

The ExtraCare Charitable Trust

ExtraCare Charitable Trust

Rosewood Court

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 26 September 2016 was announced.

This was the second comprehensive inspection carried out at Rosewood Court.

Rosewood Court is a supported living complex managed by The Extra Care Charitable Trust. The service is situated close to the town centre of Wellingborough and offers support to older people. People either own their property on site or have a tenancy agreement. Many of the current tenants have support from the in house personal care agency.

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 and associated Regulations about how the service is run.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They were well supported by the registered manager and had regular one to one supervision and annual appraisals.

Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation. Where the service was responsible people were supported by staff to access food and drink of their choice to promote healthy eating. If required, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

People received care that was responsive to their needs. Their needs were assessed prior to them receiving a service. This ensured the care provided would be appropriate and able to fully meet their needs. People's care plans were updated on a regular basis or when there was a change to their care needs. The service had a complaints procedure to enable people to raise a complaint if the need arose.

There was a culture of openness and transparency at the service. Staff were positive about the management

and leadership which inspired them to deliver a quality service. The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

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

Staff were aware of the different types of abuse and to report any they witnessed or suspected.

There were risk managements plans in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good 

The service was effective

People were looked after by staff that had been trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

If required, staff supported people to eat and drink and to maintain a balanced diet.

The service worked effectively with other healthcare professionals to prevent hospital admissions. They also demonstrated that they could sustain best practice with their well-being service.

Is the service caring?

Good 

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity was promoted.

Is the service responsive?

The service was responsive

People's needs were assessed prior to them receiving a service.

People received care that was personalised and met their assessed needs.

People were provided with information on how to raise a concern or complaint.

Good ●

Is the service well-led?

The service was well-led

The culture at the service was open and transparent.

There was good management and leadership at the service, which inspired staff to provide a quality service.

There were effective quality assurance systems at the service.

Good ●

ExtraCare Charitable Trust Rosewood Court

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 checked 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 2014.¹

The inspection of Rosewood Court took place on 26 September 2016. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available to meet with us and that relevant information was made accessible for us.

The inspection was undertaken by one inspector.

Before the inspection we looked at information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the Clinical Commissioning Group who has a quality monitoring role with the service.

During our inspection we spoke with eight people who used the service. We also talked with eight care staff including the operations manager, the registered manager, the manager and five care and support staff.

We reviewed a range of records about people's care and how the service was managed. These included care records for six people, five staff files and three Medication Administration Record (MAR) sheets. We also looked at minutes from staff meetings and quality assurance audits to determine the level of service that was provided.

Is the service safe?

Our findings

People using the service were protected from abuse and avoidable harm. People told us they felt safe when staff provided them with personal care. One person said, "Oh yes the staff are very good and they know what to do with me when I'm not right." A second person told us, "I like that they are strong on security. It makes me feel safe living here." Relatives we spoke with also told us they felt their family members were safe with staff. One relative told us, "It's a very close knit community here. Everyone looks out for everyone else. I don't think there is a safer place to be. [Name of Person] chose to come here herself because it does make her feel safe."

Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member explained, "I have had safeguarding training and I know how to look for changes in people's behaviour that might be a sign that something is not right." A second staff member commented, "I would go straight to a team leader or the manager if I was worried about anyone being abused. I would not hesitate and I know the manager would support anyone who reported abuse."

The registered manager told us that safeguarding was a regular agenda item at staff meetings and during one to one supervision. We saw evidence that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. Both documents contained clear information on who to contact in the event of suspected abuse or poor practice. We saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated.

Risk management plans were in place to promote people's safety and to maintain their independence. One person told us, "I go out in a taxi and I'm sure they have a risk assessment in place for that. I like to go out on my own."

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them. They described the processes used to manage identifiable risks to individuals such as malnutrition, moving and handling, falls and skin integrity. One staff member told us, "We don't just have risk assessments for the same things. They are all specific to each person. Everyone has different risks."

We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis; to ensure the care being provided was still appropriate for each person. A member of staff described how they ensured risk assessments were effective at keeping people safe. They said, "Every time I go into a person's flat I look around for trip hazards such as cables, or clothing on the floor to make sure people are safe and won't fall." We saw that people's risk assessments were reviewed monthly or as and when their needs changed.

