

The ExtraCare Charitable Trust

# ExtraCare Charitable Trust

## James Beattie House

### 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

ExtraCare Charitable Trust James Beattie House is registered to personal care for people who live in their own flats in a purpose built scheme. There are shared facilities available such as a restaurant. At the time of our inspection 33 people were receiving personal care.

The inspection took place on 27 May 2016 and was announced.

People told us they felt safe when they were receiving care and while living within their own homes. Staff knew how to keep people safe and what risks people could be subjected to. Staff had received training on what abuse was and the action they needed to take.

People felt there were sufficient staff available and told us staff arrived on time at their flat to provide the care and support they needed. Checks were made on potential staff members prior to them starting work to ensure their suitability.

Staff received training and support to enable them to provide care and support to people. Staff felt supported by the management team and the team leaders. Staff were able to request additional training if needed to increase their knowledge and skills. People had their privacy and dignity maintained and staff were able to describe how they managed this.

People received appropriate support to ensure they received their medicines as prescribed and received healthcare support and advice to ensure their well-being. People received assistance with the preparation of meals and drinks.

People were asked for their permission prior to receiving care and support so people were able to give their consent. Best interest decisions were in place where people were unable to make an informed decision on their own.

People were satisfied with the care they received provided and were supported in a way they wanted to be. People had care plans in place describing their needs and risks associated with their care. These were reviewed in line with people's changing care needs.

Staff told us they enjoyed their work and liked the management team. People and their relatives were confident any complaints made would be listened to and responded to.

Systems were in place to monitor the service provided for people as a means to improve the quality of care and support people received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe receiving a service from the provider. Staff knew how to protect people from the risk of abuse. Risks to people's safety were identified and plans were in place to minimise these. Sufficient staff were on duty and recruitment checks were in place. People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were cared for staff who had received training including induction training. Consent to provide care and support was gained by staff. People had access to healthcare provision to ensure their well-being and their dietary needs were maintained.

### Is the service caring?

Good ●

The service was caring.

People were pleased with the care and support they received from the staff. People were treated with respect and their right to privacy and dignity was promoted and their independence encouraged.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning the care and support provided. Care plans were in place and regularly reviewed. People were confident their concerns would be listened to and responded to.

### Is the service well-led?

Good ●

The service was well led.

People and their relatives were aware of the registered manager and spoke highly of them and the management team. Systems were in place to monitor the quality of the service provided.

# ExtraCare Charitable Trust James Beattie House

## **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 took place on 27 May 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

As part of the inspection we looked at the information we held about the service provided. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with people who lived at the scheme and had discussions with 14 people about the care and support they received.

We spoke with the registered manager, an acting manager, six members of staff and two visiting professionals. We spoke with five relatives of people who used the service.

We looked at the records relating to three people's care including medicine records. We also looked at staff records, training records and quality audits completed by management.

# Is the service safe?

## Our findings

People told us they liked living at the scheme. People told us they trusted the staff who worked at the agency and felt safe when they had received care and support. One person told us, "My family have peace of mind because I am safe". Another person told us they felt safe, "Because staff come and check I am alright." People also told us they felt safe living at the scheme due to the security arrangements in place and the availability of staff throughout the day and night if needed.

Relatives we spoke with told us they believed their family member to be safe and in receipt of care and support to meet their needs. One relative told us, "I don't have to worry anymore because they are in safe hands." Another relative told us their family member would tell them if they were worried about anything relating to their care.

The registered manager had a good knowledge of their responsibility to inform the local authority in the event of any potential abuse and harm concerns. We spoke with the registered manager about previous concerns raised about potential abuse and harm. We found they were knowledgeable about these incidents. They were able to tell us about the actions taken by different agencies in order to keep people safe and reduce the risk of further incidents taking place.

We spoke with staff members and found they were aware of their responsibilities regarding the safeguarding of people who used the service. Staff were aware of the need to alert the local authority of any safeguarding matters. Staff we spoke with also had an aware of other agencies such as the Care Quality Commission (CQC) and the police who may be involved in safeguarding matters. One member of staff told us, "I would tell you if anything had happened here. It's a lovely place." Staff we spoke with told us they were not aware of any incidents which needed to be report under safeguarding. Staff told us they believed people received safe care.

