

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Hagley Road Village

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 

Overall summary

The inspection took place on 24 July 2015 and was announced. At our last inspection in January 2014 the service was compliant with all the regulations we looked at.

The service provided domiciliary care to 50 people who lived in their own homes within the provider's housing scheme and to a further eight people who lived in their own homes in the community.

There was a registered manager in place. 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. The registered manager was away during our visit however we spoke with them afterwards.

Summary of findings

People were kept safe from the risk of harm. Staff knew how to recognise signs of abuse and who to raise concerns with. People had assessments which identified actions staff needed to take to protect people from risks associated with their specific conditions, although some of these needed to be improved with additional information. People were supported to take their medications as prescribed however guidance for staff was not always clear about application of prescribed creams.

People were supported by the number of staff identified as necessary in their care plans to keep them safe. There were robust recruitment and induction processes in place to ensure new members of staff were suitable to support the people who used the service.

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. There were regular supervisions and appraisals which supported staff to meet people's care needs.

The care manager and staff we spoke with were knowledgeable of and acted in line with the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing personal care.

When necessary, people were supported to eat and drink and access other health care professionals in order to maintain their health.

People had positive relationships with the staff that supported them and spoke about them with affection. The provider sought out and respected people's views about the care they received. Staff promoted and upheld people's privacy and dignity.

The provider was responsive to people's needs and changing views. People were supported by staff they said they liked and care was delivered in line with their wishes. People could raise concerns and complaints and they were managed appropriately.

People were confident in how the service was led and the abilities of the management team. Although the registered manager was unavailable during our visit, the care manager and staff were aware of and adhered to the provider's vision and policies. The provider had established processes for monitoring and developing the quality of the care people received.

Summary of findings

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. Staff were confident to take action if they suspected a person was at risk of abuse.

There were enough staff to keep people safe from the risks associated with their specific conditions.

Some assessments required additional information about how staff were to protect people from the risk of harm.

Good



Is the service effective?

The service was effective. Staff had the skills and knowledge needed to meet people's specific care needs.

The provider supported people in line with the Mental Capacity Act 2005.

People were supported to eat and drink enough to maintain their well-being.

Good



Is the service caring?

The service was caring. Staff spoke affectionately about the people they supported.

Staff enjoyed making additional visits to people to check their well-being.

Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. The provider responded promptly to people's requests to change their call times.

People were supported to raise concerns and complaints and these were managed appropriately.

Good



Is the service well-led?

The service was well-led. There was a clear leadership structure which staff understood.

The provider's vision and values of the service were shared by staff.

People expressed confidence in the management team to meet their care needs.

Good



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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 24 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that care records were available for review had we required them. The inspection team consisted of one inspector.

We checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also reviewed any additional information we held or had received about the service. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with seven people in their own homes and the relatives of two people who used the service. We spoke to the care manager (who was also covering the role and duties of the registered manager whilst the person was on leave), three members of the management team and four members of care staff. We also spoke with a nurse and dementia specialist who worked for the provider and another healthcare professional who supported a person who used the service. We looked at records including seven people's care plans, three staff files and staff training records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised.

After our inspection we spoke to four people who the service supported in the community and one of their relatives. We also spoke to the registered manager in order to provide feedback from our visit.

Is the service safe?

Our findings

All the people we spoke with said they felt the service kept them safe. One person told us, “I feel safe, I’ve got people looking after me.” All the relatives we spoke with said they felt people were kept safe. A relative told us, “I can go out shopping and know she is safe.” Staff we spoke with were aware of how to protect people from the risk of harm. A member of staff told us, “I wouldn’t think twice about reporting my concerns.”

People’s risks were managed in order to protect them from harm. The care manager had assessed people’s needs and produced risk assessments about how they needed to be supported to be kept safe. We noted that the provider had reviewed risk assessments to ensure that information staff needed to keep people safe was up to date. We noted however that some written assessments needed further details to ensure consistency in how staff hoisted a person safely. Staff we spoke to were able to explain how they managed the risks to people in line with their assessments.

There were enough staff to keep people safe and meet their needs. People confirmed that they were always supported by the number of staff identified as necessary in their care plans and staff did not rush their calls. A person told us, “They spend time with me, they sit and talk.” People told us that they were supported by the same staff who would stay their allotted time. Several people whose homes were in the provider’s extra care housing scheme

told us that staff would often call in when they were passing to see if they required any additional support. People told us that staff had always been available to support them at short notice or in an emergency.

People who used the service told us that new members of staff were observed by experienced carers during their induction and they were asked for their opinions of how the staff had met their care needs. Two members of staff who had recently joined the services told us they had undergone a thorough recruitment and induction process and felt supported in their new role. We looked at the records of three members of staff who had recently joined the service and saw that the manager had sought further information when there were gaps in people’s employment history. This helped ensure that staff were suitable to support the people who used the service.

