

The ExtraCare Charitable Trust

ExtraCare Charitable Trust

St Dominics Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection visit took place on 26 August 2016 and was announced. The provider was given two days' notice of our inspection visit to ensure the manager and care staff were available when we visited the agency's office.

The service was last inspected in November 2013 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

St Dominic's provides care to people in their own homes, within a single community. The service provides care and domiciliary support for older people and people with a learning disability who live in their own homes. People were supported in 44 flats and 7 bungalows within the Extracare complex. Most people received personal care support with several visits each day. On the day of our inspection visit the service was providing support to 30 people. Some people who lived at St Dominic's did not receive any support and were independent.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We refer to the registered manager as the manager in the body of this report.

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Staff understood how to protect people from abuse and keep people safe. The character and suitability of staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

There were enough staff to deliver the care and support people required. People said staff arrived around the time expected and stayed long enough to complete the care people required. People told us staff were kind and knew how people liked to receive their care.

Staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us staff had the right skills to provide the care and support they required. Support plans and risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

Staff were supported by managers through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff. The managers understood the principles of the Mental Capacity Act (MCA), and staff respected people's decisions and gained people's consent before they provided personal care.

Everyone felt the manager was approachable. Communication was encouraged and identified concerns were acted upon by the manager and provider. People knew how to complain and information about making a complaint was available for people. Staff said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on. The provider monitored complaints to identify any trends and patterns, and made changes to the service in response to complaints.

Quality assurance systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. People and staff were involved in developing the service and there was strong leadership which promoted an open culture and which put people at the heart of the service. There was regular communication with people and staff whose views were gained in relation to how the service was run and to make improvements.

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 felt safe with staff and within their environment. People received support from staff who understood the risks relating to people's care and supported people safely. Staff understood their responsibility to keep people safe and to report any suspected abuse. There were enough staff to provide the support people required day and night. People received their medicines as prescribed and there was a thorough staff recruitment process to ensure staff were of a suitable character.

Is the service effective?

Good ●

The service was effective.

Staff completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care. People who required support with their nutritional needs received support to prepare food and drink and people were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who they considered kind and who respected people's privacy and promoted their independence. People received care and support from consistent staff that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were fully involved in decisions about their care. People's care needs were assessed and people received a service that was based on their personal preferences.

Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the provider analysed concerns and complaints, and acted to improve their services.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service and said they were able to contact the office and speak to the manager if they needed to. Managers supported staff to provide care which focused on the needs of the individual. Staff felt fully supported to do their work and felt able to raise any concerns with the management team. The managers provided good leadership and regularly reviewed the quality of service provided.

ExtraCare Charitable Trust St Dominics 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.

The inspection visit took place on 26 August 2016 and was announced. This service was inspected by one inspector. The provider was given two days' notice of our inspection because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with them and staff who worked for the service.

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 which the provider is required to send to us by law. Before the inspection the provider completed 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 found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the inspection visit we contacted people via questionnaire to obtain their views of the quality of care. We wrote to 30 people and to 15 members of staff. We received four responses from people who used the service and six responses from staff. We used this information to make a judgement about the service.

During our inspection visit we spoke with the registered manager, the deputy manager and two members of care staff. After our inspection visit we spoke by telephone with three people who used the service.

We reviewed five people's care plans to see how their care and support was planned and delivered. We

checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

All of the people we received questionnaires from told us they felt safe at St Dominic's. People we spoke with told us they felt safe with staff who provided them with support in their own homes. Comments included; "Yes I feel really safe", "All the staff are lovely (which makes you feel safe)."

People told us they felt safe with the security arrangements for their home. People who lived in a rented apartment had a communal entrance; this required people or staff to remotely open the door and let people in, which helped people feel secure. Staff were always available day or night to provide support or assistance to people. One person told us, "I feel safer here than where I lived before, I have a personal alarm. Any problems staff come straight away."

People were supported by staff who understood their needs and knew how to protect people from the risk of abuse. Staff attended safeguarding training regularly. This training included information on how staff could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone's safety. The provider had a procedure in place to notify us when they made referrals to the local authority safeguarding team where an investigation was required. This required them to keep us informed of the outcome of the referral and any actions they had taken that ensured people were protected.

The provider's recruitment process ensured risks to people's safety were minimised. The provider's recruitment procedures ensured staff were of a suitable character to work with people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The provider had contingency plans for managing unforeseen circumstances which might impact on the delivery of the service. For example, emergencies such as fire or staff absences were planned for; and there was a daily procedure to backup records and files on the computer, so any disruption to people's care and support was minimised.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. Risk assessments were up to date, were reviewed regularly and included instructions for staff on how risks to people could be minimised or managed. For example, one person who was at risk of falling had a risk assessment in place for managing their mobility. Care records instructed staff on how they should be moved safely. Each person who was at risk of falling had a pendant alarm that they used as their personal alarm, in case they should have a fall in their own home. Staff followed the instructions in the care records when assisting people to move around, which minimised the risk of harm to the person.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this. People who received support with medicines told us they received their prescribed medicines safely.

