

The ExtraCare Charitable Trust

ExtraCare Charitable Trust

St Crispin Village

Inspection report

St Thomas Street
off St Crispin Drive, Duston
Northampton
Northamptonshire
NN5 4RB

Tel: 01604502000
Website: www.extracare.org.uk

Date of inspection visit:
26 April 2016
27 April 2016

Date of publication:
14 June 2016

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 the 26 and 27 April 2016 and was unannounced. ExtraCare Charitable Trust St Crispins Village is a complex of 270 apartments and bungalows. People who live at the service have the option of having personal care as well as support with housekeeping and social activities provided by staff who work there. There were 74 people receiving support with their care at the time of our inspection.

There was a registered manager in post at the time of our inspection. 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.

People told us that they felt safe in their own home and we observed people to be happy and relaxed around the staff that supported them. All staff had completed the provider's mandatory training. Staffing levels ensured that people received the support they required at the times they needed. We observed that there was sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Support plans contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their support. People participated in a range of activities both in their own home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The management team was approachable and had systems in place to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

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 and comfortable with the care they received in their own home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received care from staff that received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People received personalised care and support. People were supported appropriately and in a way which they preferred.

People's physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity was protected and promoted.

There were positive interactions between people using the service and the staff supporting them.

Staff had a good understanding of people's needs and preferences; people felt that they had been listened to and their views respected.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good ●

The service was responsive.

Pre-admission assessments were carried out to ensure the service was able to meet people's needs, as part of the assessment consideration was given to any equipment or needs that people may have.

Regular reviews were held to ensure the service provided continued to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The manager monitored the quality and culture of the service and strived to lead a service which supported people to live their lives as they chose.

ExtraCare Charitable Trust St Crispin Village

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 over two days on 26 and 27 April 2016 and was unannounced.

The inspection was undertaken by two inspectors and one 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.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited St Crispins Village. We met and spoke with seven care staff, the registered manager, head of care and two team leader. We reviewed the care records of five people who used the service. We looked at six records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

We took into account people's experience of receiving care by listening to what they had to say. We visited 12 households with people's prior agreement and spoke to 17 people who used the service. With people's permission, we looked at the care records maintained by the care staff that were kept in people's own homes. We also spoke with relatives of six people to ask them about their family member's experience of using the service.

We also looked at other information related to the running of and the quality of the service. This included

quality assurance audits, training information for care staff, and the arrangements for managing complaints.

Is the service safe?

Our findings

All of the people we spoke with felt safe with the carers who supported them. One person said "I feel safe here, I have my key to my door and I can come and go as I please." The service had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of harm that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of harm including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this.

Peoples' individual support plans contained risk assessments to reduce and manage the risks to people's safety; for example people had risk assessments to assist staff with moving and handling procedures. Other people had risk assessments to reduce the risk of fire from unextinguished cigarettes; these enabled the person to continue to smoke as they chose but reduced the risk involved. Risk assessments were also in place to manage other risks within the environment including the risks associated with cooking and using electrical appliances. One care staff said "Risk assessments are updated and all the staff read them and refer to them, it is key to preventing accidents or incidents from happening." The support plans were reviewed to ensure that risk assessments and care plans were updated regularly or as changes occurred.

When accidents had occurred the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff had received health and safety and First Aid training. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

We saw there were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) had been completed for people using the service. These plans provided staff with guidance on how to support people to evacuate the premises in the event of an emergency. Appropriate checks of equipment and premises took place and action was taken promptly when issues were identified.

There was sufficient staff available to provide people's care and support. Some people had care and support for up to 3.5 hours a week, others required 30 hours per week. People and relatives had mixed views on whether there was sufficient staffing, some people thought there was enough others thought there needed to be more staff. We spoke to the registered manager about the concerns raised and it had already been identified that there was a need for more housing related staff [support that did not include personal care] and they were in the process of recruiting to these specific roles. Additionally there was also going to be an extra member of support staff on shift every day.

