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?	**Requires improvement**

Overall summary

This inspection took place on 13 July 2015 and was announced.

ExtraCare Charitable Trust Imperial Court is a complex of 41 sheltered apartments. 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.

At the time of our visit twenty-six people were receiving personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found that care records were not always fully completed, contained old information that was no longer relevant to people's care and assessments and consent forms had not been dated or signed. In addition, daily care records were sometimes illegible.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual and action was taken to keep people safe, minimising any risks to health and safety.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff had been recruited using a robust process, with effective recruitment checks completed.

Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff received appropriate support and training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People's consent to care and treatment was sought in line with current legislation. We observed that staff sought and obtained people's consent before they helped them. When people declined, their wishes were respected.

We found that, if appropriate, when people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

Staff communicated effectively with people, responded to their needs promptly and treated them with kindness and compassion. People's personal views and preferences were responded to and staff supported people to do the things they wanted to do.

People received care that was responsive to their needs and centred around them as individuals.

People were at the heart of the service and they were supported to take part in meaningful activities and pursue hobbies and interests.

The home had an effective complaints procedure in place. Staff were responsive to concerns and when issues were raised these were acted upon promptly.

Staff were well supported and motivated to do a good job. Staff said they felt valued and were positive about the leadership provided by the registered manager.

We saw that people were encouraged to have their say about how the quality of services could be improved and we saw system of audits, surveys and reviews used to good effect in monitoring performance and managing risks.

Summary of findings

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

This service was safe

Staff had a good knowledge of safeguarding and knew how to identify and raise safeguarding concerns.

There were risk management plans in place to promote and protect people's safety.

Staffing arrangements meant there were sufficient staff to meet people's needs.

Robust and effective recruitment practices were followed.

People were supported by staff to take their medicines safely.

Is the service effective?

Good

This service was effective

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Consent to provide care and support to people was sought in line with current legislation.

Staff supported people to eat and drink sufficient amounts of healthy and nutritious food to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare facilities when required.

Is the service caring?

Good

This service was caring

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

This service was responsive

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed.

Summary of findings

People were encouraged and supported to take part in a wide range of activities of their choosing that met their social needs and enhanced their sense of wellbeing.

Complaints and comments made were used to improve the quality of the care provided.

The provider promoted the involvement of people living at the service.

Is the service well-led?

Requires improvement 

This service was not consistently well-led.

Care records were often incomplete and some contained outdated and irrelevant information.

Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home.

People were encouraged to comment on the service provided to enable the service to continually develop and improve.

ExtraCare Charitable Trust Imperial 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 13 July 2015 and was announced. We gave the provider 48 hours' notice to make sure staff would be in the office and people would be available for us to talk to.

The inspection was undertaken by one inspector and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people using the service. We spoke with 12 people in a group, following a meeting for people who use the service, and visited two people in their homes to talk about the care and support they received. In addition, we spoke with two relatives of people who use the service, eight staff, a team leader, a member of the well-being team and the registered manager. We also visited another four people in their homes to look at the arrangements for medication management.

We observed how the staff interacted with people who use the service and also observed people using the restaurant at lunchtime.

We reviewed care records relating to three people who used the service and five staff files that contained information about recruitment, induction, training and staff performance. We also looked at further records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe or felt their relatives were safe in their environment, both with the care staff and within the complex. One person said, "This is the safest place I could be." Another person commented, "Absolutely safe here. I feel comfortable and secure." We spoke with two relatives who told us they felt their family members were safe. One said, "It's a great relief. I know my [relative] is much safer here. There is always someone around and that gives us peace of mind."

Staff were able to clearly describe how they would recognise and report abuse. One staff member told us, "I would report any suspicions I had to the manager. If the manager wasn't available I would contact another manager from a different scheme. I would have no hesitation in doing that." Staff knew about the whistle blowing policy and where this was kept if they needed to refer to it. They told us they were confident that if they reported any concerns about abuse or the conduct of their colleagues the manager and the provider would listen and take action. One member of staff said, "I know if I reported something of concern it would be dealt with properly and quickly." We saw that the service had safeguarding information available to staff in the main office, including the provider's policy and local authority safeguarding procedures.