We spoke with two members of staff who administered medicines to people. Staff told us they administered medicines to people as prescribed. They received training in the 'effective administration of medicines'. This included regular checks by the trainer on staff's competency to give medicines safely. Care staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by care staff during visits and by senior staff during spot checks. Completed MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

There were effective procedures in place to advise staff when people needed to take their medicines. This was important as some people received medicines on an 'as required' basis such as for pain relief. Instructions were given to staff on the MAR about when people needed to receive their medicines, and care records showed how people might display signs of pain if they were unable to communicate this to staff verbally. One member of staff described how they would give people their medicines, "We would first ask the person if they needed any pain relief. If they were not verbal we would look for any indicators of pain." They added, "If people refuse their prescribed medicines, we would alert a manager or team leader to monitor whether the person needed their medicines, and we would also get advice from their doctor or pharmacist to ensure people were treated appropriately."

All of the people who responded to our questionnaire told us staff arrived on time, stayed for the right amount of time, and completed all the tasks they needed them to. People we spoke with told us there were enough staff to meet their needs as staff always attended their scheduled calls. One person said, "They come every day, several times a day, and they come on time."

Staff also agreed there were enough staff to care for people effectively. Staff told us they always contacted their manager, or asked for assistance from other staff if they were running late for calls, so that people got their call on time. As all the staff worked on site, there was no travelling time between scheduled calls which helped to ensure people received their calls when they should.

The manager and deputy manager responsible for scheduling calls confirmed there were enough care staff to cover all the calls people required. The manager confirmed there were no vacancies at the service and there was no need to use temporary staff. The manager said, "We monitor how long care staff stay with people, their arrival and leaving time to ensure people are receiving the support they need." We reviewed the monitoring log records which showed managers regularly checked staff times. The manager added, "As we are all on site people would tell us if care staff did not arrive for their scheduled call."

Is the service effective?

Our findings

All of the people we spoke with told us staff had the skills they needed to support them effectively. One hundred per cent of the staff that responded to our questionnaire told us they were offered a recognised induction programme and training, to ensure they had the skills they needed to support people. Staff told us their induction included working alongside an experienced member of staff, and training courses tailored to meet the needs of people they supported. The induction training was based on the 'Skills for Care' standards. Skills for Care are an organisation that sets standards for the training of care staff in the UK. The provider was also implementing the 'Care Certificate' throughout their locations in the UK. The 'Care Certificate' is based on the standards set by 'Skills for Care'. This offers staff a certificate to recognise their skills at the end of the induction programme.

Staff told us in addition to completing the induction programme; they had a probationary period and were regularly assessed to check they had the right skills and attitudes required to support people. Probationary periods were usually for a three month period, or were continued until staff were competent in their role. Checks on staff's competency were completed every three months to ensure they continued to have the right skills and attitudes.

Records confirmed care staff received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. The deputy manager said, "If we feel staff need training in any area we organise specialist training to ensure they have the skills they need." The manager added, "One member of staff recently asked for specific training in end of life care, we organised this straight away and all staff were invited to attend."

Staff told us they were encouraged to complete a nationally recognised qualification in care to increase their personal development. The manager confirmed staff were expected to complete this within nine months of their employment at St Dominic's.

Staff told us they had regular meetings with their manager to make sure they understood their role and to discuss any issues or concerns they had. Regular checks on staff competency were discussed at these meetings, which made sure they put their learning and knowledge into practice. Meetings were held every three months, and staff had an annual appraisal to review their performance, discuss their objectives and any personal development requirements.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The managers understood their responsibilities under the MCA. They told us there was no one using the service at the time of our inspection that lacked the capacity to make all of their own decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example how they managed their finances. These people had somebody who could support them to make these decisions in their best interest, for example a relative or advocate. Where people lacked the capacity to make complex decisions we saw 'best interests' decisions had been made following a mental capacity assessment, in conjunction with health professionals and people's representatives.

All staff had completed training in the MCA and knew they should assume people had the capacity to make their own decisions, unless it was established they could not. Staff knew they should seek people's consent before providing care and support. Staff said the people they supported could generally make everyday decisions for themselves. We asked people if staff asked for their consent before they provided care, they said they did. One person commented, "They always ask permission."