Information on the 'Protection from abuse' was available to people within the scheme if they needed to read about this matter. Further information was available for staff members on the provider's procedures in safeguarding and the action staff needed to take.

People we spoke with told us staff were aware of risks associated with their care. One person told us they were at risk of falling. The person was confident staff were aware of this risk and told us staff had assessed how to safely care for them. We saw risk assessments were in place and reviewed as needed for example regarding people's ability to walk and the use of equipment such as bed rails. The registered manager had systems in place to review and monitor accidents and incidents involving people. This was to ensure trends were identified and measures taken to reduce future similar occurrences. Staff told us if a person fell to the floor and unable to get back up again on their own emergency services would be contacted to assess and assist the person as necessary.

There were sufficient staff on duty at the time of our inspection to ensure people received the level of care. People we spoke with told us they liked the staff and confirmed staff supported them at the time agreed.

Staff we spoke with confirmed they knew who they were due to care for and confirmed people received calls at the same time each day. One person told us, "The staff come when they say they will." Another person told us, "They might turn up about one minute later than expected." A further person told us, They [staff] come and see you are alright. We are not just a number."

The registered manager told us they had, "A reliable and stable staff team" working for them. This was repeated by staff we spoke with during our inspection who also told us many staff had worked at the scheme for long periods of time. Staff felt this ensured consistency in the level of care provided for people. There were no staff vacancies at the time of the inspection.

On the day of our inspection we saw there were three members of the care staff team and a team leader were on duty. The registered manager told us they had sufficient staff available to provide the care and support people were assessed as requiring. Relief staff members were available to cover colleagues when they were either on holiday or off sick. Staff informed us they worked in different teams during the day to ensure each person received their visits at the time specified. The registered manager told us they were able to have additional staff on duty at any time if needed to ensure people's needs were able to be met in the event of people's needs changing or increasing.

The provider ensured safe recruitment procedures were in place. A recently appointed member of staff told us pre-employment checks were carried out before they commenced working for the provider. These included staff having a Disclosure and Barring Service (DBS) check carried out and obtaining references from previous employers. The DBS is a national service that keeps records of criminal convictions. The provider had used the information received to ensure suitable people were employed so people using the service were not placed at risk.

We spoke with some people who had medicines administered to them by members of staff. One person told us, "I get the right pills at the right time. They [staff] are always so very careful." Another person described staff who administered their medicines as, "Very good I have no doubts about what I have."

Relatives confirmed where applicable that the staff ensured their family member received their medicines as prescribed. One relative told us they were aware staff prompted their family member to take their medicines. In addition to checking staff competencies, people medicine records were also checked to make sure they were completed. These practices enabled the registered manager to be assured staff practices were effective in supporting people's safety with medicines.

# Is the service effective?

## Our findings

People we spoke with believed staff had the necessary skills and knowledge to provide care and support. One person told us, "I am very pleased with the treatment I get. They [staff] know what to do". Another person told us, "They [staff] know what they have to do." The same person continued, "They [staff] have the ability to do what they have to do." A further person described the staff as, "Very effective" as they knew how to care for them.

Relatives told us staff had the ability to care for their family member. We were told they had peace of mind as they believed their family member to be cared for by suitable trained staff. One relative told us, "The quality of care, I have never seen before. The staff know what to do and they actually care."

Staff confirmed they received training relevant their work. We spoke with a recently appointed member of staff who described their induction training. We were told they shadowed an experienced member of staff for the first five weeks of their employment to ensure they had the skills, knowledge and skills needed to work independently with people. One member of staff told us, "We have a lot of regular training". The same member of staff was able to tell us about training they had recently undertaken for example dementia training. The member of staff told us as a result of the training they had gained, "More insight" about people who lived with a dementia.

Staff told us they were well supported by the management team and the team leaders. Staff told us they regularly attended a one to one meeting with a manager. Staff told us during these meetings they were able to discuss people's care needs and how they were meeting these needs as well as any training they needed.

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 interest and as least restrictive as possible.

