

# The ExtraCare Charitable Trust

## Longbridge Village

### Inspection report

Austin Avenue  
Longbridge  
Birmingham  
West Midlands  
B31 2FZ

Tel: 01212278020

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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

The inspection was announced and took place on 19 and 20 September 2018.

The ExtraCare Charitable Trust, Longbridge Village provides personal care for people aged 55 and over. 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 occupant's 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] service. There were 50 people receiving personal care when we inspected. This was the first inspection since the provider had registered the location on 29 August 2017.

A registered manager was in place. A 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 living at the scheme received individualised care and support from staff that demonstrated exceptional knowledge of people's individual needs. People had an enhanced sense of well-being and quality of life because staff actively encouraged and supported them.

People were supported to engage in group and individual community activities within the village that were meaningful to them. People were also encouraged to be as independent as possible and we saw the positive progress people had made, which had resulted in a reduction in the support they required.

Staff respected people's individuality, diversity and personal histories and preferences and always considered people's individual needs when delivering their care. Care plans detailed people's individual care needs including guidance on the things that were important to them.

Information was provided in suitable formats to meet people's individual needs and people were fully involved in planning their care. People and staff told us that the management team were approachable and if they had any concerns they would be listened to.

People said they felt safe living at the scheme with support from staff who arrived at the agreed time and stayed for the agreed length of time. Staff demonstrated good knowledge about people's care and support needs.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

If required, people were supported by staff to have their medicines and records were maintained of medicines administered. Staff maintained good hygiene practices and used protective clothing when appropriate.

Staff said on-going training was in place to ensure they had the skills to meet the needs of the people they supported. Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions.

Where needed, people were supported to eat and drink enough to remain healthy. People told us staff helped them prepare meals of their choice if needed or they could attend the on-site restaurant.

People said staff were quick to respond when they were unwell and supported them to access other healthcare professionals when required.

People told us that they liked the staff who supported them and were positive about the care that they received. People had positive relationships with staff, who they said treated them with dignity and respect. Staff spoke warmly of the people they cared for and said they enjoyed their role.

People told us staff and the management team were approachable and if they had any concerns they would be listened to and dealt with appropriately.

People told us they enjoyed living in the scheme and spoke positively about the care provided and the management team. Staff felt supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

The provider ensured regular checks were completed to monitor the quality of the care that people received. Areas identified for improvement were acted on.

The registered manager had a clear vision for the further development of the service and worked with other agencies to support the well-being of the people living at scheme.

## 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 said they felt safe living at the scheme with support from staff who arrived at the agreed time and stayed for the agreed length of time.

People were supported by staff who understood how to meet their individual care needs safely and were supported to take their medicines as required to support their health needs.

Staff maintained good hygiene and used protective clothing when appropriate.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received on-going training to meet the needs of the people they supported.

Staff were knowledgeable about people's support needs and sought consent before providing care.

Where needed, people were supported to eat and drink enough to remain healthy. People told us staff helped them prepare meals of their choice.

People were supported to access other healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

People said they liked the care staff who supported them and staff provided care that took account of people's choices.

People were supported by staff who respected their privacy and dignity.

People were involved in planning their care and said staff

respected their choices.

### Is the service responsive?

The service was very responsive.

People living at the scheme received individualised care and support from staff that demonstrated exceptional knowledge of people's individual needs. People had an enhanced sense of well-being and quality of life because staff actively encouraged and supported them.

Staff respected people's individuality, diversity and personal histories and preferences and always fully considered people's individual needs when delivering their care. Care plans detailed people's individual care needs including guidance on the things that were important to them.

Information was provided in suitable formats to meet people's individual needs and people were fully involved in planning their care. People and staff told us that the management team were approachable and if they had any concerns they would be listened to.

**Outstanding** 

### Is the service well-led?

The service was well led.

People and staff were able to provide feedback on the way the service was managed and were positive about the overall service.

The provider and management team ensured regular checks were completed to monitor the quality of the care that people received, and action had been taken where areas were identified for improvement.

