The ExtraCare Charitable Trust

ExtraCare Charitable Trust Lovat Fields Village

Inspection report

Japonica Drive,
Brickhill Street,
Willen Park,
Milton Keynes,
Buckinghamshire.
MK15 9LE
Tel: 01908 351300
Website: 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?	Good
Is the service well-led?	Good

Overall summary

ExtraCare Charitable Trust Lovat Fields Village has 258 homes and over 300 people using the service. Approximately a third of people within the village receive help with their care. Dependent on individual circumstances they can support people from housekeeping to nursing care, including supporting people with dementia.

The inspection was announced and took place on 28 January 2015.

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 and associated Regulations about how the service is run.

People were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Safe and effective recruitment practices were followed.

There were suitable arrangements for the safe management of medicines. We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

Staff received regular 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 told us their needs were met and they were supported to take part in meaningful activities and pursue hobbies and interests. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

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.

We saw that people were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the registered manager. We saw that a system of audits, surveys and reviews were also used to good effect in monitoring performance and managing risks.

We found that the service had good leadership and staff were positive in their desire to provide good quality care for people. The manager demonstrated a clear vision and set of values based on person centred care and independence. These were central to the care provided and put into practice by staff for the benefit of everyone who used the service.

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?
The service was safe.

People were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

There were sufficient staff available to meet people's individual needs and keep them safe.

Effective recruitment practices were followed.

People's medicines were managed safely by staff that had been trained.

Good

Is the service effective?
The 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. They were aware of the requirements of the Mental Capacity Act 2005.

People's health and nutritional needs were met effectively.

People were cared for by staff who had access to up to date information and current knowledge.

Good

Is the service caring?
The service was caring.

People and their relatives were positive about the way in which care and support was provided.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People told us they were happy at Lovat Fields and that staff treated them with kindness, dignity and respect.

Good

Is the service responsive?
The service was responsive.

People were able to raise complaints or issues of concern and provide feedback about their experiences.

People had been fully involved in discussions about how their care was assessed, planned and delivered.

People told us they had a voice and that staff listened to and acted on their views about all aspects of their care and how the service was run.

Good

Is the service well-led?
The service was well led.

The quality assurance and governance systems used were effective and there was a clear vision and set of values which staff understood.

Good

Summary of findings

The service promoted a positive and inclusive culture. People, their relatives and staff were encouraged to share their views and help develop the service.

The manager demonstrated visible leadership and had put systems in place to drive improvement and develop the quality of service.

ExtraCare Charitable Trust Lovat Fields 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.

The inspection took place on 28January 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

This inspection was undertaken by three inspectors, one of whom was a pharmacy 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 used a number of different methods to help us understand the experiences of people living in the service. We saw how the staff interacted with the people who used the service.

We spoke with 12 people who used the service. We also spoke with the manager, four relatives of people who used the service, two care coordinators and eight care staff.

We reviewed care records relating to five people who used the service and 10 staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

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, "I am 101% safe and it's like we are a whole family here." Another person commented, "I am kept safe and feel I have peace of mind." We spoke with a relative who told us, "This manager does not hide anything, they like things to be out in the open. That gives me confidence that my [relative] is being cared for in an open and safe way."

We spoke with seven members of staff, about safeguarding and what they would do if they suspected abuse was taking place. They all told us they had received training about how to recognise and report abuse and training records confirmed this. One member of staff told us, "I would have no hesitation in reporting anyone who was behaving inappropriately towards people who live here." The staff we spoke with told us they were confident that any concerns reported to the manager would be effectively dealt with to make sure people were safe. This meant people were protected from the risk of abuse because staff were trained to identify signs of possible abuse and knew how to act on any concerns.

We saw records of when staff had undertaken safeguarding training and also when they had undertaken 'safeguarding refresher' training. The provider ensured that staff were fully up to date with the company and local authority safeguarding reporting procedures. We also found that the provider had effective systems in place to monitor and review incidents, concerns and complaints which had the potential to become safeguarding concerns. Records showed that the registered manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and the Care Quality Commission (CQC).

We saw that risks to people's safety had been assessed and were linked to care plans which considered risk factors. These included risks associated with malnutrition and falls. Staff confirmed that risk assessments were reflective of people's current needs and guided them as to the care people needed to keep them safe. One staff member said, "The risk assessments are very important. They make sure people still have their freedom but keep them safe at the same time."

The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. We saw that where one person had sustained injuries following an incident, a risk assessment had been put in place, the care plan had been updated and they had received a visit from the local fire authority for advice.

Staff told us that they had been through a robust recruitment process before they started work at the service and that the provider had undertaken appropriate recruitment checks before they commenced work. One senior staff member discussed with us the importance of using safe recruitment processes and informed us of the recruitment checks that would be completed before staff commenced employment. They said, "We have to be careful about who we employ. They have to be suitable for this kind of work, and they need to be kind and caring."

We found that recruitment records were well organised. We saw that the necessary staff recruitment and selection processes were in place to keep people safe. We looked at the recruitment files for ten different members of staff and found that appropriate checks had been undertaken 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. Where any issues had been identified, the provider had taken steps to complete a risk assessment of the situation to ensure that people were safe to work with people who used the service.