We spoke with staff and found they had a good understanding of people's rights to make decisions. One member of staff told us, "We explain to people what we are going to do or would like to do and get people's consent to do this." People we spoke with told us staff always sought their consent prior to providing any care or support. We saw assessments of people's capacity regarding specific decisions were undertaken. Where needed decisions had been made involving relevant people such as family members and professionals to discuss and agree what was in the person's best interest.

People we spoke with told us staff would assist them as needed with the preparation of their breakfast and tea. The majority of people made use of the restaurant facility on site for their main mid-day meal. Staff were aware of people who had special dietary needs and ensured these needs were met for example people who needed a diabetic diet.

People we spoke were confident staff would seek medical advice for them if needed. One person told us, "Staff called the doctor for me the other week"

Relatives we spoke with were confident their family member had their healthcare needs met. One relative told us, "Whenever there has been any medical issue, they [staff] immediately call the doctor". The same relative told us, "This is an immense comfort for me." Another relative told us, "The doctor comes out here regularly." A further relative told us if their family member wanted a doctor, "One is called straight away."



## Is the service caring?

### Our findings

All the people we spoke with told us they liked living at the scheme and were happy with the level of care and support they received from staff members. People told us they received consistency in the care they received from a regular team of staff. One person told us, "I think the care we receive is excellent." Another person told us, "They [staff] all care for us." A further person described the care they had received as, "Wonderful" since they had moved into the scheme. Other comments made by people included, "Kind and wonderful", "Always very friendly", and "I like all the friendly banter."

Relatives we spoke with were highly complementary about the care and support their family member received from staff members. One relative told us, "The care, the love and attention [person] gets from the James Beattie House staff is truly exceptional." The same person added that the staff members were, "Without exception, are kind and loving" and, "Don't rush their twice-daily visits." Another relative told us, "All the staff are very good." A further relative made a similar comment but added, They [staff] are brilliant. Nothing is too much for them."

During our inspection we witnessed staff provide elements of care to people while they were in communal areas of the scheme. Staff were kind and attentive to people throughout our inspection. We saw staff assisting people with their physical care needs such as guiding people with their walking aids or using other pieces of equipment such as a wheelchair. Care was provided in a courteous way with due regard for each person's well-being.

People told us they were provided with choices by the staff who looked after them. People were able to select how they wanted to spend their day and what meals they wanted. People had a choice on whether they spent time in their own flats or engaged in events in the communal areas of the scheme. We were told by a relative that their family member had been involved in making decisions about their own care such as when they wanted their call from staff to assist them to bed.

People we spoke with told us they believed their privacy and dignity to be respected by the staff team. We were told staff knocked bedroom doors before entering their property. However, when we spoke with a group of people we were told staff didn't always wait for a reply. One person told us, "Sometimes I wish they [staff] would wait." Staff we spoke with were able to tell us about how they ensured they upheld people's privacy and dignity. We saw the provider had information available for people who used the service about equality and diversity. Staff we spoke with were aware of equality issues and the need respect people at all times. One member of staff told us, "Everybody here has their rights up held."

## Is the service responsive?

### Our findings

People told us staff provided the care and support they needed to ensure they were able to fulfil their lives and be as independent as possible. One person told us, "Nothing is too much trouble for them [staff]." Another person told us, "Staff help you as much as you need."

We spoke with staff and found they were knowledgeable about people's care needs and were able to describe to us how they met these needs. Staff were able to tell us about the people they were providing care and support for. Staff were aware of people who needed more than one member of staff to provide care.

People told us when they first moved into the scheme their needs were assessed to see how much help they needed. People we spoke with told us they were aware staff maintained written records about their care. Everybody we spoke with confirmed these were kept within their own accommodation. One person told us, "Staff fill in the forms. I know I have the right to look at them." Another person told us, "If I wanted to know anything about my care plan they [staff] would tell me."

People told us about the care they had received. One person told us, "I am helped to be independent". The same person described activities they were involved in within the local community and how they were supported to maintain these contacts. Another person told us, "I have a care plan. We have a folder and I do read it". The same person also told us, "Any changes it's not long before you are asked to sign a new one."

A relative told us they had been involved with their family member and staff in reviewing the care plan. The relative told us their family member got, "Lots of help and support but also involved in their own care."