Safe recruitment practices were followed. One staff member said, "All new staff have to wait for their checks to come back before they can work here. It's very thorough." We found that staff had been recruited safely into the service

The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show that staff were suitable to work with vulnerable people.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us that staffing levels were sufficient to meet their needs. One person said, "I never have to wait long until they come to see me." Another person told us, "There always seems to be enough staff around." Relatives also confirmed there was sufficient staff and that their family members always received the care they needed. One commented, "I have seen [Name of Person] press her call bell and the carers are there within a few minutes."

Staff confirmed that the staffing numbers were adequate; and enabled them to support people safely and told us they did not feel under pressure or rushed when carrying out their roles. One staff member said, "I think we have enough staff. Today I was able to spend ten minutes having a chat with someone who was feeling a little anxious. It's not rushed." A second staff member told us, "Staffing has improved a lot. It's a lot better and we don't have to rush. It's manageable."

The registered manager told us, "If people's needs change I can make sure additional staffing is provided to ensure people are kept safe and their needs are met."

We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the registered manager and the staff we spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

Systems were in place to manage people's medicines safely. People told us that they received their medicines when they expected them. One person told us, "I get my tablets on time. They are good and make sure I take them." A relative said, "I have no worries about [Name of Person] getting her medicines on time and that it is all correct."

Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "Staff are not allowed to do people's medicines until they have completed the training and also done ten observations; or more if it's needed. They are very strict about who can give medicines." We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure.

We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been fully completed and in line with best practice guidelines. We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff know what to do. If I'm in a pickle they always sort me out just right." Another person told us, "As long as I have lived here the staff have not done anything wrong. They do look after me well and always know what to do." A relative commented, "I think the staff are very well trained. They seem very knowledgeable." People told us staff were sufficiently skilled and competent to meet their assessed needs.

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "I had an induction to the service, then to the organisation which is held somewhere else and then I was able to shadow more experienced staff. It really helped me settle in and feel confident."

New staff also told us there was a buddy system in place which ensured that new staff had support from a consistent staff member and said they found this beneficial. We looked at the induction programme for one person new to the service. We saw that the provider had a robust induction programme which covered the Care Certificate and core essential standards of basic care. The induction programme enabled staff to be assessed against a variety of competencies which took them through until the conclusion of their probation period.

We looked at the training records and found that all staff had received induction and regular on-going training that was appropriate to their roles and the people they were supporting. We spoke with members of staff who told us they had received a variety of training including safeguarding, mental capacity and dementia care. One staff member said, "The training is brilliant. You couldn't ask for any better." We were also told, "It makes staff feel valued if the company is willing to spend money on you and the training you need." We were told there was an Extracare University where staff could access additional courses that might benefit them and the service.

To supplement the knowledge acquired through the induction process and on-going training, staff received regular supervision and appraisal. They said that supervisions were useful, allowing them to discuss any training needs or concerns they might have about their performance. One staff member said, "I get regular supervision, but you don't have to wait for supervision if there is something you want to discuss." Staff confirmed that they felt supported and felt able to raise any concerns, worries or ideas through supervision and staff meetings. Records we looked at confirmed that staff received supervision on a regular basis with a line manager.

Staff told us they were appropriately matched to the people they were supporting and were aware of their needs. For example, when a new care package was allocated, they were provided with information about the individual; and made aware of how their care needs should be met. Staff also told us that they read people's care plans; and had regular discussions about them with their line manager and colleagues. This

was to ensure that care was delivered in a consistent manner.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

Staff told us they had received training on the MCA 2005. We saw evidence of this within the staff training records we examined. People's care records contained assessments of their capacity to make decisions. Where they lacked capacity to make decisions best interests decisions were made on their behalf following the MCA 2005 legislation. For example, best interest decisions had been made for people who lacked the capacity to safely manage their medicines.

Staff told us they always asked people for their consent before assisting them with care and support. One staff member said, "It goes without saying; you always ask first and wait for the person to say yes or no." Another staff member said, "If someone wanted to do something that might be harmful to them I would always discuss it with the manager so we could make sure we were doing the right thing. I would never dismiss someone choice out of hand."

People were supported to eat and drink sufficient amounts to maintain a balanced diet. There was a restaurant in the complex which served two courses, a main meal and dessert, with a vegetarian option. The atmosphere was relaxed and pleasant and the staff were attentive to the diners. Most people using the service dined in the restaurant daily. One person said, "The food is lovely. Very appetising." Another person commented, "I love the food. I always eat it all."

