

The ExtraCare Charitable Trust

ExtraCare Charitable Trust

Verona 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 took place on 18 May 2016 and was announced.

The ExtraCare Charitable Trust Verona Court provides personal care for people living in a purpose built complex where there are individual flats with shared facilities that included a dining and activity room. There were 33 people receiving personal care when we inspected and there was a registered manager in post. 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 and associated Regulations about how the service is run.

People told us they the care they received helped them to remain safe in their homes. People also knew the care staff that came into their home and told us that care staff never missed a call. When we spoke with care staff they told us how they looked out for the potential signs of abuse and the action they would take to protect people. Where people needed support to minimise their risk of harm or injury these had been discussed and recorded so care staff knew the support needed.

People's needs were met at the times people had requested as there were enough care staff. People were able to look after their own medicines or care staff were able to manage this for them when needed. Care staff had been trained and knew the steps to follow where people required support. Care staff received regular training and they told us the training reflected the specific needs of the people they cared for.

People had given consent and this had been recorded in their care plans. People also told us that care staff always asked them before carrying out any care. Care plans were in place which detailed the care people wished to receive. People had the choice to have their meal purchased from within the housing scheme. Care staff also provided support in people's homes to prepare meals requested by the person. People told us they looked after their own healthcare appointments as required to meet their needs. Care staff told us they arranged appointments on a person's behalf if asked and would always follow any healthcare advice as required.

People told us they enjoyed the company of the care staff when they visited and that the care they received met their needs. People felt encouraged by care staff be involved in their own care and were comfortable that their dignity and privacy was respected.

People were involved in planning their care and their changing needs were supported and recognised by care staff. People told us that if they had comments or concerns that they would raise these with care staff.

People knew the registered manager and felt they were available when they needed to contact them. Care staff felt the management team listened to and involved them when providing feedback on the scheme. The management team ensured regular checks were completed to monitor the quality of the care that people

received and had identified areas they felt would improve the service for people.

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 received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet the care and social needs and manage risks.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People accessed health professionals when required and care staff followed any healthcare advice as required.

Is the service caring?

Good ●

The service was caring.

People were happy that they received care that met their needs, reflected their individual preferences and maintained their dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service were confident to raise any concerns if needed.

Is the service well-led?

Good ●

The service was well-led.

People and care staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

ExtraCare Charitable Trust Verona 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.

This inspection took place on 18 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with five people who used the service. We spoke with three care staff, two supporting health professional employed by the provider, one team leader, the deputy manager and the registered manager.

We looked at three records about people's care, staff and residents meeting minutes, incident forms and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

People we spoke to told us they felt safe when care staff were in their homes providing care. They said that care staff also made sure their doors and windows were locked if they wanted when they left. One person told us, "They (care staff) make us feel safe". Another person said that knowing care staff arrived every morning, "Without fail," helped them, "Sleep better at night".

Care staff told us what they looked for to help protect people from the risk of abuse and harm. Any concerns or suspected abuse were reported to the management team. Although they had not had to do this, staff felt assured the management team would take action. They told us their training helped them to understand the types of abuse people were at risk of and how people may react. For example, if a person's personality changed or they became withdrawn. Staff told us about how they accessed people's home and left the home as instructed or detailed in care plans. For example, ensuring the floor areas were left clutter free.

When people first requested care they had been asked about the care they needed and what their risks were, to help identify ways to reduce the risk of harm. People and care staff then reviewed these risks regularly or if there were any changes in the person's health. For example, following a fall or change to mobility. People we spoke with told us that care staff followed the plans that were in their homes. The provider had also assessed the risks for care staff working in people's home. For example, how the layout of the home may impact on the care provided. Care staff told us they provided support in a safe way. One member of care staff told us, "Whilst the plans are there you ask people and look at what is happening on the day".

The registered manager monitored the incidents, accidents and falls that people had and when they happened in their homes. Where there were any risks or patterns that could be prevented in the future additional advice was sought from professionals, such as the local falls clinic.