People had choice and flexibility about the meals they ate. People could choose to prepare and cook food in their own home, or there was a restaurant on site where they could purchase a meal. The restaurant was open for lunch and an evening meal seven days per week. Kitchen staff kept a centralised list of people's medicines and dietary requirements, to ensure they catered for the nutritional needs of people at St Dominic's. One member of staff commented, "People can be assisted in their flats to prepare their meals by staff. The restaurant service is also available as an option. The scheme is a very friendly and welcoming environment where I feel all needs are met."

Staff and people told us St Dominic's worked well with other health and social care professionals to support people. Information in the PIR explained when people arrived at St Dominic's they were offered a wellbeing assessment by the provider's wellbeing advisor, who was a qualified nurse. Following the assessment, referrals were made to any health professionals where a need was identified. People continued to be offered regular assessments regarding their health and well-being while living at St Dominic's. The provider also employed a person to work closely with people, their family members and the memory clinic, where people might have memory issues. This was to provide each person the opportunity to manage their condition with professional help. In addition to these services, people were offered a referral to an occupational therapy service for an assessment of their need for aids and adaptations.

Is the service caring?

Our findings

One hundred per cent of the people who answered our questionnaire told us staff had a kind and caring attitude. All of the people we spoke with confirmed this. One person said, "They are all very nice and caring."

Staff told us they enjoyed their role, as they worked in a friendly and caring environment. One staff member commented, "I love it here, it's fantastic." Another member of staff said, "People are happy, cared for, and they have a smile on their faces." The people we met and observed in the communal areas of St Dominic's during our inspection visit smiled and interacted with staff and each other.

Staff told us they felt valued by the manager and provider, and they were given the time they needed to complete their work effectively. One staff member said, "The provider was really supportive when I had a leave of absence from work. They helped me to come back, which I really appreciated."

People were cared for by a consistent team of staff, which helped them feel secure and maintained consistent care. Staff had a good understanding of people's care and support needs, because they supported the same people regularly so they knew people's likes and preferences. A member of staff told us, "We usually support the same people and get to know them really well."

People told us they were involved in making decisions about their care through meetings with the manager and regular reviews around their care needs.

People told us staff treated them with respect and dignity. They said they were always introduced to staff before they started supporting them, and staff asked them how they wanted to be supported, and respected their decisions.

One hundred per cent of the people who answered our questionnaire told us care staff listened to them, and supported them to maintain their independence. They did this by only offering them support with tasks they could not do themselves.

The provider trained staff in recognising and embracing different cultures and diversity. Staff treated people as individuals, but also encouraged people to take part in community events and initiatives. The manager explained, "We embrace diversity, recognising that everyone has something enriching to contribute to the vibrant community in which they live and work."

People told us staff maintained their privacy when supporting them with personal care. This included staff knocking on people's doors before entering, and respecting people needed time alone. One person said, "They always respect my privacy."

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. People had a copy of their care records in their apartment and could choose who had access to these.

Is the service responsive?

Our findings

People told us the staff were responsive to their individual needs and wishes. This was because care staff listened to what people wanted and acted in response. One person said, "If it don't want to do anything they respect my choice." Another person commented, "They do anything I request really."

People told us their support needs had been discussed and agreed with them when they started living at St Dominic's. The service they received met their needs, choices and preferences. For example, call times were arranged around people's schedules, such as avoiding a certain time in the evening when their favourite TV programme was on. Care planning and care reviews involved the person, their representatives, and health professionals where needed.

We looked at five care records. Care records provided staff with all the information they needed about the person's health, care needs, and about the person's individual preferences how they wanted to receive their care and support. For example, if they requested support from a specific gender of staff. There were detailed instructions for staff about how to provide the care people required. For example; how staff should support people who required assistance or equipment to move around. Records of calls completed by staff confirmed these instructions had been followed. One staff member commented, "If people require two staff to assist them to move around, two staff are always available. We make sure people are supported according to their care records." Another member of staff said, "The records are really clear about what we need to do for each person."

People's support and care records were reviewed monthly to identify any changes that may be needed. Where changes had been identified people's plans were updated to reflect this so that staff continued to have the information they needed to support people. Care staff told us they had an opportunity to read care records at the start of each visit. The care records included 'handover' information from the previous member of staff which updated the following member of staff with any changes since they were last in the person's home. One member of staff said, "We always check the daily records, as these are our handover notes." Care staff explained the daily records supported them to provide effective care for people because the information kept them up to date with any changes to people's health or care needs.

Staff told us they were also kept informed of any changes through a daily 'handover' meeting at the start of each shift, and a morning meeting each day. One member of staff said, "We have a 'line up' each morning which all the staff get involved with. This tells us if there are any developments in the service, any changes with people's care and if there are any concerns."

Staff had good understanding of people's care and support needs, and could describe them to us. When things changed staff told us they referred any changes to people's care to the office staff or managers, and plans were reviewed and updated so they had the required information to continue to meet people's needs.

