

The ExtraCare Charitable Trust

# ExtraCare Charitable Trust Princethorpe Court

## Inspection report

Princethorpe Way  
Binley  
Coventry  
Warwickshire  
CV3 2SJ

Tel: 02476445228

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

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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

Princethorpe Court provides personal care and support to older people who occupy or own their own apartments located within the premises. There are 48 homes based at Princethorpe Court but at the time of our visit only 25 people received support with personal care.

We visited Princethorpe Court on 15 and 17 December 2015. We told the provider before the inspection visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a manager who is in the process of registering with us. The manager had been in post since June 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at Princethorpe Court told us they felt safe. Care workers who supported them understood their responsibilities to protect people from abuse and had carried out training on safeguarding people. There were processes to minimise risks to people's safety which included comprehensive assessments of their needs to identify what they could do independently and what they needed support with. People's medicines were managed by care workers if risks had been identified with people doing this independently.

There were enough suitably trained care workers to deliver safe and effective care to people. No new care workers had been employed at the service since our last inspection. Recruitment procedures ensured appropriate checks were carried out before new care workers were employed. This was to ensure they were suitable to work with people who used the service.

People told us care workers had the right skills and experience to provide the care and support they required and did not rush their care when they supported them. Care plans contained relevant information to help care workers provide the personalised care people required. Care workers helped people to prepare meals of their choice or to attend the restaurant at Princethorpe Court where a choice of nutritious meals was available.

The manager understood the principles of the Mental Capacity Act (MCA). Care workers respected people's rights to make their own decisions and gained people's consent before they provided personal care.

People were supported by a consistent group of care workers who were kind, caring and respectful towards them. People told us care workers supported them to maintain their independence and were always mindful of protecting their privacy and dignity.

Most of the care workers had worked at the service for many years and knew people's needs and

preferences well. People told us care workers met their needs in accordance with their wishes most of the time. A varied programme of activities and entertainment was organised and regularly provided by the service which people were able to participate in if they wished. People had an opportunity to say what social activities and entertainment they would like by attending 'Street' meetings which were held on a monthly basis in the communal areas of the building.

There had been one formal complaint received about the service which had been acted upon in a timely manner by the manager. People felt confident to raise any concerns or issues with the manager or staff if they needed to.

The management team were knowledgeable about people and their care needs and were open to people's views. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. The provider carried out quality checks to ensure people received care and support in accordance with their needs and preferences. Results from quality satisfaction surveys showed a high level of satisfaction with the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care. People received their medicines as prescribed. There were enough care workers to provide the care and support people required.

### Is the service effective?

Good ●

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The manager understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

People received care and support from a consistent group of care workers who understood their individual needs. People felt that care workers were caring and respectful and were positive about the support they received from them. Staff knew about people's individual needs and ensured people were involved in making decisions about how their care and treatment was delivered.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment of their health care needs and care and support was provided in accordance with people's individual preferences. This included a range of social activities and entertainment which was provided on a regular basis. Care plans were reviewed to identify any changes in

people's needs to ensure they continued to be met. People felt confident to raise any concerns with the manager if they were unhappy about anything linked to their care and support.

**Is the service well-led?**

**Good** ●

The service was well led.

The provider and management team provided good leadership and care workers understood their responsibilities to ensure people received the quality of care and service they expected. Quality checks undertaken by the provider ensured people received consistent care and support in accordance with their needs and wishes. Care workers felt supported in their roles and people spoke positively of the management team at the service.

# ExtraCare Charitable Trust Princethorpe 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 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 15 and 17 December 2015 and was announced. The provider was given 24 hours' notice so they could arrange for people and staff to be available to talk with us about the service. The inspection was carried out by one inspector.

We reviewed information received about the service, for example, the statutory notifications the service had sent us. A statutory notification is information about important events, such as an accident that occurred in a person's home. The provider is required to send these to us by law. We also spoke with the local authority to check if they had any concerns about the service. They confirmed there were no current concerns.

During our visit to the service, we spoke with the manager, a visiting area co-ordinator, three staff (including care workers and team leaders) and six people.

We reviewed two people's care records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. These included, records care workers used to show them the support people were to receive and at what times, medication records, the processes for managing complaints and the service's quality records which included audits and notes of meetings with people and staff.

# Is the service safe?

## Our findings

People who used the service said they felt safe living at Princethorpe Court. They told us, "I feel very safe, since I have been here you only have to pull a cord and they come quickly." "Oh yes, I do definitely (feel safe)." "Yes, I am well looked after."