There were effective procedures in place for ensuring that any concerns about a person or a person's safety were appropriately reported. Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safeguarding concerns. Records showed that the manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and the Care Quality Commission (CQC).

Risks to people's health and safety had been assessed and measures put in place to minimise the risks. One person told us, "I have my call bell and if I press it staff come quickly. That makes me feel safe."

Risk assessments included clear guidance for staff about how they could reduce the risks for people. They helped staff to provide the appropriate support people needed if they had a sudden change of condition. One staff member told us, "We are always reviewing risk assessments to make sure people stay safe."

We saw that the needs of one person had recently changed significantly. Risk assessments had been reviewed and updated to reflect the current level of risk to that person. Each of the care records we examined contained up-to-date risk assessments. Accidents and incidents were recorded and monitored to ensure hazards were identified and reduced. Other measures taken to reduce the risks to people included the provision of pressure-relieving equipment to reduce the risk of pressure ulcers developing. In addition, people were provided with bed sides to protect them from the risk of harm when they were in bed.

There were sufficient numbers of staff available to keep people safe. One person said, "There are always staff around if you need help." A relative told us, "I know if my [relative] presses the call bell for help, it won't be long until staff arrive."

Staff we spoke with confirmed they had a manageable workload and did not feel under pressure. One told us, "If we are short we always have our bank staff to fall back on. Also the manager will always help out if we need any help."

The registered manager told us that there were two staff vacancies at the service. However, these had been recruited to and both staff commenced the first day of their induction on the day we visited."

Staffing levels were determined by the number of people using the service and their needs. We saw that staffing levels could and had been adjusted according to the needs of people using the service. In addition, we saw that the number of staff supporting a person could be increased if required.

We spoke with one staff member who was on their first day of induction. They described the recruitment procedure to us and confirmed that all the necessary recruitment checks had been received by the service before they could commence work.

We looked at the recruitment files for five members of staff and found that appropriate checks had been undertaken

Good

Is the service safe?

before they had begun work. The staff files included written references; satisfactory Disclosure and Barring Service clearance (DBS) checks and evidence of their identity had been obtained.

People told us they received their medicines on time. One person told us, “I always get my tablets at the same time every day.”

The team leader told us that all medicines were delivered direct to people’s flats and people we spoke with confirmed this. No medicines were stored by the provider and where needed, a locked safe was provided for people who were not able to look after their medicines safely. We saw this in one person’s flat.

The service had policies and procedures in place to manage people’s medicines when they were not able to, or chose not to take them themselves. We saw risk assessments which stated whether the person required low level, medium level or higher level support. For all levels of support the provider’s policy was to have a Medication Administration Record (MAR) for staff to record that they had given medicines. We looked at the MAR charts for four people and saw all charts were fully completed with no gaps or omissions noted.

When medicines were not given, the appropriate code to explain the reason was stated and there were detailed separate instructions for giving ‘as required’ (PRN) medicines and creams.

We saw that staff had been trained to give medicines to people using the service.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. One person said, "Oh yes, they are all well trained and know what to do." Another person commented, "Vey competent, all of them." A relative told us, "I don't have to worry. I know my [relative] is well looked after by staff who know what they are doing."

Staff told us they had completed an induction training programme when they commenced work. They told us they had worked alongside, and shadowed more experienced members of staff which had allowed them to get to know people before working independently. We saw two staff that were on the first day of their induction. We found that each staff member had an induction folder that included the training to be undertaken. One of the new staff told us, "It's been a very enjoyable first day. It's a very thorough process."

The registered manager explained the induction process to us. They said that for the first three weeks a new staff member would shadow a more experienced member of staff. Mandatory training would also be completed during the first three weeks. Once the new staff member was deemed competent to work alone, they would carry on working through their induction folder completing further training and this would normally take another 23 weeks to complete.

We saw evidence that staff had received on-going training in a variety of subjects that supported them to meet people's individual care needs. These included first aid, manual handling, infection control, safeguarding adults and fire awareness. Training records confirmed that staff received refresher training in all core subjects. We found they could access additional training that might benefit them. For example, end of life care and dementia care.

Staff told us they received a Personal Development Review (PDR) and this entailed two meetings with a line manager, annually, in relation to their work performance. Staff also told us they had an annual care delivery monitoring check that required them being observed by a senior staff member, undertaking personal care. Staff confirmed they felt supported by the management team and their colleagues. We saw evidence of staff meetings which staff told us they found valuable in helping to address issues and identify development needs.

People's consent to care and treatment was sought by staff that had knowledge and understanding of relevant legislation and guidance. People confirmed that consent was obtained regarding decisions relating to their care and support. One person said, "I am always asked for my permission first." Another person told us, "They [staff] would not do anything I didn't agree to."

Staff told us, and records confirmed, that consent was always obtained about decisions regarding how people lived their lives and the care and support they received. Staff told us they always asked people about their care before they supported them, to ensure they were complying with the person's wishes. One staff member told us, "People are always asked what they would like and how they would like it to be carried out. That goes from housekeeping to personal care."

We saw that people were able to choose what they did on a daily basis, for example if an activity was planned, they could choose to attend or not, on the day. Throughout our inspection we observed staff asking people for consent before carrying out a task. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) with the manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions.

The staff training records demonstrated that all staff had completed training in the principles of the MCA and the DoLS and had an understanding about the requirements of the legislation. At the time of our inspection the registered manager confirmed that no one using the service was deprived of their liberty.

People were provided with a choice of suitable and nutritious food and drink to meet their dietary needs. One person said, "The food is lovely. It's just how I would make it." Another person commented, "The food is good. Very good. I couldn't ask for any better."

There was a restaurant in the complex which provided a choice of two main meals, or an alternative such as baked potato or omelette. The restaurant also offered a delivery service to people's flats for the evening meal if they wished.

Good

Is the service effective?

The atmosphere was relaxed and pleasant and the staff were attentive to the diners. We saw that the two new staff were having lunch with people in the restaurant as a way to introduce them to people who used the service. Some people we spoke with said they dined in the restaurant daily. One person told us, “The food is very good. I come here every day and get all I need.” Another person commented, “It’s nice in the restaurant. Not only is the food good but we get to meet up with friends for a chat.”

Some of the food preparation at mealtimes had been completed by people in their own home, or by staff in people’s homes. We spoke with one staff member just after lunchtime who confirmed they had been to support people with their lunchtime meal. Staff had received training in food safety and were aware of safe food handling practices. Staff confirmed before they left their visit that they made sure people were comfortable and had access to food and drink.

We saw nutritional screening in people’s care plans, and involvement by the dietician if it was needed.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. One person said, “My [relative] always takes me for my appointments, but if I’m stuck I know I can get help here.”

At the service there was a well-being suite where people could go if they felt unwell, or wanted their blood pressure or blood sugar taken. Each person received an annual well-being assessment and this looks at people’s lifestyles, medication, any changes to their health, falls and mobility and an osteoporosis and diabetes assessment. In addition to this service, there was also an ‘Enriched Opportunities Programme' available for people to access if they needed to. This provides practical support for people living with dementia or other mental health needs.

People told us, and records confirmed that their health needs were frequently monitored and discussed with them. The manager told us the service was in close liaison with the district nurses and we saw evidence that people had access to the dentist, optician and chiropodist as well as specialists such as the physiotherapist, dietician and speech and language therapist.

Good

Is the service caring?

Our findings

People told us the staff were patient, kind and cared for them well. One person told us, "The staff are all fantastic. We are looked after by people who really care about us and want to be here." Another person said, "They are all marvellous. There is nothing more to say than that." Relatives agreed that staff were kind, caring and compassionate. One told us, "Everyone who works here is here because they care and want the best for people. I know my [relative] is cared for and looked after." All the people we spoke with agreed that the staff were compassionate and took account of people's individual and personal likes, dislikes and preferences.

One staff member told us, "You get close to people when you are caring for them. I think we all care about each other." Another member of staff said, "You have to care about people to do this work. I can honestly say I think we all care about the people we look after as if they were family. That goes for everyone."

We spent time in the communal areas of the scheme, such as the restaurant, and observed people undertaking activities. There was frequent friendly engagement between people and staff. Staff responded positively and warmly to people. Staff were sitting next to people, ensuring effective eye contact, touching people for reassurance, smiling and using appropriate body language to stimulate their engagement. Staff responded to people's needs appropriately and spent the time that was needed.

People were empowered to make decisions about their own care and support. They told us that staff encouraged them to express their views about their care and to inform staff about how they would like their care to be delivered. One person said, "I have always been involved in decisions about my care. Why shouldn't I be? It's my care after all." Another person told us, "They [staff] listen to what I need and then work with me to make sure I get the care I need." A relative commented, "I am very involved in my [relatives] care. I never feel like I'm stepping on any ones toes because we work together."

We saw that people were given the opportunity and were supported to express their views about their care through regular reviews, and records showed that families were invited to these. One staff member told us, "We always ask people who they would like to invite to their review. We try to involve people as much as possible." We found there was a system in place to request the support of an advocate to represent people's views and wishes if it was required. The registered manager confirmed that no one living at the service was using the services of an advocate.

People were provided with sufficient information about the service in a format that they understood. People told us they had all the information they needed and, if they needed to find out more they could ask staff. One person said, "Communication is very good here. We always know what's going on." Another person said, "I get enough information from them to know what's going on."

We observed notice boards in the lifts, in communal areas and saw that information about the service and any upcoming events was displayed on each floor. In the well-being suite there were leaflets and information about numerous health conditions such as diabetes and high blood pressure. In addition, we found detailed information for people and relatives about living with depression, dementia or other mental health conditions.

Throughout the day we saw that staff supported people in a kind, patient and respectful way. One person said, "Of course the staff are respectful. We wouldn't stand for anything else." A relative commented, "They are all so very polite, helpful and most definitely respectful." We observed staff engaging with people in a kind and friendly manner. They smiled and talked with kindness to people.

Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples' of how they maintained people's dignity and respected their wishes. One staff member said, "I always try to avoid people feeling embarrassed. I do everything I can, such as covering people up with a towel, closing the doors and curtains and by always asking first before I do anything."

We saw that staff knocked on people's doors and asked for permission before entering their flats. We found that staff communicated with people in a way that respected them and ensured their dignity was maintained. For example, we heard staff use appropriate terms of address when talking with people. We found that any private and confidential information relating to the care and treatment of people was stored securely.

Good

Is the service responsive?

Our findings

People told us that staff spent time with them on admission to identify fully their care preferences and future wishes. One person told us, "They were lovely. I didn't feel scared or alone. They asked me everything they needed to know." Another person said, "I say what I need and how I want things to be. Everyone respects my wishes." A third person commented, "My care is as good as it gets. I want for nothing. I love it here."

A staff member said, "We ask people and their families for a biography of the person's history so we get to know what's important to them." The staff knew about people's histories, likes and dislikes so they were able to engage people in meaningful conversation. For example, we heard two staff talking with a person about their time in the war. The registered manager told us they provided people and their families with information about the service as part of the pre-admission assessment. This was in a format that met their communication needs and included a welcome pack with information about the service, the facilities and the support offered.

There was clear evidence that people had been involved in determining the way in which their care was to be delivered. For example, people's spiritual needs were met by local church ministers of different denominations who were invited to conduct a service at the scheme. We saw these advertised throughout the building.

Staff told us how important it was to read people's care plans so they knew what their preferences were and to ensure they supported people in the way they preferred.

Records we looked at contained an assessment of each person's needs and these had been completed before the person moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. We could see that people, and where appropriate, their family were involved in the care planning process which meant their views were also represented. We saw that promoting choice and independence were key factors in how care and support was planned and delivered. Plans took people's needs, wishes and histories into account and detailed exactly what they would like staff to do during a visit. We also saw that care plans had been reviewed and updated to reflect people's changing needs.

People were at the heart of the service. People told us the activities provided at the service were plentiful and varied and provided them with a sense of well-being. One person said, "There is so much going on here. You would never get bored." A relative told us, "My [relative] has a better social life than I do. They are always busy."

We saw there were ample opportunities for people to follow their hobbies and interests. There was a greenhouse, gym, a restaurant, hairdressers, and activities/arts and craft room, a quiet area with computer and a small library. There was a garden and raised flower beds which were maintained by people using the service. We saw various activities advertised and these included a summer tea dance, a fish and chip supper and a quiz. There were also trips out to various places of interest and visiting entertainers were frequent additions to the activities programme. On the day of our inspection we saw people taking part in numerous card games, there was a street meeting for people who used the service taking place and we saw a chair exercise class in progress during the afternoon. A monthly activities plan was delivered to each person's flat so they were informed about the entertainment planned.

There were strong links to the local community. We saw volunteers from the local community at the service to support people with activities. There were links with the local churches and people accessed the local shopping areas. The registered manager told us that people from the local community were able to use the facilities at the service such as the gym and there was also a guest room where families could stay overnight when visiting their family members.

People told us that the service encouraged them to provide feedback about the care they received. They told us that if they had concerns or issues they could go to care staff or contact the manager. One person said, "I would complain but there is nothing to complain about." A relative told us they were aware of the provider's complaints procedure but felt communication was good and this prevented complaints from arising.

We saw that the service's complaints process was included in information given to people when they started receiving care. We looked at the complaints log and saw that no complaints had been received by the service in 2015.

Good

Is the service responsive?

People we spoke with told us they felt involved and had a voice at the service. They told us that staff listened to and acted on their views and opinions. On the day of our inspection there was a street meeting taking place, to which all people who used the service were invited to. We were asked if we would like to join the meeting and accepted the invitation. During the meeting we found that people were fully involved in how the service was run. For example, the flooring in the kitchen was due to be replaced which would mean the kitchen would be out of action for several days. People were invited to add their ideas to how meal provision could be arranged during this time. Some suggestions were a fish and chip supper and a pub lunch.

Requires improvement

Is the service well-led?

Our findings

We found that some of the care records we looked at contained information that was no longer relevant to people's care. In addition, many of the risk assessments had not been signed and dated by the person completing the assessment. We found that some areas of people's care plans had been left blank, for example people's personal biography and the record of visits by health care professionals. Numerous consent forms had not been signed by people or their relatives. For example, we saw consent to administer medication forms and care plan agreements that had not been signed or dated by anyone. We also found some of the entries in the daily record notes difficult to read because the writing was not legible.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager who had been in post since April 2015. They were being supported by a registered manager from another scheme belonging to the same provider, during their induction period. People told us they knew who the new registered manager was and that they liked the new manager. One person told us, "She might be a new manager but I have known her a long time. The right person for the job."

The service had a clear vision and set of values that included involvement, compassion, dignity, independence and respect. These were understood by the staff we spoke with and we saw they had been put into practice at the service.

Staff were positive about the management of the service. One staff member said, "The manager is very approachable and very supportive" We found a positive and open culture at the service. People told us that they were comfortable with their carers and were happy to talk to them if they had any concerns. Staff were empowered 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. Feedback was sought from staff through face to face meetings, personal development reviews, supervisory practice and a staff survey. One staff member told us, "Everything is always out in the open. We know as soon as changes have been made."

People and their relatives were regularly involved with the service in a meaningful way, helping to drive continuous improvement. For example, there was a monthly street meeting for people who used the service, where they were encouraged to have their say about how the quality of services provided could be improved. One person said, "We are always asked to bring any ideas we have. The [staff] do care about our views and our opinions." We found that people had been asked to share their experiences via satisfactions surveys and we saw that people's views and wishes were acted upon.

We saw that a system of audits, surveys and reviews were also used to good effect in obtaining feedback, monitoring performance, managing risks and keeping people safe. These included areas such as medicines, training, accidents and incidents, complaints and staffing. We saw that where areas for improvement had been identified action plans had been developed which clearly set out the steps that would be taken to address the issues raised.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.