

The ExtraCare Charitable Trust

Pannel Croft Village

Inspection report

Hospital Street
Birmingham
West Midlands
B19 2YD

Tel: 01213801340
Website: www.extracare.org.uk

Date of inspection visit:
07 July 2016

Date of publication:
24 August 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We completed an unannounced inspection at Pannel Croft Village on 7 July 2016. At the last inspection 10 April 2014 we found that the service was meeting the required standards in the areas that we inspected.

Pannel Croft Village is part of an extra care housing service which can provide personal care to people. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. Not everyone that lives at Pannel Croft Village receives personal care. Pannel Croft Village is a community of people that can purchase or rent their accommodation so that they can live independently but with the reassurance that there is always someone available to support them if they need support and advice.

There are facilities available in the village such as a restaurant, shops, market stalls, hairdressers and gym that can also be used by people in the community but systems are in place to prevent them from being able to access private accommodation areas.

At the time of this inspection the service supported 42 people in their own homes. People are able to receive support from other agencies if they want.

There was a registered manager at the service. 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 were generally happy with the care and support they received but several people felt that not having regular staff to support them meant they did not have the opportunity to develop relationships with the staff. They [people] also felt they were left not knowing which staff to expect. Some people felt that staff were sometimes rushed and didn't stay the amount of time they were supposed to stay.

People were supported to have food and drinks to remain healthy but some people were not happy with how their food was prepared on occasions.

People were protected from harm because there were systems in place to identify and manage risks associated with their needs. Staff were able to recognise concerns of abuse and harm and knew what actions to take to keep people safe.

People and relatives felt that there were sufficient numbers of staff available that knew their needs and were able to meet all their physical and emotional needs.

Staff had been checked to ensure that they were suitable to work with people and had received training to ensure they had the skills to meet people's needs and ensure their human right to give consent was

maintained.

People were supported to have their health needs met by ensuring they received support with their medicines where needed, referral to the appropriate health care professionals and by using the services available in the village.

People received care and support from staff that were kind and caring and that maintained their privacy, dignity and independence.

People were involved in identifying their needs and arranging how they were to be supported. The service was responsive to people's changing needs. People were continually asked for their views about whether their service could be improved. People and staff were valued members of the community and systems were in place to recognise and award them for their actions.

Effective systems were in place to manage the service and to assess, monitor and improve the quality of the service people received.

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 were protected from harm staff were able to recognise abuse and take the appropriate actions to raise concerns.

Risks to the health and safety of people were known by staff so that they were able to provide safe care and support.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met safely.

People received support to take their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People received effective care and support by staff that recognised them as individuals but not always by the same regular staff.

Staff were provided with on going and appropriate training, support and supervision to provide good care.

People were supported by staff that ensured people were involved in decisions about their care and their human and legal rights were respected.

People were supported with their dietary needs and the service worked with other professionals to ensure that people maintained their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring.

People were treated with dignity and respect when staff provided support.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was very responsive.

People received personalised care that took account of their likes and dislikes.

People's care was kept under continual review and the service was flexible and responsive to people's individual needs.

There was a complaints policy in place that was available to people and people were aware of how to complain if they needed to.

People were actively encouraged to give their views on the service they received as a part of driving improvement.

Is the service well-led?

Good ●

The service was well led.

People and staff felt the registered manager was approachable. Staff felt supported to carry out their role.

The registered manager and staff were motivated and proud to work at Pannel Croft village and the service provided.

The registered manager worked in partnership with key agencies to promote and maintain good working relationships and ensure people's needs were met.

Systems were in place to manage, assess, monitor and improve the quality of the service.

Pannel Croft Village

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 was 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 7 July 2016 and was announced. We gave the service 48 hours' notice to ensure the registered manager was available.

The inspection was carried out by one inspector.

We asked the provider to complete 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 used the returned PIR to help in the planning of our inspection. We reviewed other information that we held about the service. This included notifications we received about incidents and events that had occurred at the service. We also looked at questionnaires that we had received from people who used the service and professionals to help us plan the inspection.

We sent questionnaires to nine people who used the service, nine relatives, 28 staff and two community professionals. We spoke with nine people who used the service and one relative, three care staff, two senior staff and the registered manager. We viewed the care records of three people, including medicine records. We also viewed records that showed how the service was managed, which included two staff files including training and induction records and audits completed by the registered manager to monitor and improve the service.

Is the service safe?