All people we spoke with told us that the care staff arrived as planned and they knew who would be coming. People said that they were able to request changes to call times and felt they had flexible calls when needed. For example, one couple were able to have different call times that suited their preferences. The registered manager told us they had enough staff to cover the calls people required. They also ensured that people received care from the appropriate number of staff with the right skills. Everyone we spoke with felt they had 24 hour contact details numbers if they needed advice or help when the office was not open. One person showed how they were able to use a pendant to call care staff in an emergency situation.

Three people we spoke with told us the care staff assisted them with their medicines and care staff provided helpful reminders when providing care. One person said, "I was taking too many tablets, but they (care staff) have sorted all that out for me now". Care staff were trained and had an understanding of what the medicines were for. Where medicines were variable in dosage then team leaders took additional responsibility to administer these medicines. The registered manager looked at people's medicine records monthly and where any gaps or concerns had been noted the care staff were supported with supervision and training. Care staff completed records to show when people had taken their medicines.

Is the service effective?

Our findings

All people we spoke with told us the care staff knew the care they needed and how to provide it. All care staff told us they felt they had the skills and knowledge to provide people with the care they needed. They felt that the training and support from the registered manager in supervisions and observations in people's home helped them provide the right care. Care staff also felt the managers were always available to talk to if they needed advice.

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. We checked whether the service was working within the principles of the MCA. People's consent to their care and treatment had been recorded in their care plans. Records showed the involvement of the person wishes and needs or how decision had been made in their best interest.

All care staff we spoke with told us about the MCA and what it meant for people who were not able to make decision around particular aspects of the care. For example, large financial purchases or medical treatment. They ensured they always listened to a person's choice about how they preferred to receive personal care and would not do something against the person's wishes. All care staff we spoke with knew who needed assistance with day to day decisions and how they had involved others in developing the person's care package.

Some people we spoke with told us they received support with meals and were able to tell the care staff the meals, snacks or drinks they wanted. The information about each person's nutritional requirements had been recorded for staff to refer to.

Care staff knew about the types of specialised diets that may be needed and how to support people if required. All care staff we spoke told us that if a person needed help with meal preparation they would follow the person's choice. People could also purchase meals from the onsite restaurant.

All people told us they or their relative supported them in looking after their health appointment. The provider also offered the option for people to see a nurse in the office for advice and monitoring. For example, blood pressure testing and weight clinics. We spoke with the nurse who also made referrals to the person's GP to assist with appointments. One person said this had led to them having to attend the GP less frequently and were pleased with the outcome. All care staff we spoke with said they would help people arrange appointment if asked. Staff also said that would work alongside other health professionals to help people get the care at home they needed. For example, the district nurses to monitor a person's health.

The provider also employed a health professional to work with people who needed additional support with mental health concerns. People's families or care staff were able to refer a person if they felt further input was needed. For example, memory loss, confusion or anxiety. Over a period of six weeks the person would receive visits and consultations to develop a plan of care. This involved referrals to other health professional for diagnosis and working with care staff to offer the individual support needed.

Is the service caring?

Our findings

People told us care staff chatted to them to find out about them and their history and what was happening in their day to lives. Where people lived with relatives they were also included in conversations with care staff. One person said that, "All of them (care staff) are lovely, really you can't pick fault". One care staff member said "You take time to get to know people," and it was an important part of the role to build a relationship with people. People were also pleased that they had regular care staff and that this helped in getting to know them and their personalities.

Staff explained they enjoyed getting to know people by chatting with them and their families. As people lived in an extra care housing setting people were able to access communal dining and recreational space. One person said there were always care staff around and always made time to talk. Care staff told us people's care plans gave them information about the person and topics that may interest them. One person told us that "I ask them [staff] about their lives, have a good chat".

People told us they were fully involved in the care they received and would happily direct care staff if they needed something. One person said that while receiving care, "The staff are careful to ask and ensure I'm comfortable". People also felt that where staff knew them very well and that they got into a routine that suited their preferences. All care staff spoke in a caring way about the people they supported. They were able to tell us about people's preferences, current needs and their histories.

All people felt care staff provided them with the opportunity or encouragement take part in their personal care, where they were able to do this. One person said, "I try and be independent, but help is there". One member of care staff said, "People have been independent for over 70 years, I'm not going to take that away".

