

# The ExtraCare Charitable Trust

# Earlsdon Park Village

## Inspection report

Albany Road  
Earlsdon  
Coventry  
CV5 6JQ

Tel: 02477718040

Website: [www.extracare.org.uk](http://www.extracare.org.uk)

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17 January 2020

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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

### About the service

The ExtraCare Charitable Trust, Earlsdon Park Village provides personal care for people aged 55 and over, living in purpose-built accommodation where there are 262 individual apartments with shared facilities. These include an onsite shop, bistro and bar, hairdressing salon, gym, craft room, and activity rooms. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is where people receive help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 52 people receiving personal care.

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

People said they felt safe living at Earlsdon Park Village and received the care and support they needed from staff who were kind and respectful. New staff completed an induction and all staff received regular ongoing training to update their knowledge and skills. Staff were aware of how to identify potential abuse and how to protect people from abuse.

Risks related to people's care, including environmental risks had been assessed and staff acted on these to minimise any risk of harm to people.

People were supported with their medicines during specific care calls where needed and people said they received their medicines as prescribed.

Staff had been recruited following safe procedures and arrangements were in place to ensure there were sufficient numbers of staff to support the care calls required to meet people's needs. Staff told us they felt supported in their role by the management team.

People were positive about the care and support they received and were involved in decisions about how their care and support was provided. There were arrangements in place for people to make contact with staff in an emergency situation and people said staff responded as soon as they could. Staff understood they needed to seek consent from people before providing care and staff knew the importance of supporting people to maintain their independence. People were assisted to access the numerous facilities at Earlsdon Park Village during care calls which helped to support their wellbeing and reduce isolation.

Staff followed the provider's infection control policy and procedure to prevent the spread of infection.

People shared positive relationships with staff, who knew their individual needs. People said all staff were approachable and they felt at ease to raise any concerns with them if needed.

Wellbeing clinics were held at the service where people could visit the nurse for wellbeing checks and any concerns regarding their health. People were supported to access GP services or other health professionals

if needed.

People's privacy and dignity was maintained, and people told us staff were respectful to them and their property when completing care calls. Those people who needed support to prepare meals or drinks were provided with this during calls.

The management team completed regular quality monitoring checks to ensure any areas of improvement were noted and people received the care and support they expected. Areas identified for improvement were acted upon and some of these were detailed on a "You said, we did" notice board at the entrance of the building.

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

We found some records lacked information. This included information about best interest decisions made. However, records needing improvement were addressed during the inspection visit.

Rating at last inspection

The last rating for this service was Good (published 19 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our Well Led findings below.

Good ●

# Earlsdon Park Village

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### 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 bought, or 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.

The service did not have a manager registered with the Care Quality Commission. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was so we could arrange to speak with people and staff when we visited. Inspection activity started on 15 January 2020 and ended on 17 January 2020. We visited the office location on 15 and 17 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people, three relatives, six care staff (including care co-ordinators, care supervisors and care workers), the wellbeing advisor and regional operations manager. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff recruitment files and a variety of records related to the management of the service. This included quality monitoring records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Earlsdon Park Village and with the staff that supported them. Entry to the building was restricted to those who had passes to release the doors.
- Staff completed training to understand the different types and signs of abuse and knew to report any concerns to the management team. A staff member told us, "When I saw someone had a bruise. I completed a body map and told my supervisor who asked the district nurse to have a look."
- The provider understood to refer safeguarding concerns to the local authority and CQC as required, so checks could be made that all risks had been managed.

Assessing risk, safety monitoring and management

- Staff knew people well and acted upon changes in people's health to ensure any risks associated with their care were managed safely. This included falls risks and risks associated with sore skin. One person told us, "The nurse checks my skin. I have some broken skin that the carers put cream on."
- People at high risk of falls were supplied with a pendant alarm they could use to alert staff in an emergency situation. Other people were given the opportunity to purchase an alarm if they wished.
- Staff supported people to obtain equipment required to support their needs. For example, when one person's ability to walk and move around had deteriorated, a meeting had taken place with staff to discuss the risks of moving and handling the person. Specialist equipment had then been sourced following advice from health professionals to ensure staff could continue to support the person safely.

Staffing and recruitment

- There were sufficient numbers of staff to complete the pre-arranged calls to support people's personal care needs. Staff aimed to respond to emergency calls as soon as possible.
- A staff member told us, "Calls (emergency) will go through to the handsets that staff carry. We would do our best to get to them as quick as we can. We try not to leave people waiting."
- People told us staff were usually on time and stayed the amount of time agreed. They said if staff were later than scheduled, this was usually because of an emergency.