People knew who to talk with if they were unhappy or wanted to make a complaint. There was information displayed in the communal areas of St Dominic's about how to make a complaint, and people had a copy of

the complaints procedure in the guide each person had in their home. There were procedures in place to log and analyse complaints and feedback, to see if there were any common trends or patterns and to enable the provider to learn from the feedback they received. However, there had been no complaints regarding the quality of care people received in the last twelve months.

Is the service well-led?

Our findings

The service had a registered manager at the time of our inspection visit. The registered manager had been in their role for one month, however, they had worked at the service in different roles for 18 years. This meant they were experienced in the operation of the service. The registered manager was supported each day by the deputy manager who had been at the service for two months.

We reviewed information received about the service before our inspection visit, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We found the provider had not notified us of all the important events that occurred at the service. For example, the provider had not notified us of serious injuries and deaths that had occurred in the previous 12 months. We brought this to the attention of the newly appointed registered manager at our inspection visit. Since our visit they have completed notifications for all such incidents.

People and staff told us they would happily recommend the service to members of their family or their friends. One person told us how they had put this into practice saying, "Since moving here they also managed to find a space for my [relative], who has moved here now." People we spoke with told us the care they received from St Dominic's was excellent and the management team and staff were approachable and responsive to their feedback. One person said, "The manager is very good, they come in and ask if there are any problems."

Staff said they enjoyed working at St Dominic's and it was managed well. None of the staff we spoke with could think of anything that could be improved and said the service worked well. Staff told us they received regular support and advice from managers via the telephone and face to face meetings. Staff were able to access support and information from managers at all times as the service operated an open door policy, and an out of office hours' advice and support telephone line. In addition team leaders worked alongside staff day and night. These procedures supported staff in delivering consistent and safe care to people.

The service was part of a local charity. The manager told us, "The charity is managed by a board of trustees who meet regularly to discuss the accounts and monitor the service people receive." The charity was clear about their mission, and promoted this in leaflets and information around St Dominic's. The mission statement was to give older people an independent, safe and secure future in a network of inspirational communities.

The values and vision of the provider were to help people live independently within a secure community, respecting them as individuals and supporting them to lead fulfilling lives. The complex included some communal areas where people could mix, form friendships and relationships and take part in stimulating activities. There was a day centre, several communal lounge areas and a restaurant at St Dominic's. Any money generated by the charity was re-invested into the services people received.

Staff we spoke with understood the values and vision of the charity, they told us they enjoyed working for St

Dominic's. Staff said the manager and provider encouraged staff to provide feedback about their work, and to raise ideas to improve the service. They felt this approach encouraged them to display the values of the provider, promoting inclusion, as managers displayed these with their staff. Staff told us the values were reinforced through meetings with their manager, annual work performance appraisals and staff team meetings.

Staff told us they felt valued and supported by the provider, as they were involved in decision making and could provide suggestions for improvement. The manager explained staff were rewarded for their feedback. There was a scheme in place where staff were encouraged to think innovatively and put forward ideas, if their ideas were implemented staff members were rewarded with extra annual leave. They said, "It's a great incentive and recognises the contribution staff make."

Staff 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. One staff member said, "If I have any concerns about anything, we can just raise them."

Staff told us the care manager supported them by giving them the time they needed to complete their work. We saw staff were allocated sufficient time to provide care for each person. People we spoke with told us staff visited them at the right times, and for the correct period of time, in accordance with their care plans.

The provider's quality assurance system included asking people, visitors, relatives, and their own staff about their views of the service. A bi-yearly quality assurance survey was undertaken asking people what they thought of their care, the environment and the staff. In addition, people were encouraged to share their opinions about the service through 'street' meetings, and resident forum groups. The provider invited people to attend their annual general meeting, and sent people a copy of their annual report each year. Any requests people had made to improve the service were followed up by the manager, for example, one person had asked for the times of their care visits to be changed which was implemented.

There was a system of internal audits and checks completed to ensure the safety and quality of service was maintained. The provider directed the manager to conduct regular checks on the quality of the service in a number of areas. For example, the manager conducted checks in staff timekeeping, medicines administration and care records. The provider also conducted a yearly quality assurance audit. Where issues for improvement were identified actions were put into an action plan, which was monitored for its completion. The service was also visited by an area manager every three months to check quality assurance measures, and to assess the quality of the service.

We found the provider learnt from their manager's experience in each of their services. Each manager conducted a root cause analysis following any accidents and incident that occurred at their service. They shared information about the learning from such events through a monthly report and regular meetings with other registered managers in their group. The manager explained how they had recently responded to an outbreak of disease at St Dominic's explaining they had completed a deep clean of all communal areas, they had closed some services, and made sure the spread of infection was halted by reducing people's contact with each other. The information from the outbreak had been shared with other manager's to share how well this had worked.