

The ExtraCare Charitable Trust

# ExtraCare Charitable Trust Imperial 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

Imperial Court is a complex of 41 sheltered apartments. People who live in the complex have the option of having personal care as well as support with housekeeping and social activities provided by staff who work there. At the time of our inspection 46 people were using the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

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 2008 and associated Regulations about how the service is run.

During the previous inspection we found some areas of concern in relation to the monitoring of people's records and quality assurance systems used to drive improvement at the service.

At this inspection we saw that improvements had been made. People's care plans and risk assessments were regularly monitored to ensure they had been updated in accordance with any changes in their care needs. Quality audits had also been regularly completed to establish further areas for improvement at the service. Action plans were in place and were updated after checks and audits, to help develop the service. The registered manager also submitted statutory notifications to the CQC when required. In addition we found there were effective management and leadership arrangements in place. Systems were also in place to monitor the quality of the service provided. Action plans were in place and were updated after checks and audits, to help further develop the service. The registered manager also submitted statutory notifications to the CQC when required.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety. There were sufficient staff, with the correct skill mix to support people with their care needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and had regular one to one time for supervisions and annual appraisals. Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people and had signed consent within their care plans. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005. People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People were given choices about their day to day routines and about how they wanted their care to be delivered. People's privacy and dignity was maintained at all times.

People and relatives, where appropriate, were involved in the planning of their care and support. Care plans were detailed and provided staff with the guidance they needed to meet people's needs. The service had a complaints procedure to enable people to raise a complaint if the need arose.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was well led.

Staff said they felt supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

The registered manager reviewed the way the service worked in order to improve how people's needs were met.

There were effective quality assurance systems in place to drive improvements at the service.

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## **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 checked 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 comprehensive inspection took place on 07 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the registered manager would be available.

The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection.

We spoke with six people who used the service. In addition we had discussions with three staff members that included the registered manager and two care staff. We reviewed four people's care records, two medication records, four staff files and other records relating to the management of the service, such as the complaints log, quality audits and staff training records.

## Is the service safe?

### Our findings

People continued to receive care from a dedicated and caring team of staff. One person said, "I feel safe here because I know it's secure and there is always someone around." Another person commented, "I'm safer here than I was at home." Staff told us, and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I would report any abuse to the manager. She is very approachable and I know she would deal with it properly."

People had risk management plans in place to keep them safe whilst promoting their independence. They covered a variety of subjects and were specific to people's needs. Staff told us and records confirmed they were reviewed regularly or when a person's needs changed. One staff member said, "Risk assessments are in place to keep people safe but not restricted." The provider had a business continuity plan. This was to ensure people would still receive the care and protection they required in the event of evacuation.

Staff told us and records confirmed that staff were recruited following a robust procedure. One staff member said, "It was all very thorough and done properly. I had to wait quite a while before my references and other checks came back and before I could start work." People told us there were sufficient staff to provide the care and support they required. One person said, "There always seems to be enough staff. I've never had a problem." A staff member commented, "I think staffing is okay. I don't feel rushed." Records we viewed confirmed there were enough staff to meet people's needs.

People's medicines were managed safely. Where staff assisted people with medicine administration we found medication risk assessments and protocols in place to ensure they were administered safely. Records we examined showed that staff completed records fully.

## Is the service effective?

### Our findings

People continued to receive care and support from staff who were knowledgeable and had the required skills to carry out their roles. One staff member said, "Training is fantastic. They even offer additional training if there is something you want to do." Documentation we saw confirmed all staff had completed an induction to the service when they first started work and on-going training was up to date and appropriate to staff roles. Staff told us they were well supported by the registered manager. One said, "I have regular supervision but I know I can always go to [name of registered manager] or a team leader if I need extra support." We saw records that showed staff received regular supervisions and competency observations.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedure for this in domiciliary care is called Court of Protection. The registered manager told us that at the time of the inspection that there was no one being supported whose liberty was being deprived. People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of peoples' rights regarding choice. We observed staff gaining consent from people throughout the inspection.

Staff assisted some people who used the service with their meals. This ranged from making sandwiches and drinks to supporting them to eat their meal. One staff member said, "We have a few people who we help with meals. I have had food safety training so I know how to make sure it is cooked and safe to eat." Within the support plans we looked at we saw that there was documentation in relation to people's dietary needs and the support they required with shopping and purchasing food items.