Peoples care records contained details of their dietary likes or dislikes. We found if people had difficulty with food and fluid intake they were closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. We spoke with the well-being adviser who told us they would refer a person to their GP if they needed extra support with nutrition. Within the care plans we examined we saw that there was information on people's dietary needs, which included food allergies. This demonstrated that staff were fully aware of people's food preferences and any allergies that they may have.

People were supported to maintain good health and to access health care services. We were told by people using the service that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. One person said, "If I have been to see [name of well-being advisor] when I was not feeling well. They called my doctor for me."

At the service people had access to a well-being advisor, where people could go if they felt unwell, or wanted their blood pressure or blood sugar taken. One person told us, "I have a regular health assessment every year." The well-being service supported people to regain as much independence as possible and to be proactive in managing their own health. The well-being advisor acted as the link between people using the service, care staff and healthcare professionals. They told us that people received an annual well-being assessment if they wished. This looked at people's lifestyles, medication, any changes to their health, falls

and mobility and an osteoporosis and diabetes assessment.

The service also offered an Enriched Opportunities Programme that supported people with dementia and dementia-related conditions. The programme offered tailored activities for people with dementia-related issues, aiming to reduce the disabling effects of the condition. This was a joint research project between Extracare and the University of Bradford.

Records confirmed that people's health needs were frequently monitored and discussed with them. We saw that people had access to the dentist, optician and chiropodist as well as specialists such as the physiotherapist, dietician and speech and language therapist.

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day-to-day care. One person said, "The girls are lovely. Nothing is too much trouble. They won't leave me until I have everything I need." Another person told us, "The staff are very good. They are kind they care about me." A relative commented, "The staff are very professional but always caring and sensitive in how they help [Name of Relative]."

People told us that the staff knew them well and the relationship between them and the staff was positive and caring. One person said, "I have a good laugh with my carers. I never have to tell them what to do because they know." Another person told us, "I am fortunate that my carers are excellent and understand me extremely well. I would hate to be without them these days."

Staff told us they knew people really well. They felt this was because there was consistency in the staff team. They told us they were able to spend time getting to know people's likes, dislikes and personal histories. One staff member commented, "Because we are a small service we get to know our residents very well." Another member of staff told us, "You can give much better care if you really know people. It's important that we have consistency."

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. We saw evidence that there was consistency with the staff who visited people; the call times lasted for an hour or more. This helped to ensure that staff got to know people really well and were able to undertake their tasks in an unrushed manner.

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person told us, "I wouldn't have come here if I couldn't be the boss of me. That's why I came here, because I have a say." Another person commented, "They do listen to you and that's important."

All the staff we spoke with confirmed that people were involved in making decisions about their care and support needs. One staff member explained, "People have the right to say yes or no. We respect their decisions." Another member of staff said, "When we do the initial assessment we make sure we understand people's own personal goals that they want to achieve."

We saw evidence within the care plans we examined that people's changing needs and wishes were closely monitored on a regular basis. Any changes that were needed were carried out in a timely manner. People had a consistent staff team who cared for them. This ensured that an established relationship of trust had been developed.

The registered manager told us that at the time of our inspection there was no one using the services of an advocate. She said people were provided with information on how to access the services of an advocate and staff would support them in doing so if one was required. We found that some family members advocated on people's behalf when required.

People felt assured that information about them was treated confidentially and respected by staff. One person said, "The carers are very professional. They never gossip."

Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "I am aware of confidentiality. It has been discussed a lot lately." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Staff understood how to support people with dignity and they respected them. People told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person explained, "I feel like I'm treated as an adult, with respect and consideration." Another person informed us, "I feel like I have some degree of control over my life because I'm taken seriously and respected by the carers." This demonstrated that staff had an appreciation of people's individual needs around respect and dignity.

Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. One staff member said, "I knock on people's doors, make sure I hide their embarrassment when I help them with their care and I am always respectful." Another member of staff told us, "We make sure curtains are drawn, doors are closed and whatever we are doing is what the person wants."

The manager confirmed that staff's care practices were regularly observed to ensure that they were upholding people's privacy and dignity. This was done through on task supervision where staff are observed providing care to people. Senior staff observed if the care provided was carried out with respect and ensured people's privacy and dignity was maintained. This process was only undertaken with the full consent of the person receiving the care.