Care plans were regularly reviewed and updated to ensure staff had information available to them. Care plans were detailed and showed people's preferences as well as likes and dislikes. We saw information on one care plan relating to a medicine. We noted this item was not included in the current medication records. Staff were unsure why this information remained within the care plan as they were confident the medicine was withdrawn. This was followed up with the local doctor and was confirmed the care plan was despite reviews taking place incorrect. The registered manager acknowledged this was an oversight and undertook to have the care plan updated to reflect the persons correct care and support needs.

People we spoke with confirmed they felt able to make a complaint about the care and support they received if needed. Everyone we spoke with told us they had not needed to make a complaint because the need had not arisen. A relative told us, "I have never found any faults in the care provided. The staff always keep to the care plan."

Information was available for people detailing the provider's complaints procedure. This information gave contact details for the provider in the event of a complaint not being resolved by the registered manager.

# Is the service well-led?

## Our findings

People we spoke with told us they knew the registered manager and other members of the management team. They told us they liked the registered manager and were confident they could speak with her if needed about any aspect of their care. One person told us they found the service they received to be, "Well managed". Another person told us, "The manager is very proud of the staff here."

Relatives we spoke with were complimentary about the registered manager. One person described them as, "Fantastic" due to management of the service and the care and support their family member had received.

During our inspection we spoke with the registered manager and the acting manager. We were informed that the registered manager had taken on additional responsibilities within the organisation. Due to these duties they were not always at the scheme. As a result an acting manager was in place taking managerial responsibilities when the registered manager was engaged elsewhere. We found the registered manager and the acting manager were able to tell us about the care services people received.

Staff we spoke with told us they had confidence in the registered manager and the management of the service. One member of staff told us, "The management are brilliant. They are approachable. I find the team leaders to be supportive." Another member of staff told us, "I can speak with management about anything". A further member of staff described the registered manager as a, "Very good manager" and "Very hands on". Other staff told us all the staff worked as part of a good team and told us the management helped when needed. Staff told us the management operated, "An open door policy" and as a result they were able to discuss any matters relating to the provision of care at any time with a manager.

Staff told us they enjoyed working for the provider and felt supported. One member of staff told us, "It's a good working environment." Staff also confirmed they received guidance regarding their role and people's care needs. Staff members confirmed they attended handover meetings as well as a meeting each day. During these meetings staff were able to discuss what was happening that day. This was used as a means of ensuring management staff were able to ensure staff had an understanding of the business for the day.

The registered manager told us as part of her additional role she supported managers from other schemes. They were scheduled to see their manager on the day of our inspection. As we had given 48 hours' notice of our inspection this meeting had been postponed to a later date. The registered manager told us she felt well supported in both their roles. We were told by the registered manager they had a monthly meeting with their manager. The registered manager told us they had objectives and targets set and these were regularly reviewed and shared with the staff team.

The registered manager told us they also attended regular manager's meetings at the providers head office. The registered manager told us they found these meetings to be beneficial as a means of supporting and developing the care provided for people further.

Staff told us they attended staff meetings in order to gain knowledge about the service provided and any

proposed changes. Staff who had not attended the meeting had signed to evidence they had seen the minutes prepared as a result of the meeting. Staff were involved in development reviews of the service. Monitored observations of staff were carried out on a regular basis. Feedback was given to staff members including any comments made by people who used the service following the observations. Staff told us they found this a useful way of helping them improve and boosted morale. These reviews showed people were happy with their care and found staff to be respectful towards them. We saw satisfaction surveys were carried out during March 2015. The result from these demonstrated high satisfaction rates from people who used the service.

Reviews of the service provided were carried out by the registered manager and their manager to ensure the scheme was developing. As part of this they continually assessed and reviewed what they were doing to make sure their aims and objectives were carried out to enhance people's experience of the care provided.

Internal audits were undertaken. As part of the audits staff knowledge and skills about their responsibilities were taken into account. For example checking staff had the knowledge expected regarding abuse. Other audits undertaken included accidents and incidents, care plans and medication records. Any action needed as a result of these audits was recorded and actioned as a way of continually improving the care people received.

The registered manager was aware of their responsibility to report certain events to the Care Quality Commission (CQC). The registered manager was aware of what these events were and the circumstances when a notification was needed to be made.