Using medicines safely

- Medicine records did not always contain clear explanations when medicines had not been administered. The code "0" was being used in place of a signature but this was not always defined on the back of the Medicine Administration Record. The provider advised action would be taken to address this.
- People received support to take their prescribed medicines, if required, during pre-arranged calls. Staff had completed training to ensure they administered them safely.

- One person supported with their medicines told us, "I take lots of medication... No problems with getting my tablets. They fill in the chart to say I have had it. The supervisors come and do checks to make sure I have enough."

#### Preventing and controlling infection

- There were systems to prevent and control the risk of infection. The provider had taken action to restrict access to the building following an outbreak within the service to prevent the spread of an infection. People were aware of this.
- Staff had completed infection control training and followed good infection control practice. This included wearing gloves and aprons when delivering personal care.

#### Learning lessons when things go wrong

- There was an open culture within the service where learning when things went wrong was encouraged. Learning and any actions needed was shared with staff through daily communication or individual/group meetings.
- Lessons had been learnt following an unsafe discharge of a person from hospital to their home. There had been no care calls arranged as these had been cancelled due to the hospital admission. Lessons had been learnt regarding the timing of cancelling care calls to help prevent this happening again.
- The management team monitored accidents and incidents to identify and address any trends or patterns to minimise the risks of a reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they started to use the service to identify what support they required.
- Assessment information was used to develop care plans for each identified need to ensure staff understood how these should be met.
- Staff were aware of good practice guidelines in regards to delivering care and ensured these were followed in addition to respecting people's choices regarding their care.

Staff support: induction, training, skills and experience

- People and their relatives told us they had confidence in staff because staff knew what they were doing. A relative said, "Carers know what they are doing, when they use the hoist it's safe. They tell [Name] what is going on and they are gentle, so [Name] doesn't worry or get knocked."
- A person told us, "The supervisors watch the carers to make sure they know what they are doing. It's all safe."
- Staff completed an induction when they started work at the service and training was completed on an ongoing basis for them to update their skills and knowledge.

Supporting people to eat and drink enough to maintain a balanced diet

- People who needed support with their meal preparation and drinks had pre-arranged calls where staff assisted them as required. Some people were assisted to go to the Bistro for a meal located within the building.
- Staff assisted people to access external agencies, such as speech and language therapists and dieticians for support and guidance if needed. Staff knew how to support people safely such as those people at risk of choking. One staff member who assisted a person to eat said, "It's important not to rush [Name] so it's safe."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to in-house healthcare professionals when required, this included a wellbeing nurse who invited people to have wellbeing checks such as blood pressure to ensure they continued to have good health.
- People were supported where required to access GP's and hospital services as needed to maintain their health.
- A care co-ordinator told us if staff are spending more time providing support during calls, and there is an ongoing concern, they revisit the care package in place. They said, "We get doctors and specialists involved

to see if there is anything physical, or if it's a natural decline in their condition."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People told us staff were respectful and checked they consented to care before it was provided. One person said, "They always ask before they do anything and check everything they are doing is okay. I make my own decisions."
- One person did have some restrictions placed on them, but records regarding the persons capacity and the process followed to confirm this was in their best interests were not clear. This was addressed during our visit and discussions with staff identified this had not resulted in a negative impact on the person.
- Staff had received training in the MCA and respected people's right to refuse care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were positive in their comments of the staff and the way they were treated.
- One relative told us, "[Name] does get excellent care from the carers. They are all very kind and patient with them. They come on time and usually stay for the correct length of time. No problems with scheduled calls. Sometimes [Name] has to wait if they need help between calls but that's the way it is. This isn't a nursing home."
- A person told us, "I love the carers, I get on with all of them, they are very nice."
- Staff showed a genuine interest in people and their wellbeing. One staff member explained how a person struggled to drink so they bought them a long straw to make it easier for them. They had also sourced an adjustable height table to assist the person when eating and drinking.
- Staff completed equality and diversity training to help them understand people's needs. A Lesbian, Gay, Bisexual, Transgender (LGBT) community team were available to offer support to people as required.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in developing their care plans and made decisions about their ongoing care and support.
- People told us they could approach care staff, or members of the management team, if they wished to discuss any aspect of their care.
- One person told us, "I was asked about my care plan and I have signed to say I am happy with it. I have reviews with the staff here and with social workers...I tell them if something needs to change."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and maintained their privacy and dignity. One person said, "All of the carers are kind. They help me in private and make sure the blinds are shut. They are aware of dignity they cover me up when I have a shower, so I am not exposed or cold."
- Care plans contained information about people's abilities and how they liked to maintain their independence.
- Staff knew people well and understood how to ensure people's independence was maintained.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned with them or their family members as appropriate to ensure their needs were met effectively and in accordance with their wishes.
- People's care plans contained information about their needs, interests, preferences and health to support staff in delivering person centred care. For example, one person preferred showers to having a bath and this was clearly recorded to ensure staff respected this preference.
- Staff knew about people's needs and preferences. One staff member told us how a person's health had declined which impacted on them using their electric chair. In response arrangements were made to slow the speed of the wheelchair so that the person could continue to use it safely and maintain their independence.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in different formats to support people in accessing information. For example, a staff member told us how one person was not able to speak. They said, "When [Name] wants something they point, and we have communication cards to help...it's important that I am patient, so they can make choices. Because I know them well, I understand them."
- A member of the management team told us, "One person has dyslexia so everything for them is on yellow paper (known to assist people in reading)." Dyslexia is a learning disorder that involves difficulty in reading due to problems identifying speech sounds and learning how they relate to letters and words.
- Arrangements were in place to translate information into alternative languages if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew about people's interests through discussions they held with people during calls and from information held on care plans.
- Arrangements were in place to support people from becoming socially isolated. This included supporting people to use the facilities available within the building such as they gym and gardening areas used by others.
- People shared information about family and friends who were important to them when their needs were assessed prior to using the service so they could be supported where appropriate to maintain contact with

