

## Durham County Council

# Extra Care

### Inspection report

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10 September 2018  
12 September 2018

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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

The inspection took place from 30 August to 12 September 2018 and was announced. The visit to the provider's office took place on 30 August and 12 September 2018 and was announced. Further inspection activity included visits to Extra Care locations to meet people who used the service.

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.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. '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.'

The provider had policies and procedures in place to keep people safe. Staff were trained in safeguarding. The registered manager maintained a log of all accidents, incidents and safeguarding concerns. They ensured lessons learnt were disseminated to staff as part of supervision and team meetings.

Risks to people were assessed with control measures in place for staff support and guidance.

Medicines were managed safely by trained staff whose competency to administer medicines was checked regularly.

The provider ensured staffing levels met the needs of people who used the service. Staff were appropriately trained and received regular supervisions and appraisals.

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

Staff supported people with their nutritional needs to maintain a healthy varied diet. People had access to health care professionals when necessary.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. People told us staff supported them to uphold their privacy..

Care records were written in a person-centred way. People's individual wishes, needs and choices were considered. People's care and support was reviewed on a regular basis.

People were supported to attend activities and entertainment within the setting.

The provider had an effective complaints procedure in place and people who used the service and relatives were aware of how to make a complaint.

The provider had accessible information in different formats for people if requested.

The registered manager and staff worked with other stakeholders such as healthcare professionals. Community links were maintained with people accessing local amenities such as shops and churches.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team.

## 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 remains Good.

### Is the service effective?

Good ●

The service is Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Extra Care

## **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.

Inspection activity took place from 30 August to 12 September 2018 and was announced. We gave the provider 48 hours' notice as we needed to access information held off site and required staff to make records available to us. The inspection included visits to the provider's office where we reviewed records, policies and procedures, and spoke with the registered manager. We also visited two Extra Care locations to speak to people using the service and staff.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG).

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We included feedback CQC gained from questionnaires completed by people using this service.

We reviewed statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG).

During the inspection we spoke with ten people who used the service and four relatives. We met with the

registered manager, two operational supervisors, three team leaders and six care staff. We also spoke with one healthcare professional who was visiting the service.

We looked at seven people's care records and records relating to the management of the service including the recruitment records of three staff.

# Is the service safe?

## Our findings

At our inspection in March 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

A person who used the service told us, "It is a safe place to be, the girls come and make sure I am okay." Another told us, "I feel safe in here, I can buzz if I need help from the staff, they pop in to make sure we're OK." One relative told us, "We have peace of mind knowing she's here." Another relative said, "I am happy and relieved, they are very good."

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS) and two references. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, which helps employers in their decision making when selecting staff.

People were supported by appropriate levels of staff. The provider used a "worker programme", a system containing a list of timed visits for staff to follow. One person told us, "They arrive when they should, I know who is coming every time." Another told us, "I need two girls, and I always have two."

The provider had systems and processes in place to keep people safe, such as safeguarding policies and procedures. Staff were trained in safeguarding and understood how to report any concerns and were clear about what constituted abuse and how they could recognise if someone was being abused. We found the registered manager understood their responsibilities in relation to safeguarding and had made appropriate referrals when necessary.

Risk assessments were in place for people, with control measures available for staff guidance to reduce the risk. This meant the provider had taken seriously any risks to people and staff, and had put in place actions to prevent accidents from occurring.

Accidents and incidents were recorded and reported to the provider's health and safety department for analysis. Any actions from these were addressed by the registered manager with lessons learnt disseminated to staff through supervision and team meetings.

Some people who used the service were supported with taking their medicines. We found appropriate policies, procedures and arrangements were in place for the safe administration of medicines. Staff were observed administering medicines as part of their supervision to ensure they remained competent to do so. The National Institute of Clinical Excellence (NICE) guidance for administration of medicines in the community advises handwritten entries on people's medication administration records (MAR) should be signed by two staff members. We discussed this with the registered manager who gave assurances this would be addressed immediately at team meeting scheduled for the afternoon and two staff would sign the

handwritten MAR going forward.

Infection control policies and procedures were in place. Staff received infection control training and were provided with personal protective equipment (PPE).



# Is the service effective?

## Our findings

At our inspection in March 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People's needs were assessed before they started using the service. Assessments were used to develop support plans with involvement of people and their relatives. The provider used legislation and best practice to inform their assessments. For example, moving and assisting guidance.

New staff completed an induction which included an introduction to the service as well as a corporate induction covering policies and procedures such as health and safety, equality and diversity. Mandatory training was completed as part of the induction process. Mandatory training is training that the provider deems necessary to support people safely. We found training was refreshed on a regular basis. One staff member told us, "We have really good training." Another told us, "We have some face to face and some done by workbooks." We found health care professionals supported staff with specific training to meet people's needs. For example, how to use specialised moving and assisting ceiling hoists.

Staff told us they felt supported and received regular supervision and an annual appraisal. Team leaders and supervisors carried out observations of staff to ensure safe practice. These were reviewed at supervision and any issues or concerns were addressed either by refresher training or discussed with the staff member and a further observation arranged.

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 Act.

We found the service was working within the principles of the MCA. The registered manager had a good understanding of mental capacity, and staff had been trained in the MCA and deprivation of liberty safeguards (DoLS). Where the person had a lasting power of attorney (LPA) in place. Copies of the legal documentation were held on their care file. Details of the LPA and their contact details were available for staff.

People were supported with their nutritional needs. Where necessary speech and language therapist (SALT) guidance was included in the person's support plan for staff to follow. Staff we spoke with understood the need for food to be of a specific consistency and how to prepare thickened fluids where this was required.

Staff completed food diaries when people's nutritional intake was reduced. These were reviewed by health care professionals.

Where necessary staff supported people with their health needs. Staff contacted health care professionals on behalf of people who were unable to do this for themselves. We observed team leaders contacting health care professionals to arrange visits or to gain health care advice. We spoke to one health care professional who told us the referrals they receive were appropriate. She said, "If they are unsure they seek our advice. They know the residents and have good relationships with families as well."

## Is the service caring?

### Our findings

At our inspection in March 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People told us that staff were kind, friendly and caring. One person told us, "They become like family, I am so happy with them all." Another told us, "They have been very caring to me, they give me hug, it's just lovely." A third said, "You don't have to ask twice, they are so helpful. We have nice kind girls here".

Relatives felt the staff were caring. One relative told us, "They are absolutely lovely, they are so patient." Another told us, "I would give them a gold star, you can't fault the girls in here."

People told us staff visited the same time each day and didn't rush when they were supporting them with their personal care. Staff said they had sufficient time allocated to people's care calls and had time during the call to speak with people and find out how they were. One staff member told us, "I always have a chat its important I couldn't just go in and out without seeing how they are, if they needed anything." Another said, "I treat them [people] how I would treat my own Mam or Dad, I care about them all and I love my job." A third told us, "We dish out cuddles in here, we listen and talk to them.

The registered manager, supervisors, team leaders and staff that we spoke with showed genuine interest in people's wellbeing. We observed staff knocked on people's doors and waited to be invited in. Staff spoke with people in a respectful manner, we observed appropriate humour was used and people enjoyed a laugh and a joke with staff. It was obvious from discussion that all staff knew people very well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships.

Care records described how staff were to respect people's privacy and promote their dignity. People were supported to be as independent as possible. One staff member told us, "We always knock and wait to be invited in. Doors and curtains are shut when helping with personal care." Another said, "I treat people as I would want to be treated, I always encourage them to do for themselves."

People's preferences and choices were recorded in their care records. For example, food choices and personal care preferences. Communication support plans were in place if people required support with their communication needs.

We saw that records were kept securely only accessible by staff. This ensured the confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager advised that contact would be made with the person's social worker if necessary.

## Is the service responsive?

### Our findings

At our inspection in March 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People felt involved in their care and that staff were very supportive to individual needs and focused on providing person-centred care. Each person's care record included important information about the person. These included details of next of kin, medical history, details of their personal background, family and friends, likes and interests, and what was important to the person.

Support plans were personalised and reflected people's current needs. We found reviews of support plans had been carried out on a regular basis and when a change in need had been identified. Staff completed daily handover records, which included updates on each person who used the service.

We found the provider responsive when people's needs changed. The registered manager told us, "It is all about when the person needs, if it is more help on a temporary basis then we can increase the support straightaway. If we cannot pick up the hours then we can use agency staff to cover shortfalls

Some people had emergency health care plans in place. An emergency care plan allows health care professionals to discuss and record people's preferences in advance. For example, if they become unwell or in an emergency that they could remain in the care home rather than be admitted to hospital. This meant that staff had access to support and guidance in case of an emergency or a sudden deterioration in a person's health.

Although no person was in receipt of end of life care at the time of the inspection we found staff had received training in supporting people at the end of their lives. Compliment cards demonstrated families had been grateful for the care and support provided to their loved ones who had passed away. Staff told us how they felt proud to support people at the end of their lives. One staff member told us, "I love to care for them [people], I am interested in palliative care."

We looked at how complaints were managed in the service. The provider had a policy and procedure in place which provided clear information for people who used the service. The complaints procedure was issued to people on commencement of their support. No formal complaints had been made to the service.

People and relatives, we spoke with knew how to make a complaint. One person told us, "I know how, but don't need too". One relative said, "Nothing to complain about."

The provider was not commissioned by the local authority to provide recreational activities for people. However, to ensure people were not isolated staff offered support to attend activities held in extra care scheme. Where necessary staff supported people to use transport so they could access the community.

# Is the service well-led?

## Our findings

At our inspection in March 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The registered manager was passionate about the service. They told us, "I tell the staff, if the care is not good enough for my [relative] then it is not good enough." This demonstrated the registered manager was promoting a service that was person centred and inclusive. People and relatives, we spoke with felt the management of the service was good. One person told us, "[Name] is lovely and pops in to see us". Another told us, "We can go to [Name] if need be, nothing is too much trouble".

The registered manager was supportive of the team and took their responsibilities in supporting staff seriously. The registered manager had developed processes to ensure staff were supervised, training organised and rotas developed to meet the needs of the service. They visited the schemes on a regular basis to meet with people and staff.

The registered manager and supervisors met regularly with the housing provider. These meetings gave opportunities for all parties to raise any concerns or issues. The registered manager told us, "We look at what is working and what is not."

Regular team meetings were held. These were recorded and made available for those who could not attend so important information was disseminated to all staff. Staff we spoke with felt supported by the management team. Staff were regularly consulted and kept up to date with information about the service and the provider.

The registered manager met separately with supervisors. The registered manager told us, "That is my quality time with them, we are trying to standardise practice across the service and we can look at ideas and plan together."

The provider had a quality assurance process in place to drive improvement. People and family members provided feedback on the quality of the service via quality review documents. The results were analysed and any actions where the service could improve were disseminated to staff, discussed at team meetings. Actions were monitored by the provider and signed off when completed.

The registered manager spoke about the improvements the provider was looking to develop. These included an electronic system for care management including rotas, accident and incident reporting and quality management records.

The service worked in partnership with many agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support.

The provider had worked closely with the local clinical commissioners to develop a more responsive service for people. Staff could ring directly to health care professionals who triaged their requests to ensure the most appropriate health care professional visited the person. The registered manager told us, ""We have positive links working together to get the best for people."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.