

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Broadway Gardens

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

This inspection took place on 1 June 2016 and was announced.

The ExtraCare Charitable Trust Broadway Gardens provides personal care for people living in a purpose built scheme where there are individual flats with shared facilities that included a dining and activity room. There were 30 people receiving personal care when we inspected. The manager of the service was in the process of becoming the 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 and associated Regulations about how the service is run.

People told us they felt safe with care staff providing care in their homes. People said that care staff called on time and they felt the promptness made them feel safer. Care staff we spoke told us they were aware of the potential types of abuse people were at risk of. They were clear about the steps they would take to report and protect people and reduce the risk of further abuse. People's needs had been assessed and the actions for care staff to take to minimise these risks had been recorded and were actioned.

People told us there were enough care staff and they did not feel rushed during their call. Where people needed help with their medicines care staff recorded when these were needed and administered. Care staff had been trained and told us they were supported to keep their skills and knowledge updated. They told us they were able to request further training in a particular area if they needed it.

People had signed their care plans to show they agreed with the care and support provided. People said care staff always explained what they were doing and they felt listened to. Care staff prepared and cooked people's meals which they would choose or were supported to purchase them from the onsite restaurant within the scheme. Where other health professionals were involved in people's care their advice and guidance was followed by care staff. People said that care staff arranged health appointments on their behalf if they asked.

People told us that care staff made sure they remained independent and they were encouraged to be involved in their care. People knew the care staff well and felt they had developed positive relationships with them. Care staff were considerate when talking about people and knew it was important to maintain a person's privacy and dignity when in their home providing personal care. Care staff had also been involved to support people when their needs changed and these were recorded in the person's care plan. People told us they knew how to complain if they needed to. They also felt comfortable to raise small issues or concerns directly with care staff which were then resolved.

People felt involved in the scheme and any suggestions were listened to and actioned. The manager felt they were available and welcomed feedback from people, care staff and relatives. Care staff felt the management team were open and involved them when making any changes to the scheme. Regular checks

made by the management team monitored the quality of the care that people received. Areas they felt would needed improving were discussed with people and changes made against the majority decision.

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 received care and treatment from care staff that understood how to keep them safe and reduced the risk of potential abuse.

People received their medicines where needed and were supported by care staff that met their care and welfare needs.

Is the service effective?

Good ●

The service was effective.

People had consented to their care and were supported by trained care staff that understood their care needs. People's dietary needs and preferences were supported and input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs from care staff who had developed respectful, warm and caring relationships with them. Care staff took account of people's privacy, dignity and individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People were able to make everyday choices and were involved in planning their care. Changes to people's care needs were managed and care plans were in place that reflected the changes.

People who used the service were confident who they would raise any concerns if needed.

Is the service well-led?

The service was well-led.

People, their relatives and care staff were complimentary about the overall service and had their views listened to.

The provider had systems and processes that monitored the quality of care people received.

Good ●

ExtraCare Charitable Trust Broadway Gardens

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 took place on 1 June 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with 13 people who used the service and two relatives. We spoke with three care staff, one supporting health professional, one team leader, the deputy manager and the manager.

We looked at three records about people's care, three medicine records, staff and residents meeting minutes, incident forms and quality audits that the manager and provider had completed.

Is the service safe?

Our findings

People we spoke with said they trusted the care staff and felt safe in their company. One person said, "They [care staff] are careful of my stuff and with me". Relatives we spoke with said that knowing care staff always arrived and that a call had never been missed helped with keeping their loved ones safe and secure in their homes. Care staff told us that alongside keeping people safe they were also aware they could promote people's safety within their home. For example by locking the external doors if that's what the person wanted.

Care staff we spoke with told us they had received training in the types of abuse people are at risk of and what they needed to do if they suspected a person was at risk. For example, if a person's was not able to state how an injury had occurred or mentioned something had gone missing from their home. The manager told us that any reported concerns were passed to the local authority and they would work with them to ensure a person was free from the potential risk of abuse and harm.

When people first needed care their risks were assessed and recorded to reduce the potential of further harm. Three people we spoke with told how they were involved in talking to the manager about their risks and as these changed their care plans were updated. Care staff were aware how to provide safe care and used the care plans to ensure each person received care that met their needs. For example, how to use a hoist to safely move a person or applying creams to prevent sore skin. People we spoke with told us that care staff always looked at the care plans as well as asking them about any changes.

People's falls and accidents in their homes were recorded by care staff when they happened and a form was completed. The forms were then reviewed by the manager to see if any immediate action was needed to prevent a reoccurrence; such as a referral to the local falls clinic. All incidents were then reviewed monthly by the provider's health and safety team to identify any patterns or where preventative matters could be used.

