

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

About the service: The Extra Care Charitable Trust Rosewood Court is a supported living complex. The service provides personal care and support to older people. People either own their property on site or have a tenancy agreement.

People's experience of using this service:

- People received safe care and were protected against avoidable harm, abuse, neglect and discrimination.
- Risks to people's safety were assessed and strategies were put in place to reduce the risks.
- The recruitment practices ensured only suitable staff worked at the service.
- Staff were employed in sufficient numbers to meet people's needs.
- Where the provider took on the responsibility, people's medicines were safely managed.
- Staff received training that enabled them to have the skills and knowledge to provide effective care.
- Staff received ongoing support from the registered manager.
- Where the provider took on the responsibility, people were supported to maintain good nutrition and hydration.
- People were treated with kindness, compassion and respect.
- Staff encouraged people to maintain their independence.
- People and their relatives were involved in the care planning and reviews of their care.
- People's needs were assessed, and the care provided met their needs.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Systems were in place to continuously monitor the quality of the service.
- The service worked in partnership with outside agencies.

Rating at last inspection: Good (report published October 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

ExtraCare Charitable Trust Rosewood Court

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type: The Extra Care Charitable Trust Rosewood Court is a supported living complex. It provides personal care to people living in their own flats and provides a service to older adults. Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, 25 people were receiving this type of service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was announced. We gave the provider 48 hours' notice because we needed to be sure the registered manager was available. On 15 April 2019 we visited the onsite office location to meet with the registered manager and review records. We were also able to visit three people within their own flats.

What we did: We reviewed information we had received about the service, including information within the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked

at other information received from the provider, such as statutory notifications about incidents and events the provider must notify us about. We also sought feedback from other professionals who work with the service. We took the information into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with the registered manager, the area manager, and three members of care staff. We visited and spoke with three people who were using the service. We checked the care records for three people using the service, and examined other records relating to the management of the service. These included three staff recruitment files, staff training and supervision records, policies and procedures and quality monitoring information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of harm and abuse.
- One person told us "I feel very safe here, my family are very happy as well because they think this is a safe place for me live, I get the help I need."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- The staff and management understood their responsibilities to protect people from the risks of harm and abuse.
- Staff completed safeguarding training to provide them with knowledge of types abuse and how to report any concerns of abuse and neglect.

Assessing risk, safety monitoring and management:

- Personalised risk assessments were in place to ensure that each person was cared for in the safest manner possible. These included assessments for personal care, manual handling, use of equipment, and more.
- Staff we spoke with were confident they could support people safely. All risk assessments were reviewed and updated regularly.

Staffing and recruitment:

- People told us staffing levels were good. One person said, "I think there are plenty of staff. I fell over once and pushed by alarm. Staff came quickly."
- Our observations on the day of inspection were there were enough staff across the site to meet people's needs promptly.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely:

- When required, people received safe support to administer their medicines. People we spoke with were happy with the support they received.
- Medicines were administered by staff that were trained to do so. Medication administration records in use were accurate, and regularly checked for any mistakes.

Preventing and controlling infection:

- Staff received infection control training and there was an infection control policy.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.

- People using the service confirmed staff followed infection control systems when providing personal care and when handling food.

Learning lessons when things go wrong:

- Any accidents or incidents that occurred were recorded in detail, reviewed, and actions taken as appropriate. Ongoing monitoring was in place to pick up on any trends, and learn lessons from any mistakes made.
- Staff told us the registered manager regularly shared learning through team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People received full assessments of their needs before any care was delivered. The management and staff regularly reviewed people's care to ensure their needs were being met, and understood when they were no longer able to meet a person's care needs.

Staff support: induction, training, skills and experience:

- All staff completed induction training and training on meeting the specific needs of people using the service. One staff member said, "The training has been great. Induction training involved reading care plans, completing online courses, and working alongside experienced staff until I was ready."
- All staff training records were up to date, and included subjects such as moving and handling, safeguarding and infection control.
- Some staff had received specialist training in certain areas to match the support needs of the people using the service. This included training in Huntington's disease, dementia, and end of life care.
- All staff we spoke with told us they received regular supervision and were well supported in their roles.

Supporting people to eat and drink enough to maintain a balanced diet:

- When required, the staff supported people to eat and drink. There was an on site restaurant facility that some people chose to use, and others cooked their own food within their own flats, with support when required. One person told us, "The staff come and help me make dinner, I can do some of it myself."
- The staff we spoke with were aware of any dietary needs that people had, such as allergies or diabetic diets.
- Care plans outlined any support that people needed with food and drink.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager and staff worked in partnership with other health and social care professionals to maintain people's health. One person said, "I feel very looked after. I have help to book appointments when I need them."
- The service employed a 'wellbeing advisor' who was able to support people with their physical health needs. People could book to see the wellbeing advisor, or attend drop in sessions.
- Staff were aware of what action to take if people were unwell or had an accident. Referrals were made to healthcare professionals when people required it.
- People's care records contained information about people's medical history, their current needs, and the healthcare professionals to contact should relatives or staff have any concerns about people's deteriorating

health.