People who required assistance to take their medication said they were happy with how they were supported by staff. Staff were able to explain the specific support people needed in order to administer their medication safely. People’s care records contained information about people’s medications and how staff could recognise if somebody had not taken their medication as prescribed. We noted however that records were not always clear where people’s prescribed creams were to be applied. The care manager told us and we saw that they conducted assessments of people’s medication records in order to identify any errors. The care manager had a system in place whereby staff had to be observed supporting people to safely take their medication ten times before they were deemed competent to support people on their own.

Is the service effective?

Our findings

All the people we spoke with said they were happy with the care they received. Three people told us that their health had improved since they started to use the service. One person told us, “I can now get myself in and out of bed.” A relative told us, “He went for a paper on his own for the first time in twenty years.” A visiting health professional told us that the service had also helped a person to improve their independence and general well-being. They told us, “Their transformation is amazing.”

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. A person who used the service told us, “The carer knows everything, she goes on courses.” Staff told us they received regular training and additional training as people’s care needs changed. Staff were supported to maintain their professional registrations when necessary and had access to a network of support from peers at the provider’s other locations. Staff had regular appraisals and each were given an allowance to spend on developing their professional skills and knowledge. We noted that a member of staff was supporting a person with a condition typically managed by a specialist health care professional. The person who used the service was very pleased with the support they received and had made substantial progress. The care manager told us that they were currently reviewing the member of staff’s knowledge to ensure they remained competent to support the person in line with their care plan.

The care manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. The manager told us, “We won’t share a person’s information with their next of kin without their permission.” Assessments had been undertaken of people’s capacity to make every day decisions. Although no one lacked capacity, processes were in place to ensure that other people who had an interest in a person’s welfare would be involved in identifying their best interests if necessary. Staff

demonstrated they were aware that some people’s capacity to consent could vary depending on their condition. A member of staff told us, “We will go back over several days to check the person still understands what they have agreed to.”

People told us that staff would regularly seek their consent to provide care and confirmed that it was delivered in line with their agreed plans and wishes. One person said, “I signed about ten care forms the other day. I knew what each one meant.” A relative of a person who required support to express their views told us, “They keep me involved, I will get a call from the office.” This enabled people to say how they wanted their care to be provided and their wishes were respected by staff.

People who required assistance to eat and drink were supported by staff to receive enough nutrition to keep them well. Most people told us that they made their own meals but were regularly offered drinks when staff visited. Staff we spoke with could explain what people liked to eat and how they told us how in the past they had prompted people who lacked capacity to eat sufficient quantities. People told us that staff used meal times to promote people’s social interactions. One person told us that they would invite a member of staff to eat with them. Another person told us that on one occasion the care manager made them lunch while discussing their care needs and that this had made them feel relaxed and partaking in a social event.

People told us and records showed that people had access to other health care professionals when necessary to maintain their health. A health care professional told us they felt their instructions for how to support a person who used the service were well known by staff and embedded in people’s care plans. We saw evidence that when necessary the care manager liaised with other social care agencies to support people to receive the appropriate funding and social support.

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and were happy to be supported by the service. People told us staff were considerate and respectful of their wishes and feelings. One person told us, “Carers are extremely good. They are easy to get on with.”

People who used the service told us they had developed positive relationships with the staff who supported them and spoke about them with affection. A person who used the service told us, “They are like my second family, and I mean that from the bottom of my heart.” Another person told us about a member of staff who supported them. They said, “I have made a friend.” Staff we spoke with could explain people’s specific needs and how they liked to be supported. People told us that staff who supported them were happy to stay over their allotted time in order to help with ad hoc tasks. Several people said that staff would help them collect their laundry and go to the shop when they had forgotten things. One member of staff said they were often invited by a person they supported to have lunch with them. The member of staff said they enjoyed this and would bring a dessert to share.

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. People who used the service told us that they regularly met with the care manager and staff to ensure they were happy with their proposed care plans. All the people we spoke with said that staff respected their choices and delivered care in line with their wishes. When necessary the provider had taken additional action, such as involving family members and other health care professionals, to speak up on people’s behalf. The provider sought out and respected people’s views about the care they received.

The service promoted people’s privacy and dignity. One person told us they had carers of their choice to maintain their dignity when receiving personal care. Staff told us that they would change the time of their calls if people had visitors or wanted to be left alone. One member of staff told us, “We will not enter an apartment alone if no one answers the door.” This respected people’s privacy. Staff were able to demonstrate that they were aware of the provider’s privacy and dignity policies and knew that it was available to review in the office.