Is the service responsive?

Our findings

People told us that they received person centred care that met their needs. They said that the staff were 'excellent', 'reliable', and compassionate. One person told us, "I couldn't fault them. They are excellent." Another person commented, "I have nothing but good words to say about the staff. I get all the help I need and I don't want for anything."

Staff told us that people's needs were fully assessed before the service. Staff informed us that people's care plans informed them well, they said that they were very clear about what they must and must not do to support the person. One member of staff commented, "The care plans have been improved. They are very good and I know what to do from reading them." A second staff member said, "I always read the care plan before I start doing people's care."

The registered manager told us that prior to receiving a care package people's needs were assessed. Records we looked at showed that information from the needs assessment was used to inform the care plan. The plans seen contained information on the different aspects of a person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and were focussed on the outcomes that people wished to achieve from being supported. We saw evidence that when there was a change to a person's needs the care plan was updated to reflect the change. We saw that people's entire care package was reviewed six monthly or when people's needs changed. Reviews were undertaken with people and their representatives to ensure the care they received was still relevant to their identified needs. Staff were made aware of any changes to ensure that people received the relevant care and support.

People we spoke with told us that communication was very good with the service." One said, "I know why any changes have been made. They explain it all to you very quickly." The daily action logs clearly described staff's intervention and included information on nutrition, activities and the person's feelings.

People told us staff stayed the allocated time of the visits to meet their needs. If they were running late then this was communicated to the person waiting. One person said, "They [the staff] always stay as long as needed. If they are held up, may be a problem with someone else and they are delayed more than five minutes or so, then someone will ring me to let me know."

People's experiences, concerns and complaints were listened to and acted upon. One person said, "Oh yes I would complain if I wasn't happy." A second person told us, "If I wasn't happy I would talk with my carers or the manager. All the staff are very good and I could approach any of them."

The complaints records showed that concerns had been dealt with appropriately because the manager had fully investigated the issues, taken action and informed the complainant of the outcome.

People and their relatives told us they were regularly asked to provide feedback on the quality of the care provided. One person said, "We are asked what we think about our care and I'm happy to tell them." A second person told us, "I think there is good communication here. They are interested in what you think."

The registered manager confirmed that feedback on the quality of the care provided was gathered and analysed. Any areas identified as requiring attention were addressed in an action plan and kept under review to ensure improvements were made.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager who was also the manager of another scheme within the organisation. A new manager for the service had been recruited to take on the role full time and she had applied to register with the Care Quality Commission.

People were positive about the care they received. One said, "It's very good here. I'm better here than I was at home." Another person commented, "We have everything here. Good staff and good food and lots of activities. It's very well run." People felt they were included in the development of their care package and their views were valued. One person commented, "I like things to be done a certain way and the staff listen to me. I couldn't be anywhere if I wasn't my own boss."

The service involved people and their families in the monitoring of the quality of care. We found that people had been asked to share their experiences via satisfactions surveys. We saw that people's views and wishes were acted upon.

Staff told us that many improvements had been made at the service and the management team made them feel valued. One staff member said, "I feel like a team leader now, not just a pair of hands." A second member of staff told us, "The management do little things like buy us cakes to say thank you for our hard work. Those little things make us feel valued and appreciated."

The manager told us that they were committed to making the culture at the service open and transparent. Staff were positive about the management and leadership of the service. They also told us that the registered manager was approachable and supportive and acted on suggestions made. For example, one staff member said, "If you report that there has been a change in a person's condition, the necessary changes are made quickly and we are always told about the changes very quickly."

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "There is an open door policy. You can come to the office and discuss anything." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

The registered manager told us that recruiting staff with the right values helped to ensure people received a quality service. We saw evidence that the registered manager regularly updated her knowledge and skills and shared best practice ideas with the staff team to ensure that people received a quality service.

The management team monitored the quality of the care provided by undertaking regular reviews of people's care. There was also a system of audits in place that covered care records, medication records, staffing numbers and training. There was a system in place to ensure when accidents and incidents occurred they were investigated by the manager. If areas of poor practice were identified these would be addressed with the staff team to ensure lessons were learnt and to minimise the risk of recurrence.

The registered manager told us that she was aware of her responsibility to submit notifications to the Care Quality Commission (CQC) and records we looked at confirmed this had taken place. A notification is information about important events which the service is required to send us by law in a timely way.