

The ExtraCare Charitable Trust

Solihull 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 ●

Summary of findings

Overall summary

About the service

Solihull Village is an extra care service. The service provides support to people living in specialist 'extra care' housing. At the time of our inspection the service was providing a regulated activity of personal care to 32 people.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe and well supported. Known risks had been assessed and were regularly reviewed. People were supported to take their medicines safely as prescribed and staff followed good infection prevention and control practice.

Staff received appropriate induction, training and support to carry out their roles. People were supported to access health and social care services to improve their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with respect and upheld their privacy and dignity. People received their support from regular staff who they knew and described staff as kind and caring.

People provided their consent to, and were involved with, planning their care and support. People's preferences were recorded and staff supported people to maintain their independence.

People and relatives were regularly asked for feedback of the care provided and this was used to improve the service. The registered manager completed a range of audits and checks with provider oversight to ensure systems and processes remained effective and to identify any areas that could be improved.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 January 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Solihull Village

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 10 November 2022 and ended on 21 November 2022. We visited the service on 10 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with a representative of the provider, the registered manager, 2 other members of the management team and a well-being representative. We spoke with 1 person and 3 relatives over the telephone. We reviewed 3 people's care and medicine records and we looked at 3 staff files including staff training and staff supervision records. We reviewed a variety of records relating to the management of the service, including quality audits, policies and service checks.

After the inspection

We continued to review information and to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People and their relatives told us they felt safe with staff who supported them. A relative said, "They feel safe and secure with their carers."
- People were supported by staff who understood how to identify signs of abuse and what action to take if they had any concerns. Staff had received training in safeguarding people, and this was updated annually.
- The provider and registered manager had a system in place for monitoring safeguarding concerns to ensure all actions were carried out.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Initial assessments of people's needs recorded known risks for people, and these were regularly reviewed. Support plans provided associated guidance for staff to provide safe care.
- There was a system for recording accidents and incidents, which provided the registered manager with clear oversight of all events. Staff reported events and incidents as they happened.
- Learning was shared with staff through meetings and supervisions.

Staffing and recruitment

- There were enough staff to support people at the times they expected. One person told us "They [staff] come on time within the 15 minute slot they have and they have not ever missed a call."
- Staff were safely recruited to their roles with appropriate pre-employment checks completed including Disclosure Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where people required support to take their medicines, this was completed safely and as prescribed.
- Staff had received required medicines training and planned checks were in place to ensure they remained competent and followed best practice.

Preventing and controlling infection

- We were assured personal protective equipment (PPE) was used effectively and safely.
- Clear guidance was available making sure any infection outbreaks were effectively managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

This is the first inspection of this newly registered service. We have rated this key question Good. This meant 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's needs had been assessed before the service started. The registered manager told us they had completed the assessment and got to know the needs of the person. This meant they were able to identify suitable staff through a process of skill matching.
- People were happy with how staff supported them with their individual needs.
- Care records were regularly reviewed and updated ensuring staff had the required information to provide effective care and support.

Staff support, training, skills and experience

- People and relatives told us staff had the skills and knowledge needed to support them well. One person told us "I feel safe with my carers, for example I have lots of aids in the bathroom and they are all well trained and know how to deal with them."
- Staff received appropriate induction, training and support to carry out their roles.
- New staff were introduced to the people they would support as part of their induction to the service and to ensure their suitability for the role.

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

- People received care and support as assessed to maintain a healthy diet. One person told us "They do help me with meals, but they are encouraging self-reliance which is good for me. I will prepare the meal and then they will serve it for me."
- Where required, people's dietary needs and preferences were documented in their care plans.
- People received support from health professionals if required to manage their weight if they were at risk of malnutrition.

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

- People were supported to live healthier lives and access healthcare when needed.
- Staff recorded their observations during each visit. This information was reviewed, and support adjusted with referrals for further support made where required. For example, if a person became unwell or needed additional support.
- Where people required support to mobilise, they were referred for appropriate assessment to ensure they

had the required equipment to remain mobile in and around their own homes.