Is the service responsive?

Our findings

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed. A person who used the service said, “They will come back if I fancy a lay-in.” People told us that the provider responded according to their care needs. People told us they were supported by staff they said they liked and the service would change their call times promptly when requested.

The provider supported people to engage in interests they knew were important to them. Several people told us that they were supported to go shopping in the community and attend social events.

People told us and records confirmed that they were involved in reviewing their care plans. We saw that records were updated to reflect people’s views. They contained details of people’s life histories, who they wanted to maintain relationships with and the staff they wanted to provide their care. People had signed their care plan so that staff would know these were their chosen preferences and staff said they would approach people if they were unsure of their views. Staff we spoke were gave us examples of how they supported people in line with these wishes.

The provider had systems in place to support people to express their views about the service. People told us that the care manager sought their opinions of the service at regular meetings and surveys. We noted that feedback from a recent survey was complementary about the service and people had expressed that the service was responsive to their needs.

A relative who supported a person who used the service told us that the service had increased the calls and support

the person to taken their medication when they went away. Another person told us that the service responded appropriately when they were discharged from hospital early and ensured they received continuity of care. People told us and records showed that the provider helped them to access other health care services when required and with other unplanned tasks.

People we spoke with were aware of the provider’s complaints process and told us that they had copies in their homes. All the people we spoke with felt that concerns would be sorted out quickly without the need to resort to the formal process. One person told us, “If you have a valid point it will be taken care of.” During our visit we observed that people who used the service accessed the office to raise queries about their care. We saw that these were dealt with promptly and to people’s satisfaction. People felt they could talk freely with staff.

We were advised that the care manager was aware that a person was concerned about their treatment from another health care provider, however they had not supported the person to express themselves. The person was clearly still upset by their experience. After the visit we ensured that the concerns were shared within CQC to inform monitoring and inspection of the service.

We noted that there had been one formal complaint received in the last year. The care manager had responded in accordance with the provider’s complaints policy. This had included an acknowledgement and details of an investigation being sent to the complainant. We saw evidence that the complaint had been resolved to the person’s satisfaction. The manager had kept logs of people’s falls, accidents and complaints which enabled them to review incidences in order to identify any adverse trends and the actions required to reduce the risk of them happening again.

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and expressed no concerns with how it was managed. A person told us, “Nothing is too much trouble for them.” Staff told us they enjoyed working at the service and felt it was operating effectively. A member of staff told us, “I love coming to work,” and, “The supervisors are very good.”

People told us they were encouraged to express their views about the service and felt involved in directing how their care was developed. A person told us, “They will ask my opinion of new staff.”

The service had a registered manager who understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. Although the registered manager was away during our visit the care manager was aware of their responsibilities when acting up into the role. Staff attended meetings and training events with their peers from the provider’s other locations which enabled them to share examples of good practice and keep up to date with any changes to legislation.

The service had a clear leadership structure which staff understood. Staff told us and we saw that they had annual appraisals and regular supervision to identify how they could best improve the care people received. Examples included improving staff awareness of regulations and identifying staff training needs. Staff told us the care manager was approachable and receptive to their views. A member of staff told us, “The manager will ask my opinion.” There was an “on-call” system so staff could receive leadership and guidance from the management team when required and staff told us that senior managers were always available for support.

Staff were aware of the provider’s philosophy and vision to provide person centred care. When asked to describe the

people they supported, all the staff we spoke with used terms such as, “Wonderful,” “Interesting,” and “Unique.” It was only after describing people’s characteristics did they then describe their care needs.

The provider had processes for monitoring and improving the quality of the care people received. People told us they were happy to express their views about the service to the staff who supported them and the management team. The care manager operated monthly “drop in” sessions and we observed that people were comfortable to call in at the care office to discuss any issues of concern with members of the management team. The provider had conducted a recent survey to capture people’s views which had been well responded to. All the comments were positive and the care manager was able to explain the actions they had taken to ensure this information was used to improve the care people received.

We saw that the provider conducted observational audits of how staff supported people in their homes. When necessary action had been taken in order to improve the quality of the care provided by specific staff. Records showed that during these observations the people who were being supported were asked their views of the care they were receiving.

There were systems in place to review people’s care records and check they were up to date and identified people’s current conditions. We looked at the care records for seven people and saw that they had been regularly reviewed. Therefore staff had access to information which enabled them to provide a quality of care which met people’s needs.

There were systems in place to monitor if people were not getting calls in line with their care plans. The care co-ordinator monitored these and was able to demonstrate that missed or late calls would be quickly identified by the system if they occurred. People told us and a review of records for the three months prior to our visit confirmed that people had received calls in line with their care plans.