them.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which people and their family members knew about and some had used. Records showed complaints made had been investigated, acted upon, and responded to, in a timely way.
- People told us they felt at ease to raise any concerns with care staff or management staff.

One person told us how they had raised a complaint about a temporary staff member. They said, "Several residents complained, we said we don't want them back anymore and they didn't come back."

#### End of life care and support

- Where people had chosen to share information about their end of life care, this was detailed in their care plans.
- A relative told us how they had discussed end of life care with a health professional in regards to their family member. Records held at the service reflected information discussed. The relative told us, "[Name] is fully aware of what is going on. They have a ReSPECT form and understand what it means." ReSPECT is (Recommended Summary Plan for Emergency Treatment and Care). This form is used by health professionals to record a person's wishes about how they want to be treated in an emergency situation.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received person centred care. People felt at ease to raise any issues with the provider demonstrating the provider was open to listening to people and making any improvements necessary.
- One person told us how the service involved them in the staff recruitment process which made them feel inclusive in decisions about the service. They met potential staff members and were able to contribute their views in the decision process.
- Numerous compliments had been received by the service through the completion of "rate and review" forms. Comments included, "The staff are very efficient and likeable", and "You are all guardian angels."
- Staff were supported with training, meetings and guidance to meet people's personal care needs. People had individual care plans and received support from consistent care staff to help promote person centred care.
- Staff spoke positively of working for Earlsdon Park Village. One told us, "Its lovely, everyone gets on, it's like a big family." Another said, "I think the place is well run...morale is high and we all get on and work together as a team. Managers are approachable, and they do listen to us."

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

- The provider was aware of their responsibilities regarding the duty of candour (being open, honest open and transparent when something goes wrong). The provider shared any learning when things went wrong with staff. Staff were provided with opportunities to share their views and any concerns with the provider.

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

- We identified improvements needed to some care records to ensure staff had clear information. This included records related to the Mental Capacity Act. However, actions were taken during our visit to address issues we raised.
- The provider had established quality monitoring systems to identify any areas needing improvement. Regular visits were completed by the management team to the service to check policies and procedures were followed as required.
- The manager took action to address any shortfalls following audits to improve the quality of the service delivered to people.

- Staff were subject to competency checks and were observed by their manager to ensure they supported people as required. One staff member told us, "We have care delivery monitoring. Basically, it's the supervisors checking that we do are jobs right and people get good care."
- There were systems to gather the views of people and their relatives. Actions in response to suggestions people and visitors made to improve their experience of the service were displayed on a notice board in the reception area of the building.
- Managers and staff were clear about their roles, expectations regarding quality performance, risks and regulatory requirements. One staff member told us, "I really enjoy my job. I am fond of the residents. I go to the same people. We get our 'run' (schedule of calls) the night before, so we know what we are doing."
- Notifications about incidents that affected people's safety or welfare had been forwarded to CQC.

#### Working in partnership with others

- The provider engaged with people and families and worked in partnership with other agencies to support people where needed.
- The provider worked with health professionals including the local authority, local doctor's surgeries, the district nursing team and Speech and Language Therapy professionals.
- The service was Gold Standard Framework accredited. The Gold Standards Framework (GSF) is a framework used to enable early recognition of people with life-limiting conditions, helping them to plan ahead and to live as well as possible right to the end.
- The provider was involved in the "React to Red" campaign introduced to respond to any concerns regarding people's skin to prevent skin damage such as pressure ulcers developing.