People were protected from abuse because care workers had completed training on safeguarding people which included how to recognise abuse. Care workers were able to describe the different types of abuse and told us they would report any concerns to their manager so they could be followed up and acted upon. Care workers told us they shared good relationships with people who would tell them if they were concerned about anything. One care worker said if a person was acting out of character or seemed concerned about something, they would speak with them first. They told us, "I would speak to the person first and report to the manager. The residents do open up to me ..... if I suspect after talking to them something is amiss, I would speak to the manager and take it from there. The manager would have to get safeguarding involved and the CQC (Care Quality Commission)." This demonstrated care workers were aware of the processes to follow if they identified a concern.

There was a procedure to identify and safely manage risks associated with people's care. This included the completion of risk assessments to show how to minimise any risks to people's health and wellbeing. For example, where people managed their own medicines, there were a series of checks care workers carried out to make sure any risks (such as people forgetting to take them) were managed. This helped to maintain people's health and safety as well as their independence.

Each person had a care plan which contained an 'ability profile' that identified areas of potential risk and described what they could do independently. Care was then planned to minimise any risks to people's health. For example, one person was at risk of falling if they attempted to undertake certain tasks independently. The person told us about specialist equipment they had requested for their apartment to help them move around safely. The manager confirmed arrangements had been made to obtain the specialist equipment needed to manage this risk. Care workers we spoke with knew about the risks associated with this person's care. They were able to tell us how they supported the person to keep them safe while the person was waiting for the equipment to arrive. They also told us they would report any health concerns to their team leader. One care worker said, "If they had a cut or bruise or anything I was worried about I would tell the team leader. They are very good here."

The manager and care workers told us they contacted health professionals for advice when necessary so that risks associated with people's ill health could be managed. One care worker told us, "If someone came up to me and said they felt sick and unwell I would call the doctor for them. We call them if someone needs a doctor or we feel they need one. Unless they can get to the doctor's surgery."

Care workers were aware of the procedures to follow in the event of an emergency such as a fire. Care plans contained personal evacuation plans which detailed whether people could use the stairs independently and whether they would need support to evacuate the building. The manager told us the 'team leaders' who

supported the care workers had the responsibility to keep personal evacuation plans up to date so the emergency services had accurate information about people's support needs.

There was also an emergency contingency plan containing details of where people could go should they need to evacuate the building. Care workers were aware of the plan so they knew what to do if an emergency situation arose.

People told us there were enough care workers to meet their individual needs. People told us care workers arrived when expected to provide support unless there was an emergency. People told us, "Yes always on time unless there is an emergency." "Unless there is an emergency, yes (on time), if there is, they come in and apologise but it's very rare."

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. Care workers had a Disclosure and Barring Service (DBS) and reference checks before they started working with people. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services. There had been no new care workers employed since our last inspection, all care workers who worked at the service were longstanding staff.

We looked at how medicines were managed by the service. Most people we spoke with told us they received the support of care workers to manage their medicines. We saw that medicine assessments had been completed to confirm where people needed assistance. People said they received their medicines when they needed them. People told us, "They (care workers) get them out of the pack, I take them myself." ""They give me them and make sure I take them right, they are very good, can't grumble at all." We saw that where people were allergic to medicines this was clearly indicated in their records to help prevent them being prescribed by health professionals.

When we reviewed medicine records some of these had not been clearly completed to help ensure care workers managed these effectively. For example, one medicine was prescribed to be taken three times per day but care workers had recorded the code "0" on the medicine administration chart (MAR). The code "0" meant "not available, not given". We saw this medicine had not been given for several days and queried why this was with the manager. After a period of checking, the manager was able to confirm this medicine had been discontinued, however, it continued to be listed on the MAR. We also noted that sometimes information on bottles and boxes of medicines had not been accurately recorded on the MAR. This meant there was a potential risk of error. The manager agreed to review medicine records to ensure they accurately reflected how medicines were to be managed.

A team leader told us that care workers were regularly observed when administering medicines to ensure they managed them safely and as prescribed. They told us if any errors were noted the care worker would be subject to further observations and possibly further medication training. The manager reported there had been no serious medicine errors that required a safeguarding referral or further training since the last inspection.

## Is the service effective?

### Our findings

People felt care workers had the necessary skills to support them safely and were happy with the care they received. People told us, "They are trained, they have got used to me." "Yes (trained), to a certain extent, they are quite nice, I find them alright. They are very good I can't grumble at all."