- People were supported to live healthier lives and access healthcare when needed. The provider employed a 'Well-being facilitator' who held well-being clinics and groups to promote better health, for example "How to reduce anxiety" and "Promoting good sleep health." The well-being facilitator was also available to support people with any questions about their health and could signpost them to appropriate services if required, support them to make a referral.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff obtained people's consent in line with law and best practice guidance. People confirmed they were involved in their care planning and signed their consent in care plans.
- The registered manager and staff understood the requirements of the MCA and the importance of supporting people to make their own choices and decisions wherever possible.

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.

This is the first inspection of this newly registered service. We have rated this key question Good. This meant 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 were very well treated by staff who were caring, responsive and respected their individual needs and preferences. One person said, "Caring is one of the main characteristics of the job as far as I can tell. I have no complaints whatsoever." A relative told us, "All [Name's] carers know her well and they show [Name] lots of respect."
- Staff had access to up to date records and information and people told us they were consistently treated as individuals. Systems and processes ensured information remained up to date and staff were quick to respond to changing needs.
- Staff knew people and noticed when they were in discomfort or needed emotional support. Information was recorded and action taken to provide additional care and support where this was required.

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

- People and relatives told us the service and staff considered their and their loved one's views.
- People's care plans showed evidence that people and those important to them were consulted and involved in creating and updating their care and support plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Relatives told us staff were respectful. A relative told us, "All [Name's] carers know her well and they show [Name] lots of respect."
- People told us they were regularly encouraged to remain independence and a person told us how they had re-gained independence skills with the support of staff.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care; End of life care and support

- A person told us of the positive impact the care they received had on their well-being. "It has encouraged me to get out there and do more things. People have commented on the positive change in me in the last 10 months since I came here."
- People had care plans that were personalised and responsive to their changing needs. Once a person's needs had been identified the care plan listed the ways in which staff should support them.
- Information about people's needs was accessible and clear to help them care for the person in the way they preferred. Each person had a detailed life history which helped the staff get to know the person better.
- Care plans were updated regularly reviewed as a person's needs changed.
- The service was not providing end of life care at the time of inspection. However, the registered manager told us they would do so with the support of specialist nurses.
- People had been given the opportunity to discuss their end of life care and last wishes, this could be to remain in their own home or any other special requests.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider ensured information was available in a variety of formats for people. For example, large print or pictures, and in different languages to meet people's needs if required.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to record and quickly respond to any concerns or complaints raised. The process ensured outcomes were used to help improve the service and prevent recurring issues.

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.

This is the first inspection of this newly registered service. We have rated this key question Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive, well led culture which was replicated by the staff employed.
- Everybody spoke with enthusiasm about the way the service was managed which resulted in person centred care by staff. People and relatives told us there were regular meetings for people to raise any issues they had or to make suggestions.
- People routinely shared their gratitude for the care and support they received which often led to positive outcomes for them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality assurance systems were in place to monitor the quality and safety of the service. The registered manager told us they felt they had good oversight of the service.
- The registered manager understood their responsibilities in relation to the duty of candour. They understood their responsibilities to be open and honest when things go wrong. They also knew what they needed to report to CQC and other relevant agencies.
- People and relatives knew who the registered manager was and told us they were always available to speak to when they needed to. A person told us, "Management are approachable, and I know who they are. They listen to you and things are acted upon."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Feedback was sought through surveys, and from daily chats with people. Information was evaluated for any trends and was used to maintain and improve standards, where required.
- Staff met regularly with the registered manager and their colleagues. Feedback and input including ideas for improvement were listened to and valued.
- The registered manager worked closely with other professionals to ensure people received the right care and support to meet people's changing needs.
- A range of audits and checks were in place and reviewed to ensure they remained effective in maintaining and where required improving standards of service.
- The service worked well with external professionals and sought their input as needed.