Care staff said that people were able to limit information about their private lives and how much they shared and this was respected. One member of care staff said, "It's their home, we do not broach their privacy". Care staff also said that while some people valued care staff spending time with them that others preferred their privacy. One person said, "They (care staff) will always stop and chat".

People told us that care staff respected their home and that their privacy and dignity was respected. One person said, "[Care staff name] is funny and respectful". Care staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people's dignity and privacy was maintained.

Is the service responsive?

Our findings

All people that we spoke with told us they got the care and support they wanted. They felt involved in setting up their initial care package and could request changes as required. For example, their preferred call time or flexibility if they needed to change a call time. They also said the times were individual to them. For example, one person commented that their partner preferred a lie in so their call was later in the morning.

Care staff recorded the care provided and any changes were reported to the team leader for action and updating the care plans. We saw that the registered manager reviewed these records to ensure that care was meeting people's needs and information or requests had not been overlooked. Changes to people's care or support needs were communicated to care staff daily and they confirmed this helped them to know any changes immediately.

People told us that the care staff knew their needs and understood the exact care and support they needed. For example, if people had a particular illness care staff knew how it affected them and what actions to take if something changed. People's care records were kept with them and used by care staff on each visit. The care plans we looked at had been reviewed and updated regularly or when a change had been required.

All people and staff we spoke with felt that records reflected current care needs. Records we looked at detailed people's preferred way to receive care and provided guidance for staff on how to support the individual. For example, the steps to follow and where people were able to manage parts of the tasks. The registered manager said that they would be happy to discuss any changes that people would like.

All people we spoke with told us about their hobbies and what they enjoyed doing when out of their home. People were supported and encouraged by care staff to attend social activities within the schemes communal areas.

People we spoke with told us that they were happy with the care and support they received. No complaints had been raised in the last 12 months, however all people said they were comfortable to approach the staff to raise issue or concerns. One person said they were happy to, "Pass an opinion," and were listened to. Each person that used the service regularly saw and spoke to the management team which they felt provided an opportunity to raise any comments.

The provider had a formal complaints process in place and this had been included in people's paperwork when they first accessed the service. The process gave people the names and numbers of who to contact and the steps that would be taken to respond to and address any concerns.

Is the service well-led?

Our findings

All people we spoke with felt involved in the service and the delivery of their care. One person told us how they enjoyed interviewing new care staff and it was an important part of the recruitment process. People's thoughts about their care were collated and fed back to the provider at meetings throughout the year. One person had been nominated a representative to attend the meetings to share the views from Verona Court. . People also held monthly meetings with the registered manager to keep updated about any changes to the scheme. For example, new people coming to live at the scheme and staffing updates.

People we spoke with told us they were supported by care staff they knew and were confident in the way the service was managed. People told us they would go to the onsite office and they could call at any time. The provider ensured that help or assistance was available at all times from a care staff if needed. People said that they felt part of the scheme and were looking forward to an 'Olympic torch' event which moved between the providers other schemes.

Care staff told us the registered manager was approachable, accessible and felt they were listened to which they said supported both them and the people they provided care for. One care staff said, "She understands people, makes them happy". The registered manager told us that they had a good team of staff that supported people to remain in their own homes. One member of staff commented, "[Registered manager] is knowledgeable about the residents and cares".

The registered manager followed the provider's values so people received an expected level of care and support. These were available to people in the literature provided when they started using the service. The registered manager said they used these values when monitoring care staff so they knew people received good quality care. All care staff that we spoke were aware of and were supported by the registered manager to follow these values. They were supported at team meetings and annual reviews to demonstrate how they met these values and beliefs.

People's care records, staff training and incidents and accidents records were reviewed and updated. The registered manager said they had regular and consistent support from the provider. The providers visits were recorded and showed the registered manager a picture of how the service was working scored against the providers expected performance. This was then used to drive any improvements or shortfalls identified. For example, where care staff training required updating or a person's care plan needed review.

The registered manager told us that they kept their skills and knowledge current and used external resources and training. They also referred to external guidance and organisation such as The Social Care Institute for Excellence and Skills for Care. They had used this to make changes to ensure they and their care staff were up to date with current ideas and changes in the care sector. The providers head office supported the registered manager with regular updates and meetings alongside the managers from their other locations.