Staff felt supported by the management team and were clear on their roles and responsibilities.

The registered manager had a clear vision for the further development of the service and worked with other agencies to support the well-being of the people living at scheme.

**Good** 

# Longbridge 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 on 19 and 20 September 2018 and was announced. The inspection team consisted of one inspector.

As part of the 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. The provider had also submitted to us a Provider Information Return (PIR). A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted local authorities who provide funding for people to ask them for information about the service and Healthwatch. This is an independent organisation that champions the needs of people that use health and social care services. This helped us to plan the inspection.

We met and spoke with six people who received care and one relative. We also spoke by telephone with seven people who received care. We spoke with the village manager, the registered manager; the senior care co-ordinator, two care supervisors, two personal support workers, the volunteer co-ordinator and the locksmith who worked with people who needed additional support with mental health concerns, for example, memory loss, confusion or anxiety. We looked at the care records for six people to see how their care was planned. We also looked at two staff recruitment files, medication records and audit records.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe with the support of staff. One person said, "I feel safe here with everything I need and with the carers [staff]." Several people mentioned they felt safe with the use of alarm cords fitted in all flats so they could call staff in the case of emergency.

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Staff told us they were confident to report any concerns with people's safety or welfare to the registered manager or to external agencies. Staff said they were confident that action would be taken. One member of staff told us they had raised a concern regarding one person. They told us action had been taken and other staff from the village staff team including the well-being adviser had supported them in ensuring the person was safe. Another member of staff advised, "The safeguarding policy is put into effect to support people."

When people first needed care from the service, the risks associated with their care were assessed and recorded. Staff were aware how to provide safer care and used the care plans to ensure each person received care that met their needs. People we spoke with told us that care staff always looked at the care plans which recorded their risks as well as asking them about any changes. One person said, "Staff do a proper job. My care plan is used; staff read it each time." A second person commented, "Staff read and sign my care notes."

Staff were knowledgeable about the help and assistance each person needed to support their safety. For example, the type and level of assistance each person required to ensure they mobilised safely. This was confirmed by one person we spoke with who told us they were supported by two staff working together. They advised two staff always supported them and if one member of staff arrived first they would not provide support until the second member of staff arrived; this ensured the support was given safely.

People told us there was enough staff available to support them. All people we spoke with told us staff arrived at the agreed time and stayed for the agreed length of time. The provider used an electronic call rota system. Staff told us there were sufficient numbers of staff available to meet the needs of the people they provided a service to. They told us when staff were off work, other staff supported one another and the supervisors also covered care calls. The registered manager told us that agency staff had also been used on occasion, for example to provide cover over the summer period. They advised that to ensure consistency of care the same agency staff were used.

We looked at three staff records and saw employment checks completed by the provider ensured staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited. We found the provider needed to strengthen the process further and ensure a full employment history was completed for all staff. The registered manager said this would be actioned immediately following our inspection.

Some people were supported by trained staff to take their medicines as prescribed. One person told us they had medicine which had to be taken at the same time each day, which staff did for them. Staff completed medicine administration records (MARs) to record when people's medication had been administered. Staff told us they had received training in supporting people to take their medicines and their competency to do this was monitored and checked.

People told us they were supported by staff to keep their homes clean and tidy. Staff told us they had access to cleaning products and protective equipment, for example, gloves and aprons, to reduce the risk of cross infection when providing personal care and support. This was confirmed by one relative we spoke with who advised, "[Staff] wear gloves and aprons which I see them change."

The registered manager had records in place to monitor any accidents and incidents. We saw information collated looked for any trends and learning so that action could be taken to minimise the risk of any further occurrences.

## Is the service effective?

### Our findings

People we spoke with told us staff knew the care they needed. One person told us they felt staff were well trained and commented, "They [staff] are all up to a good standard." Staff told us they felt supported in their role, understood their responsibilities and had regular supervisions. Staff told us they felt able to access advice and guidance on people's care whenever they needed because the registered manager was always available to them. One member of staff said, "I'm well supported any problems I go to them [the management team] and they listen."