There had been no new care workers employed at the service since our last inspection. However, there was a comprehensive induction training programme for any new care workers when starting at the service. The manager confirmed this was linked to the new 'Care Certificate'. The Care Certificate sets the standard for the skills and knowledge expected from staff within a care environment. The manager explained, "Induction starts straight away. They would start 'off' shift', have three days supernumerary time, then a period of shadowing (working alongside more experienced staff) as part of the induction process. The induction process is for three months or until they are deemed competent." This process ensured care workers were fully supported to carry out their work safely and appropriately before starting to work independently.

Care workers told us, and records confirmed, they received ongoing training considered essential to meet people's care and support needs. This included training in supporting people to move safely, medicine administration and safeguarding adults from abuse. Care workers spoke positively about the training they received. They told us, "Training for moving and handling and medication happens regularly, everyone is up to date with the training." "My training is all up-to-date, [staff member] in the office organises all training for us."

A team leader told us, "I would make sure they (care workers) attend training. We do observations. They know if they have any concerns they come straight to us. They are all very good, they all do a lot more than they should." Care workers confirmed their work practices were observed on an ongoing basis by the management team to make sure they worked safely and appropriately. They told us, "Team leaders (management staff) can walk in flats at any time, we are monitored." "Observations happen monthly. They stand back with a pad and watch everything and ask the resident afterwards if there is anything else they could do to be supportive."

Care workers told us they had regular meetings with their manager to discuss their performance. They also had appraisals where their performance was assessed. Care workers said they felt supported in their roles. One care worker told us, "They ask me how I am finding work, if I am managing fine, if my home life is ok, making sure nothing is affecting work and that it is up to date and if I am aiming towards my goals. It could be doing an NVQ (National Vocational Qualification) bolt on unit, for example, dementia. Making sure I am working to standards." They went on to say, "As policies come in they are shown to every member of staff and we have to sign to say we have read and understood it. Through observations we are then checked." This demonstrated that care workers' ongoing performance was monitored and the provider supported them to complete additional training if they felt this was needed.

Care workers had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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.

Care workers said people who used the service were able to make their own decisions or had someone to support them to do this. They told us they had completed training in the MCA and gained consent from people they provided support to. One care worker told us, "Yes, we have had the training. We deal with people on a daily basis with Alzheimer's and mental health problems. We deal with doctors who are dealing with these people."

People we spoke with told us care workers asked for their consent before delivering care which demonstrated they put their learning into practice.

The manager understood their responsibilities in relation to the MCA and DoLS and when to make a referral for authorisation. The manager explained how people's mental health needs were closely monitored so they could ensure any support they needed was arranged.

Princethorpe Court had a restaurant in the communal area of the building where people could choose to eat if they wished. Most people were able to make their own meals, drinks and snacks, but told us they received support when they needed it. Where people were at risk of ill health due to not eating or drinking enough, arrangements were made for care workers to support people as required. For example, one person was at risk of not eating and there were instructions in their care plan for care workers to observe they had "breakfast and tea" of their choice. Care workers were able to tell us how they supported people. Sometimes this support was to prepare breakfast or snacks and at other times it was to take them in a wheelchair to the restaurant. This ensured people's nutritional needs were met.

Most people we spoke with managed their own health care appointments or they had relatives who did this for them. Some said care workers helped them with this. One person told us, "Staff come around and do it (arrange appointments) for me." In addition, people had access to a 'wellbeing nurse' who provided a clinic service one day each week. The nurse was able to undertake health checks such as blood pressure and cholesterol levels to support people's health.

## Is the service caring?

### Our findings

People told us they were happy with their care workers and described them as being caring. They commented, "I think they are very caring here, it's the way they talk to you and ask how you are doing." "Oh yes definitely (caring) when they come in, they appear to care, [care worker] has just been in and asked what I am doing today."

People received care and support from a staff team they were able to build relationships with. Discussions and observations of care workers who worked at Princethorpe Court confirmed they had a caring approach. When care workers visited apartments to deliver care and support, they always announced themselves when invited in so that people knew who was entering their apartment. They spoke with people in a respectful and caring way. When making drinks for people, they made sure they were made specifically how people liked them. One person told us they liked their coffee made in a certain way and explained how care workers took the time to make sure this was made in accordance with their wishes. Care workers told us they frequently carried out requests for people such as tuning in the television to the channels they wished to watch or finding things in people's apartment they had lost. One care worker told us they knew one person liked a particular type of sweets and how they often bought them in for the person from the shops.

The manager told us how all staff had worked at Princethorpe Court for many years which had resulted in a stable and consistent staff team. People told us they felt able to express their views to care workers and were involved in decisions about their care, treatment and support. People told us, "I am happy here, I would not want to live anywhere else." "They have got good staff here."