Our findings

People told us they felt safe living at Pannel Croft Village. All the people we spoke with told us that they felt safe. One person told us, "I feel safe with them [staff]. We have a very good relationship." A relative told us, "I feel [relative] is safe." Staff spoken with described the signs that would look for that might indicate to them something may have happened. Staff were aware of their responsibilities and processes to raise concerns. Staff told us that they would report any concerns they had to the care supervisors or registered manager so that the appropriate actions were taken. The registered manager was aware of the procedures to follow and the professionals that needed to be informed about any suspicions of harm.. Records we hold showed that where there had been any concerns about a person's safety they had reported this as required.

People and relatives told us that staff knew how to help them safely. People told us they had care plans and risk assessments available in their homes. One person told us, "They [staff] know what to do and how I like it to be done." Another person told us they had an alarm in place in case they fell. A relative spoken with told us the staff were aware of the risks posed to their family member and that staff took the appropriate actions to keep them safe. The relative told us, "[Person] does occasionally walk out of the flat but there is an alarm on the door. They [staff] will come up and chat with [family member]." Staff were able to explain how they supported people to ensure they were kept safe from injury or harm. One staff member told us, "We are kept up to date with changes in people's needs. We will try and look at the risk plans but most people are able to tell us how they want to be assisted." We saw records that showed that risks had been assessed and management plans put in place. These included people who were at risk of falls, deterioration of skin leading to skin damage, risks within the person's home and risks of leaving their home and not knowing where they were. The assessments gave staff information and guidance on how people's individual risks needed to be managed.

Most people told us that they had not experienced any missed calls so they felt there were enough staff. One person said, "There are enough staff, only once were they late but never missed a call." Another person said, "Never missed a call, they [staff] always come. There is enough staff." Staff told us they felt there were enough staff available but sometimes if they were held up at a call this meant that they could be a few minutes late for the next call. One staff member said, "The care supervisors will take care of the runs and ensure there are enough staff." This means the care supervisors ensured that each call had an allocated member of staff. The registered manager told us that there were staff that worked full and part time so they were always able to call on people to pick up any shortages of staff. A staff member told us the staffing rota was prepared a couple of weeks in advance so staff knew when they were needed and there was time to make arrangements to cover calls if a member of staff was not available.

We saw that there were safe recruitment procedures in place to ensure that only suitable staff were employed to support people. The registered manager had undertaken the required checks that ensured staff and volunteers that were employed at the service were suitable to provide support to people.

People told us that where needed staff helped them with their medicines. One person told us, "The staff come in every morning and ask if I have taken my medicines but they help to apply my creams". Staff spoken

with were clear about who needed support with medicines and who was able to take their own. Staff told us that they had received training in medicines management to help them support people with their medicines. We looked at the medication administration records (MARs) for people who were supported with the medicines. We saw that staff had recorded when medicines had been administered and when creams had been applied. Before our inspection we had received some concerns regarding some medicine administration errors. We saw that the registered manager had taken the appropriate actions following these errors to retrain staff and to put in place additional checks to ensure that any errors were picked up quickly so that people did not suffer any ill effects.

Is the service effective?

Our findings

Although people told us that they had not experienced any missed calls several people told us that their main concern was that they had a variety of staff that came to assist them and this meant they did not know who to expect. One person told us, "There are different staff. I don't know which staff will come. I have got to know them but it was a bit daunting at the beginning. It can be any of 40 carers. I'm getting used to it now but it's better to have your own [staff] so they get to know you." Another person told us, "It's not the same staff, I find out who it is when they come. You get used to their faces. I've never said anything, I don't want them to think I am a nuisance." Another person said, "The vast majority of carers are perfectly fine but the vast majority of residents would like to know which face is coming through the door. This would help staff get to know the little things about the people." Some people told us that they had raised the issue of not having regular staff with managers and staff and they were told this wasn't always possible. We discussed this with the registered manager and senior staff who confirmed that people did not always get the same staff but they agreed they would look at how this could be improved.

Some people told us staff were sometimes late, rushed or didn't stay for the time they were supposed to. One person told us, "Sometimes they tell me they are running late. Sometimes they change the time. If they are running late some [staff] will do what they have to do. Some don't even ask if I have had my medication." When we looked at the staff rota we saw that there were no gaps between calls. This meant that one call could finish at, for example, 9.30am and the next call would start at 9.30am. One person spoken with told us, "This means that as the day goes on someone is going to be short changed in their time." Staff spoken with confirmed that the visits did follow one another but they were so close in the village that the time taken to get from one call to the next was not very long. However, they told us that sometimes if a call took longer than planned this could mean they were late and although they tried to let people know they were going to be late this didn't always happen. This showed that people were not always happy with the arrangements for their support.

