but now we both know the best way of doing things." One relative told us, "We were all involved with my relations assessment; if it wasn't for this help I'm sure they would have ended up in a home." The head of care told us, "It is my role to assess the levels of need people have." The care records we looked at included an 'ability assessment' which described the support people needed as well as including information about what people were able to do themselves. We saw that people had been involved with these assessments and any subsequent reviews.

The care that people received was responsive to their needs. One person told us, "There are five levels of care available, and if you need more help you can go up a level." A member of staff said, "The call monitoring works well and the call times will be increased or decreased depending on people's needs." Another member of staff told us, "If we find that anyone's care needs are different to those shown on the care plan, we will report it to the team leader and the plans will be amended." A team leader said, "We can also pick up if the call is taking longer than it should. We will then look to see if the person's needs have increased, or maybe the staff member needs some additional training or support." This demonstrated the amount of care people had was determined according to their needs.

People received support that was individual to them. One person's relative said, "They will be flexible with the care if we are going out somewhere; they'll always call back later on." We heard staff offer to return to a person as they had a visiting healthcare professional with them. The staff called back later as they said they would. A team leader told us, "Some people have planned calls during the night; they may be getting up to go to the toilet and this can increase the risk of them falling. So we try to plan the calls at these times so we don't disturb them." The care plans we looked at were individual to each person and included information about their history, likes and dislikes, and how they should be supported. One staff member said, "I will always read the care plan before I start to see if anything has changed. It's important that we know exactly what we're doing." We were told how information was shared between the staff team. One staff member said, "We have a handover at the beginning of every shift and the team will update each other about each person we care for."

People were able to pursue activities and hobbies that were important to them. One person told us, "I've been doing voluntary work for the past two years, a couple of sessions a week. I quite enjoy it as I meet people. I also belong to the choir that's here; it's quite fun." Another person said, "There are lots of activities arranged, but I tend to choose not to join in; I will go to the shows they put on though." A third person told us, "They've arranged a trip out on Friday evening that I'm going on. I'm looking forward to that. They sort out the support and transport and everything." People had their own balconies that they used to grow plants and we saw that people used the coffee lounge to meet with people. There was an onsite gym that people could use, and a display detailing the different events planned for the day.

People knew how to raise any concerns or complaints with the provider. One person told us, "I would go down to the office if I had any concerns; they are available if you need them." Another person said, "I would speak with the manager if there was anything I wasn't happy about, but there's nothing at the moment." A third person told us, "I would speak to a team leader first, and then go to the head of care if I wasn't satisfied. I'd go to the manager if it was a very serious issue." We were told how the provider had acted upon complaints to improve the quality of care. One person said, "I did mention it to the manager and the night staff will now ring if they are running late." We saw that people were given a copy of the complaints leaflet in their welcome pack, and there were leaflets available at the reception for people to take. We saw the provider had responded to any complaints raised in line with the policy and in a timely manner.

Is the service well-led?

Our findings

People spoke positively about the service they received from the ExtraCare staff. One person said, "We couldn't be any better off." Another person told us, "It's all worked out really well for us; we couldn't ask for anything more. We've got our independence, but have the support on site when it's needed." Staff also spoke positively about working at the service. One staff member said, "It's an amazing place to work; the staff are all great, we all pull together and go above and beyond."

People were involved with the development of the service. The registered manager told us, "Everyone becomes a member of the residents association. Elected Representatives have regular meetings and all the notes from these are kept in the library. We also have two representatives for Beacon Park Village who attend the national meetings." We were also told about the monthly 'street meetings' that took place. One person said, "We can talk about anything really and give feedback about living here and any changes we want to see." The registered manager told us, "The 'street meetings' give us a chance to share any information or give people updates." We saw there was a suggestion box for people to use. The registered manager said, "We seem to get a flurry of suggestions, then none for a while. But people know it's there and can use it when they want." This meant that people were encouraged to give feedback about the service they received.

We had been made aware that there were changes happening regarding the provision of personal care support for people at the scheme. One person told us, "There have been more newsletters recently because of the changes that will be happening." Another person said, "We had a public meeting about the changes; it's a bit worrying, but the manager makes sure we are kept up to date and reassures us that we will still get the help we need." This demonstrated the provider was being transparent and open with the people who used the service.

Staff told us they felt supported by the management team. One staff member said, "We have a team meeting once a month, and a 'line up' every morning with the manager and head of care. That's really helpful as we can share any issues or changes in people's care or health that we need to be aware of. They always let us know what's happening." Another staff member told us, "We can always see the manager or head of care if there is anything we want to discuss. They are approachable and helpful."

Staff knew about the whistle blowing policy in place and told us they would not hesitate to raise any concerns about bad practice they saw. A team leader said, "All the staff are made aware of the whistle blowing policy as part of their induction, and we do remind staff about this if they ever felt the need to use it." This is a policy that protects staff if they ever wanted to raise any concerns about the service, anonymously if they preferred.

The registered manager and head of care had effective systems in place to assess, monitor and improve the quality of care people received. We saw that medicines audits had been completed which highlighted some issues around the recording used when people had refused their medicines that were only taken as required. The head of care told us, "The support workers needed to have more information to understand

why it was so important to be clear with their recording. We've now seen an improvement. The team leaders also understand why these audits happen, and are now implementing them. It's part of their development as well." We also saw how the accident reports had been analysed to identify any trends and action plans had then been put in place. We saw there was a system in place to audit people's care plans and risk assessments. This was shown to be effective as one person's review had been flagged up as being overdue. We saw that this had then been updated.

People who used the service knew who the management team were. One person said, "I know who the manager is, they do spend a lot of time in their office, but I know where that is if I need them." Another person told us, "The managers are always there if you want to speak with them; and they'll ask if it's more convenient for them to come up to the apartment. They are very approachable; you'd think we'd known them all our lives." The registered manager had informed us about any significant events that needed to be reported. They maintained detailed, accurate records that were kept securely, and demonstrated a clear understanding about their responsibilities as a registered person.