Care workers told us they had sufficient time allocated for each visit in order to carry out the care and support people needed. This included having time to talk with people when delivering care. Care workers explained how they had built relationships with people. They commented, "They get to know us and get to trust us. Familiarity is good, seeing the same faces all of the time. You get a bond with them." "It's spending time talking, getting to know them, asking them about their lives and letting them know a little bit about ours." One care worker told us when they visited people in their flats they always asked the person if there was anything they had forgotten to do or that they wanted them to do before they left. This showed their commitment to make sure people were happy with the care and support they provided.

People told us care workers made sure their privacy and dignity was respected. Most people we spoke with were able to complete some of their personal care tasks independently. One person who needed assistance confirmed care workers were respectful when supporting them. They explained how a "big towel" was used to keep them covered when delivering personal care. The manager told us that care plans contained clear information about maintaining people's privacy and dignity. For example, some people preferred to shower alone with the care worker waiting outside for reassurance or support if they should need it.

The manager told us how they involved people in formulating care plans so they were 'person centred' and helped care workers to get to know people and support their needs. They told us, "We do a biography as part of their care plan; it starts from when they were born, schools, workplaces, how many children they had."

It starts before they move in and continues. It's nice to be able to speak to them about that. You can have a conversation with them and it evokes memories with them."

## Is the service responsive?

### Our findings

People told us their support needs had been discussed and agreed with them prior to them using the service. The number and timings of care and support visits each person received was decided following a comprehensive assessment of their needs. Following the assessment an 'ability profile' was devised and kept on people's care files within their apartments. We looked at two care plan files. We saw that the ability profiles contained information for care workers about what people could manage independently and what they needed help and support with. For example, some people were able to manage aspects of their personal care themselves but required help with bathing and showering.

People who needed support told us care workers involved them in decisions about their care on an ongoing basis. People told us they usually received their care around the times expected and the service was responsive to requests about their care. They said that if they felt they needed increased help or support, they would tell the care workers or the manager. They felt the service would take the necessary action to accommodate any changes if needed. People told us care workers spoke with them about their care and support regularly to make sure their needs continued to be met.

People said they had regular care workers who knew how they liked to receive their care. Care workers we spoke with had a good understanding of people's needs. They knew their likes, dislikes and preferences and were able to explain them to us. For example, one person told us they liked to get dressed in their bedroom as opposed to the bathroom after their shower each day. A care worker we spoke with knew this information. They also knew this person's specific food preferences each day. They told us, "[Person] is quite strict about what she likes. In the morning she likes a cereal bar and raisin toast. At teatime rich tea biscuits." When we spoke with the person, we confirmed they had specific food preferences. One care worker told us, "We ask and they tell us (likes and dislikes), we talk a lot. We always write it down. We know about allergies. There is a part where it states likes and dislikes in the care plan."

We looked at two care plan files to see how people's needs were met. There were clear instructions for care workers about how to provide the care people required. For example, one person had a skin condition and required support from care workers to apply cream to their skin. The care plan confirmed this was to be done after the person had a shower. Both the care workers and the person confirmed this happened. The care plan stated the person had left sided weakness and required mobility aids. We saw these were easily accessible to the person in their flat. The person told us they wished to be supported to the restaurant at lunch time. The care plan confirmed that arrangements were in place to support the person to and from the restaurant at lunchtime at specific times as the person was not able to do this independently. The person told us they would like the time they returned to their room adjusted. When we spoke with the manager about this, they told us that several people needed support around the same time and the timing would therefore be reviewed as soon as this was possible.

There was a system to review care plans to make sure they accurately reflected how people needed to be supported. Team leaders told us people and their relatives were involved in reviews in accordance with the person's wishes. Reviews were carried out within a range of timescales depending on the level of support

that was being provided. For example, those people who needed a higher level of support had more frequent reviews of their care to make sure this was meeting their needs. A care worker told us, "I phone the family to arrange a date convenient for them and residents and myself and we all meet up and go through everything in the review. Care plans have a review page where we write in reviews that have taken place with any changes and if they are happy with everything. Residents sign the review as well." We saw a review record for one person confirming family involvement. This showed a family member had raised a concern with staff about a safety issue as a result of the person's declining mental health. Records demonstrated the action suggested by the family member had been carried out to keep the person safe.