Most people managed their own meals but some people told us that staff supported them with their food and drinks. One person told us they preferred to eat in their own accommodation although staff would support them to go the dining room if they wanted. Some people's relatives prepared meals that the staff heated and served to people. One member of staff told us, "We ask what they [people] want so they have a choice. I would raise it with the family or supervisor if people were refusing their food." Some people chose to use the café facilities that were available in the village. A member of staff told us, "Some people pay for a meal from the bistro. We collect it for them and deliver to them." This shows that people were able to choose where and what to eat and received support if they needed it. Most people were happy with the meals that were prepared for them but a couple of people told us that some staff were not competent at cooking the food as they liked it.

All the people spoken with told us they were happy with the support they received and felt the staff were trained and knew how to do their jobs. Most people told us that most staff were flexible in the tasks that they carried out and would do extra if they could fit it into the time allocated. Staff told us that us they felt supported to carry out their roles through training, meetings, supervisions, observed practices and feedback

they received from supervisors and managers. The PIR told us and staff told us they had induction training when they started their employment. Staff told us they shadowed experienced carers during their induction into the role. The registered manager told us and staff confirmed that they were supervised and observed over several months to ensure new employees had the skills and knowledge needed before they were signed off as able to carry out their roles. Staff told us they received regular training so that they were equipped for their roles.

People and their relatives told us that they were involved in the planning of their care and they consented to the care and treatment provided. One person said, "There is a book that says what they have to do. We can add things to it." One staff member told us, "I start with the care plan, so that I know what support they need but I ask them what they want and work at their pace." Another member of staff said, "Care plans are based on the ability profile of the person. This is linked with the ISO [individual service order]. We go through the care plan with the residents." An ISO is the agreement from the local authority and states what support the person needs and the time that they will require from staff. One member of staff told us, "I always ask the person if it's okay to provide the support and tell them what I am going to help them with". Records confirmed that people had consented to their care and had been involved in the assessment of their needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA 2005 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.

The registered manager told us that capacity assessments were usually carried out by the GP or social worker but if they had any concerns they would refer this to the appropriate authority. Staff were aware of the actions they needed to take when a person lacked capacity to make decisions. One staff member said, "We always refer to the care plan and ask people what they want." We saw that best interest meetings had been held for some people living with dementia.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for people who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority if they believe that the person is being deprived of their liberty so that the local authority can apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. We were told that no one was being deprived of their liberty and best interest meetings had been held for the use of door sensors so staff were alerted to people leaving their accommodation so that staff could support the individuals appropriately.

People told us that staff knew how to support them if they felt unwell and relatives told us that they were kept informed if people become unwell. People told us they had alarms in place that they could use if they needed help for example, if they fell. One person told us, "I can see the GP when I need." We saw that people were able to see a well-being advisor who could undertake basic checks such as blood pressure and temperature and advise people to contact their GP if they needed treatment. There was also a gym available in the village and a service that supports people living with dementia to ensure they received the support they needed. This showed that there were a variety of ways in which people could be supported to remain well and healthy.

Is the service caring?

Our findings

People we spoke with told us that generally staff were caring and compassionate toward them. One person told us, "Staff are good, kind and pleasant." Another person said, "We have good relationships. They [staff] are very kind and caring." Staff spoken with had a good understanding of the needs of people living in the village and they understood the values and principles of the village to enable people to live as part of the community. The registered manager was very focussed on ensuring that people living with dementia were supported to live as independently and for as long as possible. One relative told us about how the staff had organised a birthday party for their relative and their friends to attend. The registered manager told us about another person who did not have anyone to celebrate their birthday with and staff had organised a tea party for them. During their lunchtime one member of staff supported an individual with their hair care as they [staff] understood how important this was for the individual to look good.

People told us that they were treated with dignity and respect when staff were supporting them and their privacy was maintained. One person said, "Staff are respectful. We open the door and they [staff] respect my house. Staff are careful about privacy and dignity – they will do what they are asked and do what they are supposed to. They knock the bedroom door." Another person said, "They [staff] are respectful, they ring the bell before coming in." Another person said, "Staff are caring and kind and give me respect just by being helpful. They will do different things." A relative told us, "They [staff] do care for her, as a person, as a grandma." Staff told us how they ensured that they treated people with respect. One staff member said, "I treat people the way I would like to be treated, clean up after me, don't move anything I don't need to. Knock and wait for them to answer or ring the bell, let myself in, and keep calling to let them know I'm here." The registered manager told us that dignity champions were in place who were buddied with new staff to ensure that they understood the principles of providing care whilst promoting people's dignity.

People were given choices in the support they had and they told us staff always asked them what they needed. One person said, "Whatever I want they [staff] give me". Another person said, "Staff ask me before they do anything, I choose a lot as I can still do things for myself, so I know what I can and can't do". Staff told us that they asked people before they provided support and took account of their wishes. The care records we viewed detailed how support needed to be provided and were personalised to people's individual likes and dislikes.

People told us they were supported to be independent. One person told us, "They [staff] support my independence. They do the areas I can't do and then I do the rest. They [the provider] have facilities that we can use and are encouraged to use them." One staff member said, "I ask how they are and what they want me to do. I can wait outside the bathroom and ask if they want any help. I let them do what they can and help along the way." We saw that there were lifts and ramps available so that people were able to access all communal areas of the village. People were supported to maintain their equipment such as hoists and wheelchairs to maintain their independence and we saw that a number of people used mobility scooters to be able to go out and about independently.

Is the service responsive?

Our findings

People and relatives told us that changes in needs had been responded to appropriately. One person said, "Carers know how I like things done." One person had drawn up their own agenda of issues they wanted to discuss at their review and we saw that this was followed and the issues addressed. The person told us there had been some improvements since the review. A relative told us that the staff were always asking if they were happy with the service. Staff told us that if there were any changes in people's needs they were informed at the beginning of their shift and through people's care plans. Staff were clear that if they thought things had changed they would inform the supervisors so that they could look into the issues. One member of staff told us that changes in people's needs were picked up during monthly observations of care. The PIR told us and the registered manager confirmed that reviews were carried out every three months or earlier if there was a change in people's needs. Records showed that the local authority was contacted when needs changed and people needed to have additional support so that their care packages could be reviewed and their needs continue to be met. This showed that there were systems in place to ensure that changing needs were recognised and plans put in place to address them so that people's needs continued to be met appropriately.

The registered manager told us that they would support people to live in the village for the rest of their lives. We were told that people would be supported to 'die at home' if that was their wish with the involvement of community services such as the Macmillan nurse service. Family members were able to stay with their relative in their apartment and there were guest rooms available in the village, at a charge. Relatives told us that they were able to visit their family members when they wanted.

People told us that they were able to raise any concerns they might have. One person told us that they had asked for some staff not to support them again and this had been respected. Most people told us that they had not had any reason to complain. One person told us, "Can't think of any reason why people wouldn't be happy." Staff told us they would pass any complaints onto the supervisors. We saw that there was a record log of complaints and these were addressed appropriately.

Staff told us they would pass any complaints onto the office and recorded any concerns in the daily notes. A minority of people told us either they didn't like to raise concerns or felt they were not listened to.

Although not part of the regulated activity people were provided with support and equipment that ensured people could continue to be involved in activities within the village and in the wider community. For example, people living with dementia were supported to attend the dementia café where they were able to meet other people. People were able to go on days out. One person was getting confused with the doors to the different rooms in their apartment and so bright, bold pictorial signs were put on the door to help the individual identify where they wanted to go. Another person with a hearing impairment was provided with a 'personal listener'. This is equipment that amplifies sound via a microphone pointed at the TV or a person into the earphones worn by the hard of hearing person.

Advocates were available to support people that needed support with their lives such as managing their

finances. One of the people living in the village had been recruited to ring or visit people who may have forgotten about activities that had been arranged to remind them and take them to the activity so that they felt valued members of the community and so that they could attend the activities.

People using the service were asked to provide feedback on the service so that the service could be reassessed and improved as required. People told us that they had been asked to complete a questionnaire and were asked if they were happy with the service at their care reviews and at service delivery checks when staff were observed. Other ways of gathering the views of people included the complaints and compliments process; 'street meetings' where general issues could be discussed with people and forum meetings where people were able to raise issues about the village and the services provided including housing. Street meetings were meetings of small areas of the village where people could discuss issues pertinent to them. One example of people being listened to was that people wanted the bar to be open on a Sunday. The registered manager and the activities person organised for the bar to be opened with a quiz every few months.

Staff told us they felt listened to. One staff member said, "There is a drop in session for us to raise comments. We have a good relationship and we will be listened to and someone will always come back to us."