People had been involved in the assessment of their care and support needs. People told us their care was delivered in line with their preferences and care plans we looked at showed people's needs and choices were assessed.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

Staff had completed MCA training and were aware of their responsibilities to ensure people's consent was sought before providing care and support. People we spoke with told us how they agreed to their care and one person told us, "[Staff] always ask permission." Another person commented, "If I said no they would listen." A third person commented, "No one comes in [my flat] without my permission."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The registered manager was aware of the process they would need to follow if someone needed support with their decision making. We also saw that staff were looking to arrange advocacy support for one person to help them with their decision making. An advocate is an independent person or organisation that will find out what the person wants and speak up for them.

Some people were being supported by staff to eat and drink enough to keep them well. People confirmed staff supported them to choose their meals. One person said, "[Staff] ask me what I would like. I have the same most days, but they always check first." Another person told us staff prepared meals as they liked and needed because, "Staff know I can only eat small portions, so that's the way they make them [meals]." A third person told us staff had helped them access the on-site restaurant where they could sit and eat with friends.

People told us how staff had supported them to contact healthcare professionals for assistance. One person told us staff prompted them to contact their GP when they were unwell or would telephone their GP if they requested it. The village scheme had a 'well-being' advisor on site who helped monitor people's nutrition,

blood pressure and offer general health advice. The results of the tests could then be shared with the person's GP for reference or further medical advice.

# Is the service caring?

## Our findings

People we spoke with told us they liked living at the scheme and they were supported by considerate staff. One person told us, "I receive excellent care. Staff are really very good. They are caring." Another person told us, "I couldn't be more pleased with the care received." A third person complimented the staff who they said, "Have my welfare at heart."

We saw the provider had received compliments on the care provided, for example, one family had written in to compliment the care provided to their family member. They said, "It give us as a family great peace of mind that they are so well cared for."

We saw people were comfortable around the staff supporting them and we saw positive interactions. People spoke about staff with affection and told us they had developed positive relationships with them. One person told us, "All the girls [staff] are brilliant. They are our friends." Another person said, "We get on great."

People we spoke with told us how they had agreed to their care and we saw people had signed agreement of their care plans. One person told us, "Staff know what I like, I am in control."

Staff spoke warmly about the people they supported and provided care for and were able to detail people's needs and how they gave assurance when providing care. One member of staff said, "I give them time to talk, they are in charge." We saw an example during the inspection when staff provided reassurance to one person when they became upset.

People were supported to maintain and increase their independence. One person told us staff helped them to wash but they were encouraged to do as much as they could themselves. They said, "Staff encourage me. When I wash they thank me."

People told us staff supported them to access the activities available within the scheme. The registered manager said activities were important to support people's wellbeing and enabled people to get together and ensured people didn't become isolated.

All of the people and the relative we spoke with told us staff were considerate and treated them with dignity and respect. One person told us staff knocked their door and called out before entering. They said, "No one comes in without my permission." One relative also told us, "Staff stand in the hallway until I say come in." Staff also described ways in which they treated people with respect, for instance ensuring their personal information was kept confidential and not discussing their care in front of other people. People also told us staff were respectful of their home and belongings. One person said, "They [staff] also respect our belongings, they take great care."

The provider's PIR stated they had 'appointed dignity champions to continually improve the service ensuring people are treated with compassion, kindness and respect. We saw that dignity champions were in place and acted as a lead and point of contact for other staff in promoting dignity in care.

## Is the service responsive?

### Our findings

People living at the scheme received individualised care and support from staff that demonstrated exceptional knowledge of people's individual needs. This person-centred approach had resulted in extremely positive outcomes for people living at the scheme. For example, prior to us meeting with one person, staff told us about the importance of a valued belonging the person kept with them at all times, as it was integral to the person's wellbeing. The person spoke passionately about how staff had an excellent understanding of their individual needs. They told us how staff recognised the importance of their valued belonging and had incorporated it into the care they provided. They showed us how staff had even made repairs to the item to make sure it stayed in good condition and would last longer. They told us previously people had not appreciated the importance of their belonging but at the scheme they felt valued by staff. They said, "Staff understand and treat me with dignity and compassion which is most important to the way I feel and me staying well."