There was a variety of social activities, entertainment and outside trips organised by Princethorpe Court which people could attend if they wished. Some of the people we spoke with chose not to attend the activities, but were aware of when they took place. One person told us, "What I like about it is if there is something on and you don't want to go, they don't force you. They tell you and if you say no, I am not going, that is it, I like that." They told us they were provided with a monthly activities programme which told them what social activities were planned each week. Another person told us, "They have outings and things. They give you a list of what's going on during the week. I have been on so many I have had enough. I go out with friends."

There was a complaints procedure which people could use if they had any concerns about the service. Not all people we spoke with were aware of this, however, people felt the manager was approachable and would listen should they have any complaints. One person told us they had raised a concern about someone who entered their room without knocking. They told us, "I went to [manager] and it's been dealt with." The manager told us there had been one formal complaint received in the last 12 months relating to the food in the restaurant. We saw evidence this had been acted upon in a timely manner and actions had been taken to prevent the concern raised from happening again.

Both team leaders and care workers knew their responsibilities if a complaint was raised with them. One care worker told us, "I would put it in a complaints book. It depends what it is. If it was catering I would speak to the chef and see if it could be resolved. If on the care side, see if I could resolve it. If a formal complaint, go to the manager."

# Is the service well-led?

## Our findings

People told us they were satisfied with the quality of care provided. Comments about Princethorpe Court included, "I would recommend it." "Very nice and very friendly." "I think everyone is happy, they are all very nice people here."

Care workers told us they felt well supported by the management team which consisted of the manager and team leaders. One care worker told us, "I feel well supported by the manager... she listens to people and acts on it. She is firm but fair." Care workers understood their roles and responsibilities and what was expected of them. They knew who to report concerns to and were aware of the provider's whistle blowing procedure. They were confident about reporting any concerns or poor practice to the managers but told us this rarely happened because they worked effectively as a team.

Care workers were positive about working for the service and told there had been a stable and consistent team of staff who had worked for the service over a number of years. This had resulted in people receiving care from a consistent group of care workers. They told us, "We have all been here a long time between 10 and 19 years." "I love it here... it's like a big family really. We have been through so much in our personal lives over the years. The residents know everything like when someone is expecting a baby, it's family orientated. We are known for that throughout ExtraCare. I would not like to work anywhere else. I would let my mum live here. It has to be a special place."

The manager told us about a 'customer experience statement' they were introducing which staff were reminded about every day. This included information about the aim of the service which stated "for customers to feel happy and fulfilled" and to "ensure customers feel valued". Each day staff were asked during 'line up' meetings about any negative experiences of people so they could ensure the values of the provider were put into practice. We attended the 'line up' meetings where we were able to confirm people's experiences were discussed.

People knew who the manager was and we saw the manager acknowledged people if they walked past her office. The manager told us, "I walk around the building every day, I am very hands on, my door is always open. The activities co-ordinator does a newsletter each month and she puts the fact my door is always open into this letter." This demonstrated the manager took the time to get to know people so they felt comfortable to approach them at any time if they needed to.

There were effective processes to monitor the quality of the service provided and understand the experiences of people and staff. People told us they had opportunities to be involved in decisions about how the service was run through the attendance of 'street' meetings. One person told us, "They are every month, we go over what's happening... what we like and do not like." They went on to tell us they had discussed how an electric light had not been bright enough and how this had been addressed by putting "better" lights in. They told us they had also discussed the garden and people's views on what they expected it to look like. Notes of meetings confirmed requests for improvements and sometimes confirmed the actions taken to address these.

Care workers told us they also had regular meetings where they could offer their opinions about issues related to the running of the service. One care worker told us, "Yes we can offer opinions about things. We try to sort things out if someone is not happy about something. I think this is a good idea, we can plan this." They told us one idea discussed at a meeting was the use of volunteers to help with activities. They explained this request had been actioned. They told us, "Volunteers come in to help out on trips; there are some in this afternoon to help with the party. What we have got are good, they push the residents (in wheelchairs) on trips."

The provider and managers used a range of quality checks to make sure the service was meeting people's needs. Records confirmed people were asked for their opinions of the service through regular reviews of their care. Some people had also completed quality satisfaction surveys about the service. The responses and comments from these surveys were mainly positive. We noted there had been an increase in the satisfaction across all aspects of the service when comparing the results of the most recent survey with one carried out previously. This demonstrated the service had learned lessons and had continued to improve.

The manager carried out a range of audit checks to make sure the service continued to operate effectively. These were regularly reported to the provider so they could monitor the service and ensure the quality standards they expected were being achieved. For example, checks on staff training and complaints received. The manager had also audited care plans and medicine records to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. The manager took immediate action to ensure a medication concern we identified was followed up and addressed.