People's medicines were safely managed. One person said "The girls [staff] get my tablets for me and put them in a pot for me because I can't do it myself." Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Another person said "I get a lot of pain in my legs and the staff always

offer me my pain killers." Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in the service. The staff recruitment procedures explored gaps in employment histories, obtaining written references and screening through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that their checks were carried out before they commenced their employment.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a comprehensive induction which included classroom based learning and shadowing experienced members of the staff team. Each new member of staff had a 'buddy' who worked with them. Staff did not work with people on their own until they had completed all of the provider's mandatory training and they felt confident to undertake the role. The induction included key topics on dementia awareness and moving and handling. One staff member told us "My induction was good, I had as many shadow shifts as I needed; I didn't feel rushed to get on with the job. It covered everything I needed to know about the role and the layout of the building." Newly recruited staff undertook the Care Certificate; this is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Training was delivered using face to face delivery and distance modules with workbooks; the provider's mandatory training was refreshed yearly. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of distant learning and classroom based training. One care staff said "Training here is brilliant; we have specialist training as well for conditions like Parkinson's disease which is really helpful."

People's needs were met by staff that received regular supervision and annual appraisal. We saw that supervision meetings were available to all staff who were employed, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said "I have regular face to face supervision and we have observational supervision where my supervisor observes me completing care and then they feedback to us."

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.

We saw that the service was working within the principles of the MCA. The management team and staff were aware of their responsibilities under the MCA Code of Practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We observed staff checking people's consent to undertake care and support tasks. One person said "The staff always ask me if it is okay to do things like close my curtains and make me a drink."

People were supported to eat a balanced diet that promoted healthy eating. Meals and meal-times were arranged around people's own daily activities. People cooked their own meals in their apartments or

purchased meals from the restaurant within the complex. The restaurant offered a choice of freshly prepared hot meals. People were encouraged to have involvement in preparing and cooking their own meals if this is what they chose. One person said "I eat most of my meals in the restaurant with my friends then I cook myself something like cheese on toast for my tea." Some people shopped independently for their own groceries, other people were supported to use on-line supermarkets and have their shopping delivered and other people were supported by their families.

Staff were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and, if required, referrals were made to the NHS Dietician. Care plans contained detailed instructions about people's individual dietary needs, including managing diabetes and food allergies.

People's assessed needs were safely met by experienced staff and referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. For example: community psychiatry team. The service had a well-being advisor who also arranged for 'drop in' sessions on health issues and was also able to monitor people's blood pressure and weight if the GP had advised.

The provider had a good working relationship with the intermediate care team; this team support with providing equipment for people that they need when they have been discharged from hospital. The registered manager told us "The team work really closely with us, they get the equipment people need for example a walking frame or a hoist and this enables people to return home from hospital quicker." People had access to GP's, district nurses, opticians and chiropractors and we saw that information was recorded in people's care plans including details of follow up appointments.

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. One person said "The staff are lovely, they chat with me and ask about my family; sometimes if they are running a bit late they always apologise." Relatives praised the caring nature of the staff. One relative said "I can't fault the staff, [my relative] is so happy with the support she gets and the friendliness of everyone is just lovely."

During visits to people's apartments we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon and conversations were not rushed. Staff spent time with people talking about their plans for the day and discussing topics in the local media.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. Care plans were detailed and covered every aspect of a person's life and the care and support they required. Staff understood the importance of respecting people's choices and gave examples where people were supported to dress in their personal style.

People and their families were fully involved in making decisions about people's care and helped to put together a support package that was personalised to them. One family member told us they were fully involved with care planning for their relative. The provider had worked closely with them to ensure the care plan contained everything that staff would need to know to support the person appropriately and to the standard expected by the person and their family. One relative said "I was asked lots of questions about [my relative's] care and life history before the service started so they knew the best way to approach things with her."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. People's privacy and dignity was respected by the care staff. One care staff said "I always make sure I cover the bottom half of someone if I am washing the top part; I think that's really important because that is what I would want."

People told us they were encouraged to be as independent as possible. A person said, "Yes, they don't do things for me unless I ask. They know I like to do things for myself, I always think the longer I can do things for myself the better. " Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

Some people who used the service had been supported in the past by independent advocates and independent mental capacity advocates. No one was currently using an advocate but the staff team were knowledgeable about how to refer someone to advocacy services and what advocacy services could offer people.

People were encouraged and supported to have visitors in their own homes. One person told us "My

grandchildren visit me every week and the staff remember their names which I think is lovely." Another person told us "My daughter visits nearly every day; I really look forward to her visits because the staff do all they can for me but they don't have time to sit and chat." People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

The provider had received many compliments regarding the service; for example how the staff go the 'extra mile' and how caring and quick they are to respond to peoples changing needs. One relative said "Having [my relative] here has completely put my mind at rest, he can still be independent but there is always someone around if he needs anything."