People we spoke with told us the staff would support them with additional healthcare appointments if needed. Staff informed us that they would assist people with arranging additional healthcare support if required. Documentation we viewed showed doctors, district nurses and ambulances had been called when required.

## Is the service caring?

### Our findings

People continued to receive care from staff who treated them with kindness and compassion. One person said, "I can't fault the staff I wouldn't live anywhere else." Another person told us, "I gave up a lovely house to live here. I have no regrets." They continued, "The carers are fantastic. They don't just look after the people living here they look after the families as well."

People had been involved in the planning of their care. One person we spoke with said, "I know what is in the care plan. I get the care I need." Another person we spoke with told us, "Nothing is too much trouble. They always ask if there is anything else I would like before they leave." Staff told us they tried to involve people with their care plans, if they were not able, then family or representatives were asked. Care plans were reviewed and updated regularly to be reflective of people's changing needs. Staff were able to tell us about each individual, for example their likes and dislikes, background and family.

The provider told us that there was an advocacy service available for anyone who needed it.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office. We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately and when being assisted with meals or care. Staff had an understanding of privacy and dignity. One staff member said, "You have to treat people just how you want to be treated."



## Is the service responsive?

### Our findings

People continued to receive care that was met their needs. One person told us, "I am well looked after. I get the right care from the best carers." A comment recorded in a Care Quality Commission (CQC) questionnaire recorded, "We came here many years ago for care for my spouse, and unfortunately they died some years ago. I now need care, which I am getting, and have always been treated very well. I have lots of friends and am very happy here."

Staff knew people very well; they understood their backgrounds and knew what care and support each person needed. A staff member said, "We do take the time to get to know people. It's important that people feel comfortable and happy." One staff comment recorded in a CQC questionnaire was, "I feel very passionate about what Imperial court can provide for anyone living at Imperial. I feel it is very safe and secure and we promote independent living as much as possible"

Care plans we viewed showed a full assessment had been completed prior to admission. These had been followed by a complete care plan which showed people's strengths as well as the support required, life history completed with the person and family where appropriate and likes/dislikes. Care plans had been written in a personalised way for each individual and were reviewed regularly.

There was a complaints procedure in place. Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. We saw past complaints had been responded to following the correct procedure.

## Is the service well-led?

### Our findings

During the previous inspection we found some areas of concern in relation to the monitoring of people's records and quality assurance systems used to drive improvement at the service.

During this inspection we saw that improvements had been made. People's care plans and risk assessments were regularly monitored to ensure they had been updated in accordance with any changes in their care needs. The registered manager told us there were systems in place to check the quality of the care provided. We saw evidence that people were regularly asked to comment on the quality of the care provided. Audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.

There was a registered manager in post. Staff and people who used the service knew who they were and said they saw them on a regular basis. We received very positive feedback from people about the management of the service. People, relatives and staff expressed confidence in how the service was run. One person told us, "This is an excellent service. I am lucky to live here." The service had a positive ethos and an open culture. Staff members were passionate about their roles and the people they were supporting. One member of staff commented, "This is a lovely place to work. I really love it. We all get on brilliantly as a team and we support each other."

The registered manager was aware of the day to day culture of the service as they were in the office on a daily basis. They told us, and staff and people who used the service confirmed, they carried out all of the pre assessments to get to meet people who used the service and they also carried out calls and visits with staff. This meant that people saw the registered manager and the registered manager saw people who used the service regularly.

Staff were also positive about the registered manager and felt confident that they would always listen and take account of their views. One staff member said, "The manager is very approachable. She supports us and is always there if we need any advice." A second member of staff told us, "The manager is supportive and this is a lovely place to work." Staff told us and records confirmed that one to one supervision sessions and staff meetings had been held on a regular basis. One staff member said, "We have regular meetings where we can raise issues. We are listened to." They also said they had very good handovers between shifts and worked in a supportive team environment.

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would be confident that if I reported any concerns they would be taken seriously." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

The registered manager told us that recruiting staff with the right values helped to ensure people received a

quality service. We saw evidence that the registered manager regularly updated her knowledge and skills and shared best practice ideas with the staff team to ensure that people received a quality service.

The registered manager told us that she was aware of her responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.