Ensuring consent to care and treatment in line with law and guidance:

- 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. We checked whether the service was working within the principles of the MCA.
- Staff had understood the importance of supporting people to make choices and maintain their independence, and people we spoke with told us their consent was always gained from staff before carrying out any care.
- The registered manager confirmed no people using the service were currently subject to any restrictions under the Court of Protection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us they felt well cared for by staff, and had good relationships with them. One person said, "The staff are very thoughtful and respectful. They know me very well, and I get to see the same staff, so I know them very well." Another person said, "The staff will do anything for you. I'm very happy with the care here."
- During our inspection we saw that both staff and management were interacting in a warm positive manner with people who were coming in and out of their flats, and using communal spaces.
- Staff we spoke with knew people well, and understood different people's needs, personalities, and interests.

Supporting people to express their views and be involved in making decisions about their care:

- People were supported to express their views and be involved, in making decisions about how they wanted their care and support to be provided.
- We saw that people's care was regularly reviewed and changes were made to people's care when their needs changed, and when their preferences changed. One person told us, "I have a care plan and it reflects my needs very well. I sit down with staff around two times a year and discuss the care, and make changes if I need to."

Respecting and promoting people's privacy, dignity and independence:

- People told us they felt their privacy and dignity was respected by all staff. Documentation we looked at showed staff were considerate in their approach to personal care tasks, understanding that each person had different preferences in how they wanted to be supported.
- Staff we spoke with confirmed they always knocked on doors before entering, and ensured that curtains were closed when personal care tasks were being undertaken.
- Staff understood the need to keep people's personal information secure. All files and personal information were kept securely within people's own flats or the office on site.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised support specific to their needs and preferences. Staff had documented how one person had a phobia of using the lift, which left them potentially isolated on the first floor of their building. Staff decorated the inside of the lift to make the person feel more comfortable, and worked with them to take small steps towards using it more frequently.
- The service had a staff member in the role of 'locksmith'. This was a role which was focused and trained in dementia care. This meant they could spend time with people and other staff, working on improving ways to care for people with dementia. We saw that staff had reported difficulty supporting a person with their personal care needs and showering, due to their dementia. The 'locksmith' dementia trained staff was able to work with the person, and identify and design a routine that worked best for them and their needs. This enabled a more comfortable experience with showering.
- Care plans outlined people's likes, dislikes and preferences, and staff we spoke with knew people well, and the care they wished to receive.
- People were encouraged to form friendships with others in their community, and were offered a variety of activities to take part in. We saw that in a communal area, a local children's group had come in to do a singing session which people could take part in or observe as they wished.

Improving care quality in response to complaints or concerns:

- The provider had a complaints procedure which they followed. Complaints could be recorded along with the outcome of any investigation and action taken. We saw that complaints were acted upon and responses given to people promptly.

End of life care and support:

- At the time of inspection, nobody was receiving end of life care.
- We saw that people had been supported at the end of their life, by staff in the past, and this experience had been documented by management. The registered manager said that an increased amount of people had been able to remain at home at the end of their life, due to staff being trained and able to ensure the right care was given to them.
- We saw that positive feedback had been given by the family of one person who had received end of life care. This included feedback on the support they themselves felt from the staff at a difficult time, and how pleased they were with the service their relative received. We saw the care for this person was personalised and respectful, and included things such as staff making sure they were dressed in the clothing they had requested.
- The registered manager had a good knowledge of what was required to support people at the end of their lives. The service had a training schedule for all staff to attend end of life training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People told us they felt the service was well run and responsive to their concerns and needs. One person said, "Yes I know who the manager is. Very nice, and very approachable, I would speak to them if I needed anything at all."
- There was a positive, open and honest atmosphere within the service. We saw people and staff interacting with each other throughout the day and communicating well.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Staff understood their roles and felt well supported. One staff member told us, "The support from managers is very good. There is good teamwork here, we all respect people, and try our best to make it a happy place to work and for people to live."
- The service had received a silver award from the national housing for older people awards, for being a quality provider of care. This award was given as result of people's positive feedback on the service they received.
- Auditing systems were in place which were used to check the service and its staff, were operating to the providers expected standard. Audits were carried out on areas such as medicines management, and care and support records. Following audits, actions were taken to address any concerns raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People using the service, and staff, were involved and engaged. A suggestion box had been placed within a communal area for people to use. We saw that one staff member had made a suggestion to make sure people who had 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNACPR) wishes, clear and visible to all staff who may need to know this in an emergency situation. We saw the registered manager had responded to this suggestion and improved the system and communication.
- People using the service, and their family, were encouraged to attend 'street meetings' where they were able to speak with staff and management, get updated on activities, and feedback any thoughts they had.

Continuous learning and improving care:

- Staff told us that team meetings were utilised to ensure that learning and improvements took place. Staff

said they were comfortable in raising any issues or concerns within team meetings, and that the management were open to feedback.

- The registered manager ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.

Working in partnership with others:

- The service engaged with a 'neighbourly scheme' with local businesses including local supermarkets. This enabled them to receive support and donations, such as a group of staff from a supermarket coming in and doing some gardening within the shared gardens at the complex.

- The service had close links with the local hospice, and received support and training from them for end of life care being provided.

- The service engaged with people from the outside community. People from the local community were encouraged to come in to the complex, and engage in social events.