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis for individual plans of care to be developed with the person and their family; these contained information about their previous lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. People's daily records demonstrated that staff provided the support according to the care plan and people's wishes.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw. People also had reviews of their assessed needs on an annual basis or as people's needs changed and this was documented in people's personal care files. One relative said "[My relatives] needs haven't changed much but when small things change I normally chat to the staff and they add it to the care plan; I don't wait for reviews to bring these things up, but I always attend them."

People were supported to follow their interests and take part in social activities if they wanted to. One person said, "I go to the sewing club, not just to make things but to meet my friends as well; I can take my dog with me and that is really important because I don't like leaving her." Another person said, "I volunteer in the café bar, I work 3 or 4 mornings a week; I absolutely love it, I haven't got time to be bored."

A very wide range of activities took place at the service and people also went on trips outside the service. Activities included board games, film nights, pottery and yoga. People who used the service also worked as volunteers including working on the garden.

People were encouraged and supported to develop relationships with people and avoid social isolation. One person said "Before I came here I lost touch with a lot of friends, but now I have made new friends here and I love it; we even have our own post box!" Staff told us that, with permission, they shared with other people their common interests and this had helped to form relationships. One person told us "This is my best friend; I didn't know her a year ago but we got chatting in the hairdressers one day and we haven't looked back."

Staff were responsive to people's needs, however some people and relatives didn't think staff answered the call bell quickly enough. We spoke with the registered manager about this who explained that there was an on-going issue with the overuse of the emergency call bell. Due to the service being based within a building people were using the call bell for non-emergency situations; the service was trying to respond to these calls (which 90% were not emergencies) which then impacted on the timeliness of other calls. To address this the provider was in the process of recruiting housing related support workers.

When people started using the service they and their representatives, were provided with the information they needed about what to do if they had a complaint. There were appropriate policies and procedures in

place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. We saw the provider had completed full investigations of any complaints that had been made and they had followed their own policy and processes. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. One family member told us "There are sometimes issues that they don't always get right, but I speak with the team leaders and they sort it."

Is the service well-led?

Our findings

People, staff and families told us the registered manager was passionate about ensuring people could live the life they wanted to live. This had empowered people and gave them control and choices in their life. It was clear to see that this value was embraced throughout the whole team giving people the support they needed to be in control of their lives.

Communication between people, families and staff was encouraged in an open way. Relative's told us that they worked with the provider to ensure everyone was working towards the best outcome for people who used the service. One family member said "I can always speak to the team leader or manager about any issues; they encourage families to speak up and raise any issues." Another relative told us how they always e-mail the provider with any concerns or issues." The registered manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible. Staff said the registered manager was very approachable and proactive and considered best outcomes for people in everything they did.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. In a recent staff survey the staff team said they felt consulted and involved in decisions about future plans for the service. People who used the service had regular meetings called 'street meetings' which enabled them to provide feedback and discuss improvements. There was also a residents association which a lot of people were actively involved in, this helped to shape the service and decisions on the service's budget were discussed at these meetings.

Staff worked well together and as a team were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and empowering people, they told us that they received good support from their managers. One staff member said "The manager and team leader are good, I can always go to them and they support me." Another care staff said "I feel supported, the registered manager welcomes our feedback and although changes may not always be made when I suggest something, I always get told the reasons why." Staff meetings took place on a regular basis and minutes of these meetings were kept and referred to. Staff said the meetings enabled them to discuss issues openly and were also used as an information sharing session with the manager and the rest of the staff team.

The registered manager and senior care staff regularly worked alongside staff, they were able to observe staff practice and monitor their attitudes, values and behaviour. Feedback was provided through supervisions and through team meetings and good practice was shared.

Quality assurance audits were completed by the registered manager and senior members of the team to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

The registered manager kept up to date with new legislation, ways of improving care delivery and innovative technology to support people. They attended many health and social care events, read health and social

care publications and shared good practice with other local providers.

The provider and the service took part in quality-based accreditation schemes. The provider, ExtraCare Charitable Trust, had achieved Investors in People (IiP) Silver status. IiP is recognition of good practice in how an organisation engages with, enables, develops and supports its people (staff and volunteers) to drive performance forward.

The service also ran an 'Enriched Opportunities Programme' which supported people with dementia and dementia-related conditions. It was a joint research project between ExtraCare and the University of Bradford.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose.