

The ExtraCare Charitable Trust

ExtraCare Charitable Trust

Yates Court

### Inspection report

95-97 High Street  
Evesham  
Worcestershire  
WR11 4DN

Tel: 0138640006  
Website: [www.extracare.org.uk](http://www.extracare.org.uk)

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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?      | Outstanding ☆ |
| Is the service well-led?        | Good ●        |

# Summary of findings

## Overall summary

About the service: ExtraCare Charitable Trust Yates Court is an extra care housing service. It is registered to provide support to older people living in their own homes. The service consisted of 95 self-contained apartments within one communal building. At the time of our inspection 32 people were receiving support with personal care.

People's experience of using this service: People were part of a very vibrant community with opportunity to engage in an exceptionally wide range of meaningful activities. Staff had taken time to learn about people and their life history. People were encouraged to use their life experience to lead peer groups in a variety of activities which reflected their interests and skills. This had impacted positively on their own wellbeing and that of the people joining in the group activities. Additional specialist staff delivered personalised care that ensured the best possible outcomes for people's physical and mental wellbeing. Day to day care was planned and delivered in a way that fully reflected people's preferences, likes and dislikes. People were involved in all aspects of their care including writing and reviewing their care plans. Clear complaints procedures were in place; all concerns were fully investigated in line with this. The registered manager was very open and transparent in the way complaints were addressed ensuring people were aware of the actions taken.

Staff safeguarded people from abuse. Risks to people were assessed and action taken to address them. The provider ensured suitable staff were employed by undertaking appropriate checks. There were sufficient staff to ensure there were no late or missed calls. People received support to take their medicines safely.

Staff felt they had a good level of support from the management team. Staff had regular training to ensure they had the right skills for their job. People received the support they needed to eat and drink enough to stay healthy. Staff ensured people could access healthcare services and the provider employed a wellbeing nurse to provide people with day to day support on site. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were happy with the support they received from staff. People were treated with dignity and respect and were encouraged to maintain their independence as much as possible.

The registered manager and senior staff carried out regular checks to ensure the quality of the service. If any issues were identified, actions were taken to ensure improvements were made and lessons learned. Staff spoke positively about the management and leadership team. Systems were in place to ensure the voices of people, relatives and staff were heard and we saw evidence of this in action.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The rating at the last inspection was good. (Report published 13 May 2016.)

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# ExtraCare Charitable Trust Yates Court

## **Detailed findings**

### **Background to this inspection**

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of 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.

**Service and service type:** This service provides care and support to people living in specialist extra care housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupants own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.

People using the service lived in self-contained flats within a purpose built and recently extended building.

Not everyone using the service received regulated activity. CQC only inspects the service being received by people provided with personal care. Help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The building contained 95 flats and of those people living there, 32 people were receiving personal care at the time of our inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit to ensure the registered manager and office staff would be available. The notice period also gave opportunity for the provider to obtain consent from people using the service to a home visit.

What we did: We reviewed the information we had received about the service since the last inspection. The provider had 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. The information provided was used to plan the inspection and was taken into account when we made judgements in this report.

We looked at three people's care records including medicines administration records (MAR) and daily notes. We reviewed three staff files and checked recruitment, training and supervision records. We looked at records of accidents, incidents, complaints and compliments and reviewed audits, quality assurance reports and surveys.

We spoke with the registered manager, team leader coach, wellbeing nurse, 'locksmith' dementia care specialist, one team leader, two care assistants and a member of the activities team. A further seven care staff provided information via a questionnaire. We spoke with eight people who used the service and one relative.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People received safe care. One person said, "I feel absolutely safe here."
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- Incidents were correctly recorded and reported to the local authority where necessary.

Assessing risk, safety monitoring and management.

- Support plans contained detailed guidance for staff to follow to help keep people safe. Risks to people such as their likelihood of falls had been assessed and actions put in place to reduce the risk.
- Plans were in place to ensure the safe continuation of the service in the event of an emergency.

Staffing and recruitment.

- There were enough staff to safely meet people's needs. People did not have to wait if they requested assistance. One person told us, "I have had to use the alarm cord and staff responded so quickly. It was brilliant and reassuring."
- There were robust checks in place to ensure suitable staff were recruited.

Using medicines safely.

- Medicines were safely received, stored, administered and disposed of when no longer needed. Staff administered medicines as prescribed and kept accurate records.
- Staff who administered medicines were trained and were required to undertake an annual competency assessment.
- Where errors were found during checks of medicines practice we saw they were investigated appropriately.
- People were happy with the way their medicines were managed. One person told us, "I get my medicines on time every day." People were encouraged to manage their own medicines where they had those skills.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Detailed assessments of people's needs were completed before they moved in to the service. Staff were very proactive in ensuring the information in the initial assessment correctly reflected the level of support needed.
- People's care and support needs were reviewed regularly to ensure they were up to date and accurate and changes were made where needed.

Staff support: induction, training, skills and experience.

- Staff had access to a comprehensive induction and programme of training and had the necessary skills to provide safe care and support.
- Staff were generally happy with the training they received although some staff did not like the move to online e-learning. One member of staff told us, "I recently started supporting a person with a vision impairment. There is a specialist service who can provide training and the registered manager has been very open to this and encouraged me to look into it."
- Staff felt they received a good level of support with review meetings every six months.

Supporting people to eat and drink enough to maintain a balanced diet.

- People had many options with regards eating and drinking. Each person had their own cooking facilities and staff could support them to prepare food in their own apartments if they wished. A variety of meals was also available to purchase in a communal restaurant area and also provides the service for those who may be unwell at times and the meals are delivered directly to the flats by the care staff.
- Staff had knowledge of people's dietary requirements and had received training on the safe preparation of food.
- People were happy with the food available. One person told us, "I do like the food and it is all prepared for you."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People had access to a range of external healthcare professionals to ensure they remained healthy. One person had been referred from a local hospital with a request for minimal support. It was quickly identified that their level of need was significantly higher than the hospital assessment had indicated and staff worked closely with a team of external health professionals to ensure the best outcomes for this person.
- People were supported by a well-being advisor who acted as the link between people using the service, care staff and healthcare professionals. Their key role was to offer numerous screening and health promotion sessions, to develop self-help groups and access both traditional and complimentary therapies.

- There was a well-being drop in centre three days a week where people could go and discuss concerns and seek advice regarding their health. One person told us, "The nurse is very nice and I feel that I could talk to them if I needed to and that helps me."
- People also had access to a specialist dementia and mental health advisor employed by the provider. This person's job title was 'locksmith' due to their role in unlocking people's potential. They helped people with areas such as memory problems, depression, anxiety and more complex mental health issues.

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected.

- People were involved in decisions about their care and we saw evidence of consent to care within people's care records. One member of staff told us, "I am constantly checking for consent and that they are happy with my care."
- Staff knew what they needed to do to make sure decisions were taken in people's best interests.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People were supported by a kind and compassionate staff team. One person told us, "The staff are really wonderful, really happy souls. They are so nice to me, I love them."
- Staff spoke to us passionately about their work and we observed staff to have a good rapport with the people they supported. One member of staff told us, "When I've made someone smile, I've done my job."
- People's rights were actively promoted. For example, staff wore rainbow badges and people had been made aware that this meant they could feel confident approaching them with any concerns relating to lesbian, gay, bisexual, transgender (LGBT) issues. The registered manager told us, "We are very big on LGBT rights and promoting them."

Supporting people to express their views and be involved in making decisions about their care.

- Staff supported people to make decisions about their care. One member of staff told us, "I always ask people how they would like things done and make sure they are given choices."
- People's families were involved in decisions about their relative's care when the person had requested this.
- We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

Respecting and promoting people's privacy, dignity and independence.

- Staff maintained people's privacy and dignity. They told us how they provided personal care discreetly and people we spoke with confirmed this.
- People were supported and encouraged to maintain their independence. Staff gave people opportunity to do whatever they could for themselves, for example washing and dressing. One person told us, "This is a fantastic place where you can be independent, have your front door and receive support when you need it."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were involved in every aspect of their care planning and were empowered to make informed decisions about their lifestyle and health. Care plans were extremely person centred and went into great detail to explain to staff exactly how a person would prefer to be supported. People told us support was provided to them exactly as they wanted it.
- People living with dementia, mental health issues or memory problems benefitted from personalised one to one support from the locksmith. This individual approach to people had resulted in improvements to people's independence and quality of life.
- Staff delivered care in a very flexible way so people received support whenever needed. A member of staff told us, "There is a totally different ethos here. As this is planned care, if someone was incontinent overnight in theory they may have to wait until their next scheduled call. Staff won't do this they will juggle other responsibilities to make sure people receive appropriate care."
- There was an exceptionally strong sense of community within the service and people were encouraged to be involved in a wide variety of interesting and diverse activities many of which were led by people themselves. The restaurant was used on the regular basis by a large number of people and was a busy social hub. One person told us, "The entertainment here is brilliant and I would recommend it to anyone. We have made lots of friends."
- The vibrant, lively environment had had a positive impact on people's health and wellbeing. One person had a history of social isolation. They had been unwilling to leave their flat and had neglected their appearance. They told us how their life had changed since they moved to the service. They said because of the support from staff they started to put make up and jewellery on again and dress in modern ways. They said, "I was able to join all activities and my life totally changed, I came to life. I never knew I would be able to do things I have done; my confidence came back and I feel I am alive again."
- There was a Chinese New Year celebration taking place on the day of our inspection. We saw people were engaged in a range of themed activities in communal areas. The atmosphere was lively and people were laughing and joking with staff. A member of staff told us, "Today has been planned for weeks and there has been such a good vibe today. All the residents and staff have come together and there is a real buzz around the place."
- A small onsite shop meant people could shop for themselves even when they were unable to go out. Some people volunteered in the shop to further enhance their independence. One person told us the difference volunteering had made to them. They said, "It has made me feel wanted and valued. I couldn't have done it without the care and support I received."
- Staff took the time to learn about people's life history. People were then actively encouraged to use their life experiences in positive and imaginative ways. One person who had been a pub landlord was now actively involved in running the onsite bar. Another person with experience in health and fitness held regular

exercise classes for other people who used the service.

- People's mobility had improved after accessing the on-site gym in the service and this had increased their independence.
- A poetry group had been set up with the support of staff but people were now running this themselves and we saw an exhibition of their work on display.
- People spoke very highly of the dedicated activities staff. The provider employed six staff whose specific job was to deliver activities throughout the day. One person told us, "[Activities co-ordinator] is wonderful, she has a gift, a real sparkle and she just makes everything wonderful.
- People were encouraged to try new things and retain a zest for life. For example, a group of people had taken part in a challenge at a local climbing wall. One person told us about a recent trip to a royal garden party that a member of staff had nominated them for. They told us, "We went to London in a Limousine and it was one of the best days of my life."
- People's differing communication needs were identified, recorded and highlighted in care plans. Staff understood the Accessible Information Standard and information about this was on display in communal areas throughout the building.

Improving care quality in response to complaints or concerns.

- People and their relatives were provided with information on how to make a complaint. One relative told us, "There was a problem with the meals in the restaurant. We did complain and it does seem to have been addressed."
- Complaints were fully investigated in line with the provider's policy and improvements had been made in response to the investigation findings. When an anonymous complaint was received, the registered manager had been innovative in their response. As it was not possible to respond directly to the person making the complaint, a response was circulated to everyone at the service as a way of being fully transparent and in order to ensure that the person who had complained had opportunity to see the response. A coffee morning was also organised so residents could speak with staff directly about any issues they had.

End of life care and support.

- The service was part of the Gold Standard Framework. This is a national programme designed to ensure excellence in end of life care. There was an up to date end of life policy in place.
- People were given clear information on the provider's approach to end of life care. This included practical ways people could ensure they received the care they wanted when the time came, such as advance care plans.
- Staff had training on end of life care to ensure they had the knowledge and skills to provide compassionate care in line with people's wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager was passionate about providing the best care for people using the service. They told us, "There are a lot of providers offering this type of service but we always try to ensure that this experience is unique and bespoke and offers a little bit extra."
- The management team were supportive and approachable. Staff felt the registered manager would listen to any concerns and act on them. One staff member told us, "[Registered manager] is very approachable, I would never be concerned to go to them with an idea or a concern."
- People were happy with the quality of the care and support they received. One person told us, "It's a very, very good place to live, we are like a family and I am happy here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their legal requirement to inform the CQC of important events that happen in the service. CQC had been informed of significant events in a timely manner so we could check that appropriate action had been taken.
- We observed people interacting with the registered manager throughout the day. They were relaxed when talking with them and evidently felt comfortable approaching them should they need to.
- The staff worked well as a team and morale was good. They all told us they felt the new registered manager was approachable and that after a period of uncertainty and change they felt that things were beginning to settle down and they could see positive change. One member of staff told us, "Managers have come and gone, but there is a calm now and things seem better."
- Checks were undertaken to monitor and improve standards at the service. Action plans were in place to address any issues identified.
- The registered manager was very responsive to feedback throughout the inspection and where minor issues were raised, action was taken straight away to make improvements to working practices.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and their families were kept well informed of what was taking place in the service. The service now used social media alongside more traditional methods of communication. People talked very enthusiastically about the photographs and stories that, with permission, were regularly posted on the Facebook page and this was clearly a popular way of engaging with people.
- People had wanted to be part of a resident's association to help them to feel fully involved in the service.

Staff from the provider's head office had visited the service to put this in place and a chairman was due to be elected in the coming weeks.

- Staff were given opportunity to have their say. Staff meetings were beginning to take place on a more regular basis after a change in management and staff told us they felt well supported. One member of staff told us, "We are asked for feedback. We had a survey not long ago."

Working in partnership with others.

- The registered manager and staff had a good working relationship with the local authority and other local services. They worked well with external health and social care professionals.

- The service had good links with the local community. Between 13 and 14 people a day visited a day centre which was held in a large communal lounge/dining area. There was a very vibrant atmosphere with people who used the service chatting with people attending the day centre.

- The provider encouraged intergenerational projects and the activities co-ordinator was working on a project with local schools to arrange joint activities.