People were able to get the amount of hours of care they needed and people told us that the care staff stuck to the agreed hours. They also said they had the same group of care staff that supported them. The care staff and manager told us they ensured that people received care from staff with the right skills. For example, people who had a particular care need. All care staff we spoke with said they worked as a team to cover shifts to ensure the correct number of care staff were on shift. One person showed how they were able to use a pendant to call care staff in an emergency situation. The manager had employed enough care staff to cover the calls people required and also had flexible arrangements so any changes to call times could be met.

People told us they were able to choose the amount of support they received with their medicines. For example, care staff either reminding people to take a medicine or administering some of their medicines. One person said, "I do it [medicines] myself, but the girls also check". Care staff we spoke with told us they had received training in administering medicines and were checked by the management team to make sure they understood the training. People's medicines were checked by the team leaders and action taken if

errors had been identified. For example, providing further observations or refresher training. People had records to show care staff the medicines required and at what time. The care staff signed these to confirm they had given the person their medicine.

Is the service effective?

Our findings

People that we spoke with said care staff were skilled and knowledgeable about the care they needed. All care staff we spoke with said training related to the people they looked after and any further topics were available if a person needed care within a specialist area. For example, care staff were able to provide details of how training in autism meant they were able to meet one person specific needs.

All care staff that we spoke with told us the management team supported them in their role and they were clear about their roles and responsibilities. Care staff also felt the management team were always available to talk to if they needed advice and they had regular supervisions to talk about their role and development. The managers held care staff observations in people's home to ensure they knew how to provide the care as expected and in the right way. For example, making sure the correct moving and handling guidance was followed.

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. We checked whether the service was working within the principles of the MCA. People we spoke with told us how they had consented to their care and treatment which was recorded in their care plans. Records we looked at showed the involvement of the person wishes and needs or how a decision had been made in their best interest or by a person who had the legal authority to do so.

All care staff we spoke with told us knew that all people have the right to make their own decisions. However they also knew were not able to make decision around particular aspects of the care. For example, making referrals to other health professionals. People told us that care staff always listened to their choice about how they preferred to receive personal care and would not do something against their wishes.

Two people we spoke with told us they were involved in choosing their meal which they either prepared on their own or with support from care staff. One person said, "I made my breakfast, but get help with lunch and tea". People also told us that care staff always supported them to make drinks or made drinks available for them when they left. All people we spoke with said they had the option to purchase meals from the onsite restaurant.

All care staff we spoke with told us that where people needed help with meal preparation they followed the person's choice and offered encouragement for people to do as much as they were able. They said the amount of support varied from person to person and the type of meals prepared. Care staff also knew who required a specialist diet or support when eating their food.

People we spoke with said that the provider employed two health professional's they were able to access if needed. One was a nurse who was able to help monitor nutrition, blood pressure and general well being advice. If needed the nurse would recommend a person to seek further advice from their GP. The nurse would also work on the advice of the GP to further support a person in their care needs. The other health professional worked with people who needed additional support with mental health concerns. For example, memory loss, confusion or anxiety. Over a period of six weeks the person would receive visits and consultations to develop a plan of care that involved referrals to other health professional for diagnosis and working with care staff to offer the individual support needed.

People told us they mostly arranged their own appointments to support their health care needs. Where requested people said they were supported by care staff when they attended health appointments. For example, the GP or consultants. Care staff also helped people with making regular appointments when needed and supported them to ensure that any suggested changes were considered and implemented. Care staff said that they worked well with people's local health professionals to help people get the care they needed.

Is the service caring?

Our findings

Five people and two relatives we spoke with all said that they got on well with their regular care staff. One person told us that the care staff were great and that, "They take the worry away". One relative added, "They [care staff] put us at ease". People told us care staff took the time to find out about things that were important to them, and included their relatives in conversations. One person said about the care staff, "It's the little extra things they do that make it nice". One member of care staff said, "We love a chat and a laugh."

People and relatives we spoke with said that consistent care staff were sent to provide care and that they spent time chatting to them and getting to know them. One care staff member told us that they were supported on their first few visits by going with a member of care staff who was more familiar with the person. One member of care staff said that there had been occasions when they needed to spend extra time with people which they were happy to do. One relative told us that "Nothing is too much trouble [for care staff]". One member of care staff said, "I look forward to seeing people and making it special for them".

All people we spoke with said care staff encouraged them to be involved in their care. One person said, "I could not ask for better care". One relative said that when discussing care, care staff were, "Very thorough, even asking about things I had not thought of".