The person told us with great pride about the improvement they had made and the independence they had developed since come to live at the scheme. They told us how they were encouraged to do things they had never done before. The person showed us their care plan and we saw that detailed guidance was available to staff reflecting what the person had told us. The person told us they had received care and support over many years, but this was the first service that, "I feel accepted [in]."

Another person told us how staff support had encouraged them with exercises to improve their health and independence. They said, "I help myself more now but staff still encourage me and I'm achieving more than I thought I could." They told us of the milestones they had already achieved and the milestones they were working towards with the on-going support of staff.

The provider had an 'ability profile' which was completed to continually assess people's wellbeing and the level of support they required. We saw records showing that people were becoming more independent with the support and encouragement of staff. For example, one person had previously been unable to mobilise without the use of equipment and the support of two staff. Staff had encouraged the person's independence; and with staff referring them to physiotherapy and the on-site gym, they had been able to regain some strength and confidence. Their latest care assessment showed they now no longer required the use of equipment and they only required support from one member of staff.

People had an enhanced sense of well-being and quality of life because staff actively encouraged and supported them to engage in group and individual activities within the village that were meaningful and interesting to them. We saw two people volunteering in activities within the village both of which involved them supporting people from the local community. We could see, and one person told us about the great sense of purpose this gave them and how it increased their sense of belonging and well-being. They said, "I was isolated before but not anymore."

People we spoke with felt that the staff knew them very well. One person told us how they enjoyed joking with staff, they commented, "They [staff] know I like to joke, it's easier for me that way." Another person told

us they enjoyed the time they spent with staff and said, "We have banter and it's fun!" People praised the staff team's approach and how they worked well together. One person said, "They cover even on their days off so I get the right care." One relative said staff went, "Over and above," in ensuring people settled into the scheme well and developed good relationships with staff.

One relative praised how staff responded to their family member when they quickly became very unwell. They said because staff knew their family member well they had recognised small changes in their body language and took decisive action. They said, "Staff recognised signs that we had not seen. They thought quickly and took action." They then detailed how staff had sought immediate medical input for their family member. The relative advised, "I can't praise them enough."

Where people were living with dementia we saw that referrals had been made to the provider's 'locksmith service' for individually tailored programmes of support. An Extracare locksmith is someone who works with people who needed additional support with mental health concerns, for example, memory loss, confusion or anxiety.

The provider made information available to support people and signpost them to other services in an accessible format suitable to their specific needs. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. One person with a visual impairment told us their care plan had been produced in large print and provided in an individualised folder. They told us, "It's the first time that a service has done this for me without me having to fight for it."

People told us they were involved in planning their care and records showed people were asked for feedback on the care they received. The provider completed care assessments to ensure care was provided to the standard they expected and required. People contributed to the assessment and gave feedback. One person said, "They check everything is OK so they can make changes if you want. I'm happy to tell them but I'm more than happy." Staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover. For example, we saw that when one person refused care over several calls, staff assessed the person was unwell and with the person's permission their GP was contacted. Their GP completed a home visit and action was taken to improve the person's wellbeing.

People said they felt able to complain or raise issues should the situation arise, however people we spoke with told us they had no complaints and had not had to raise any issues since arriving at the scheme. Staff told us that they would talk with the provider if they had any concerns and they were confident that action would be taken in response. We saw that no written complaints had been received during the last twelve months, however the provider told us they would look to take any learning for improvements if a complaint was received.