The registered manager told us that people were invited to a staff celebration night to show that the staff were valued. Awards were given where people and volunteers could be nominated for awards. The registered manager and staff told us that people that received a service were able to nominate staff for doing things that provided support that was above and beyond their role so that they felt involved and valued. The registered manager told us about a member of staff that had worked a different shift pattern to enable them to assess the needs of and provide support to someone living with dementia. This had enabled the person to change their daily routines so the relative was able to get some sleep at night and the individual was able to become healthier as they were eating more.

Conversations during our inspection showed that the registered manager and senior staff were passionate and proud about the role that the village played in supporting people to be part of the community and ensuring that people remained as independent as possible for as long as possible. The registered manager ensured that people living in the village, whether they received a regulated activity or not were supported to be involved in the local community. For example, people living with dementia were taken out to the dementia café so that people could meet other people and feel comfortable and valued. The local elder award, run by a local church was hosted at the village. People from the village were also able to have a meal and celebrate being older people and were recognised for their role in improving people's lives. For example, one person who lived in the village always visited people from the village if they were admitted into hospital was given an award to recognise their work.

The registered manager told us that the provider had been an Inside Housing 2016 winner in the category for having an outstanding approach to Innovation for its well-being advice and Locksmith service. Through these services people living with dementia received a full assessment of their needs and were supported to access additional services such as day centres if needed. The well being service supported people to have a baseline assessment in respect of their health when they moved into the village and were able to support people with advice if they felt a little unwell but not so unwell that they thought they needed to visit the GP. Where people were becoming unsteady on their feet they could be referred to the gym instructor so that people could receive support to improve their balance and muscle tone and referral to the occupation therapist if additional equipment was needed.

Is the service well-led?

Our findings

Even though some people told us that there were improvements that could be made to the service such as having the same regular carers and being confident that they would always be listened to people told us they were happy with the service their received. We asked one person what the 'extra' in 'extra care' meant to them. They told us, "Extra care means they [staff] are meticulous with the forms. The 'extra care' team is better than having external carers. They are always accessible and I can tell them if I need something because they are in the same building. The quality of the staff is better than domiciliary care that I've been used to. I would give them [the service] eight out of ten."

The service was organised and managed in a way that meant that staff understood their role and responsibilities. For example, there were care co-ordinators that allocated work and liaised with other professionals such as social workers. Care supervisors managed and supported the care staff on a day to day basis. People told us that the senior staff were approachable and they saw them on a regular basis and were able to tell them how they felt about the service they received. One relative told us, "I can speak to the manager or the supervisors. They have always been available." People and staff told us that there was always someone available for advice day or night.

Staff spoken with were enthusiastic about their roles and told us that they were happy to be working at Pannel Croft Village, felt listened to and could raise issues about people they supported or the way in which the service could be improved. One member of staff told us, "Staff are asked what the best options are and try and put them in place. It is a great company to work for. There is time for paperwork to be kept up to date. There is always room for improvements." The PIR told us and staff confirmed that meeting were held where they could raise issues to discuss and where they received feedback on changes and actions to be taken. The registered manager had organised a drop in session during weekends and evenings so that staff were able to 'pop-in' and have an informal chat outside of their working time.

We saw that there was a system in place to assess and monitor the quality of care provided. There were audits in place that showed actions required in various areas such as medicine management, training, accidents, risk assessments and care delivery. Action plans were in place to address the areas where improvements were needed. For example, there was an accident/incident reduction plan in place where all accidents were reviewed by the registered manager and discussed with the provider's health and safety meetings. The PIR told us and we saw that the registered manager analysed accidents for any trends, which ensured the appropriate action had been taken to lower the risk of a further occurrence. The registered manager completed a monthly report on the service delivery, which was forwarded to the provider. This meant that the registered manager and provider had a good overview of the service provided.

There was a registered manager in post at the time of our inspection who was fulfilling their legal obligations of keeping us notified of accidents and incidents that occurred in the service. The registered manager had completed the PIR and returned it as required. The registered manager had identified actions to be taken after a number of medication errors had come to light to enable any errors to be identified quickly so that they could be addressed and people did not suffer any ill effects. The registered manager was receptive to

the feedback of some people regarding a lack of consistency in the staff providing care to some people and was planning to look at the number of part time staff they employed. This showed that the registered manager was providing good leadership and was open to making changes that would improve the service provided to people. There was a culture in the service where people and staff were valued and systems put in place to show their value through awards and celebrations.