People told us care staff asked them how they would like their care to be given or what they would like. One person told us they felt supported and it was about, "What you want". One person said that if they wanted different care staff or to change the way the care was delivered they would tell care staff. All care staff we spoke with explained how they involved people in decisions about their care.

Three people we spoke with told us that care staff encouraged them to take part in their personal care, where they were able to do this, so that their independence was maintained. People told us that care staff were respectful and kept their privacy and dignity. One person told us that they had a, "Good balance of independence".

Care staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Care staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people's dignity and privacy was maintained. People we spoke with felt their privacy and dignity was considered and care staff took time to ensure they were comfortable during personal care.

Is the service responsive?

Our findings

All people that we spoke with told us they got the care and support they wanted from care staff, who responded with kindness. One person told us that care staff, "Notice any changes in my health," and they then supported the person to manage this. People told us care staff listened and responded to their choices and preferences and knew their preferred routines.

Care staff were able to talk about the level of support people required, their health needs and the number of care staff required to support them. All care staff we spoke with told us they listened and responded to people's wishes on each call and how they liked their care provided. For example, how to approach them in their bedroom or how people liked things left at the end of a call.

People's needs were discussed by supervisors and the manager at the end of each week and this was then shared between the care staff team. This information included any appointments that had been attended and any follow up appointments and changes to medicines. Care staff were provided with information about each person and information was recorded. Care staff also confirmed that any immediate changes were sent thorough to them with a telephone call or text message.

People's care records were kept in their homes and used by care staff on each visit. People told us they reviewed their care plans every three months or if there were any changes. We looked at three people's care records which had been kept under review and updated regularly to reflect people's current care needs. The care plans detailed the way in which people preferred to receive their care and provided guidance for care staff on how to support the individual. For example, how much assistance a person needed with their personal care. All care staff we spoke with knew about the information in the care plans we looked at.

People we spoke with told us they had not had any cause to make a complaint. However, people were happy to approach the care staff to raise issues or concerns. One person said, "Any concerns I would ask [manager's name] or any carers for that matter". Relatives told us they would be happy to approach care staff to raise a complaint or concern and one relative said, "No waiting if you ask for something it's done".

We saw that complaints had been recorded, investigated and a response sent to the complainant. The action had been taken to look at how the same incident could be prevented from occurring in the future. For example, providing care staff with further training or support.

Is the service well-led?

Our findings

All people who we spoke with knew their regular care staff and were confident in the way the service was managed. People's comments included, "They take the worry away," and, "Would not swap it for anything". People also had access to a contact telephone number or call button that they could use to access help or assistance at any time. These calls had been recorded and showed that this had worked well for people when used.

People and relatives told us they had been asked for their views about their care and had completed questionnaires and received visits from the supervisors or manager. One person said, "They ask how everything is; everything is A1".

The manager had reviewed the care notes care staff had completed when providing personal care to ensure the care provided matched the care plans. For example, they had checked that two care staff had attended when needed and all tasks had been completed. They told us if required they would contact the local authority for review of the care package. We saw that one person now had increased calls through review and support with the provider and local authority.

When care staff were together they were relaxed and friendly towards each other and told they all worked well together to support the people that provided care for. Care staff were appropriate when conversations were held about people who used the service. For example, the conversations were respectful and about people's health and well-being.

All people we spoke with said they were happy to approach and chat to the manager about their care or any concerns they had. Care staff told us they felt able to tell management their views and opinions at staff meetings. One care staff member said, "You can talk about you and who we look after". Another care staff member said, "There is always someone available if you need guidance or advice," which they felt supported both them and the people they provided care for. The manager told us that they had good support from the staffing team and the provider.

The team leaders undertook unannounced spot checks to review the quality of the service and observed the standard of care provided by care staff. Care staff told us the team leaders frequently came to observe them at a person's home to ensure they provided care in line with people's needs and satisfaction. The supervisor told us they wanted to ensure people received care that met their needs from staff who were trained and supported. Records showed that advice had been sought from other professionals to ensure they provided good quality care. For example, we saw that they had worked with advice and guidance from district nurses and GP's.

The provider's values were used in care staff supervisions to help ensure people received an expected level of care and support. The values were available to people in the literature provided when they started using the service. The manager said they used these values when monitoring care staff so they knew people received good quality care. All care staff that we spoke were aware of and were supported by the manager to

follow these values.

The providers head office supported the manager with regular updates and meetings alongside the managers from their other locations. The manager told us they were provided with support and guidance about best practice and any changes within the industry.