Staff respected people's individuality and diversity. Care files contained information about people's personal histories and people's preferences, so staff considered people's individual needs when delivering their care. The provider's vision was to promote an inclusive environment for all and people living in the village had the option to sign up to the provider's equality and diversity charter. One member of staff told us the village was an open and welcoming place to work and Extracare was the most open and supportive organisation they had worked in. Two members of staff also told us that the Rainbow (LGBT+) choir was due to perform at the village. We also saw that all staff wore a rainbow badge representing the LGBT community. We spoke to staff about this and two staff told us the badge provided a good talking point when meeting people and they were able to talk about the importance of people living in a positive and inclusive

environment where everyone was valued.

We spoke with the provider's volunteer organiser and they told us Extracare charitable trust was working to rewrite their equalities policy. To do this Extracare had involved people from throughout the organisation and worked with the Stonewall charity. Stonewall is the largest charity organisation in the UK leading that campaigns for the equality of lesbian, gay, bisexual and transsexual people across Britain.

The provider's PIR stated that they were planning to introduce 'end of life' champions (staff to lead and give advice) and had arranged end of life training for staff. We discussed this with the registered manager who advised the service was not currently supporting anyone with end of life care. However, training was planned, and some staff had already attended 'Cruise' bereavement training. The provider had also arranged a visit to a local funeral director, to give staff guidance and information.

## Is the service well-led?

### Our findings

People told us they enjoyed living at the scheme with the support of staff. One person said, "It's a well run place." Another person commented, "Its brilliant [here]...staff do a proper job. It's the best service I've had."

The registered manager was the manager across three sites. They told us this had benefited the service as they had been able to take learning and good practice from the other sites and apply the knowledge to developing the service at Longbridge village.

Staff told us they were able to feedback about the management of the service in staff meetings which they advised were two-way discussions. Staff felt able to give feedback and any suggestions. One member of staff said, "It's an open management style they will listen to suggestions."

Staff felt valued by the provider. One member of staff said, "I look forward to coming to work. It's a good staff team, a good organisation to work for and it's a real community here." Two other members of staff told us of the opportunity to progress within the organisation and that the provider supported staff to complete further qualifications and training. Staff also told us any compliments received by the management team were shared on the notice board and in team meetings.

The provider ensured regular checks were completed to monitor the quality and safety of care people received and look at where improvements could be made. Where areas requiring improvement were found we saw that action had been taken. For example, we saw how a change had been made in the way rotas were submitted to show calls had been completed and how different coloured paper was used to highlight a change in rotas.

The registered manager said they were well supported by the provider. They said, "There is an on-site village manager and [Regional manager's name] is very supportive and constantly there anytime. The [Extracare] directors are also available to me, it's a very resident centred service." We spoke with the village manager who said that they encouraged a culture of working together to solve any problems. They also advised they met with the managers of the provider's other Extra Care villages, to ensure learning and best practice was shared across the schemes.

The provider's PIR stated that standards were monitored through a programme of 'internal and external unannounced inspections'. We saw evidence of this with a report in place following the most recent provider inspection. The village manager advised they had received positive feedback about the care provided from the inspection, which was used to ensure. "Extracare standards were met."

The registered manager was clear in their plans to further develop the service. They advised they were working with the local GP surgery and were in the final discussion stages to hold a satellite surgery at the village. This would be open to both people from the village and the local community. The registered manager said they wanted to develop the service further and stressed the importance of ensuring the village was part of the wider community.

The registered manager said that the service provided a home for life and to support this they were, "Planning ahead," and arranging training in advance. For example, PEG training (to support people who receive food via a Percutaneous Endoscopic Gastrostomy) and 'Stroke' awareness training was in the process of being arranged. They had also initiated a project working with the local hospital trust to explore ways of avoiding hospital admissions for people.

The registered manager said they kept their knowledge up-to-date by attending training and accessing information and updates from the CQC website to support development of the service. The provider also had a performance and standards officer who worked with the services to update them on any legislation or standards changes. Records we saw showed the management team worked with other agencies to support the well-being of the people living at scheme. For example, we saw referrals to GP and community health teams.