We asked a senior staff member; who had responsibility to formulate the staff rotas; how they made sure there were enough staff available to meet people's individual needs. We were told that there were 62 people receiving care, and they required varying levels of support. We were told that the service provided people with care that was based upon 'Model Hours'. There were five possible levels of care that people could receive. This was based upon a number of assessed support hours, to include housekeeping time. This meant that staffing numbers were based on the level of people's dependency needs.

We discussed with staff about how the work was allocated and were told that each staff member had their own 'run'. This was a list of people they were required to support during their shift and detailed where two staff were needed, for example in the event of manual handling. Staff told us weekend staffing had previously been a big issue but this was improving.

Is the service safe?

We spoke with four people who were given their medicines by the service and two people who gave medicines to their partners. All four people told us that medicines were given on time and one person commented that their pain relief was managed well.

We saw medicines being delivered to people's flats where they were responsible for administering their own medicines or those of their partner. No medicines were stored by the provider and where needed a locked safe was provided for an individual who was not able to look after their medicines safely.

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 providers policy was to have a Medication Administration Record (MAR) for nurses or care workers to record that they had given medicines. The provider employed nurses to support people risk assessed as requiring higher support such as with Insulin or the anticoagulant Warfarin.

We looked at the MAR charts and saw that there was a list of people's current medicines and that this correlated with the medicines profile. Allergies were all recorded to prevent inappropriate prescribing. We saw one omission on the 10 charts we viewed, of the current medicines cycle. 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. Consent to administer medicines had been obtained from the person or their appropriate relative.

Is the service effective?

Our findings

People told us they were looked after by staff that had the necessary skills, knowledge and experience to provide effective care and support. One person said, “If you are not so good when you come here they will bring you round, you are never alone.” Another person commented, “I was in hospital but I wanted to come home. I know they can look after me better here than in hospital.”

Relatives were also positive about the skills used by staff to help people develop and enjoy a good quality of life. One relative commented, “The staff are brilliant. My [relative] would not be alive if it wasn’t for the quick thinking of the staff. They work extremely hard to help my [relative] remain independent.”

We spoke with members of staff who told us they had received a variety of training including safeguarding, mental capacity and dementia care. One staff member said, “The training has improved, it is good and tells us what we need to know to look after people.” We were also told, “The service is willing to invest time and effort into staff and the training is really good.” We were told there was an Extracare University where staff could access additional courses that might benefit them. New staff were required to complete an induction programme and not allowed to work alone until assessed as competent in practice. They told us that there was also a buddy system in place which ensured that new staff had support from a consistent staff member and said they found this beneficial.

Staff told us they received on-going support from the registered manager and head of care. They said that supervision sessions had not been frequent and we discussed this with a senior staff member. They confirmed that they had implemented a schedule to ensure that all staff would became up to date with their supervision. Staff confirmed that they still felt supported even though they had not received formal supervision. We saw evidence of some supervision meetings and staff meetings which staff told us they found valuable in helping to address issues and identify development needs.

People told us that staff asked them for their consent before providing care and support. People told us, and records confirmed, that consent was always obtained about decisions regarding how they lived their lives and the care and support provided. One person commented, “They [staff] always ask me if it’s okay to do things. They will advise us but we get to choose and make decisions; even if they don’t always agree.”

Staff and the manager had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated a good understanding and were able to explain how the requirements worked in practice. At the time of our inspection no one using the service was deprived of their liberty.

There was a restaurant in the complex which served two courses, a main meal and dessert, with a vegetarian option. The atmosphere was relaxed and pleasant and the staff were attentive to the diners. Some people we spoke with said they dined in the restaurant daily. One person said, "The food is good. I come here every day and need a diabetic diet. They know me well and cater for my diet.” 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 two staff 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. Care plans we looked at recorded instructions to staff to leave drinks and snacks within people’s reach.

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. People told us that a doctor from the local surgery visited every Thursday. One relative said, “My [relative] became ill and staff acted quickly. Within 45 minutes they were in hospital.”

People told us, and records confirmed that their health needs were frequently monitored and discussed with them. Risk assessments were used to ensure that care plans accurately reflected and met people’s needs. This included areas such as mobility, physical and mental health and medicines. We found that staff had received specific

Is the service effective?

training to meet the healthcare needs of people using the service. For example, pressure area care and catheter care. Staff had also received training in Dementia Care and Huntingdon's Disease.

Is the service caring?

Our findings

People told us they were happy living at Lovat Fields and that staff were kind, caring and respectful of their right to privacy. One person commented, “They are very caring and respectful, some go out of their way to understand your problems.” Another person said, “The care is genuine care with a human touch.” A relative said, “My [relative] has scheduled visits and sometimes staff pop around in between those visits just for a chat.” People we spoke with were unanimous in the wish for continuity in care. They said they did not get the same carers all the time; they realised that perhaps holidays were difficult to deal with but felt that the use of agency staff created anxiety with people.

People using the service and their relatives told us they were involved in developing their care plans, identifying what support they required from the service and how this was to be carried out. One person told us, “The timings could be better but overall it’s good. I have a say in when I need staff and what I want them to do. If I’m not in my flat the staff will come and find me so I’m not restricted to sitting in my home waiting.” This meant that staff respected people’ choice, autonomy and allowed them to maintain control about their care, treatment and support.

Staff told us they ask people what they can do for them. One staff commented, “I always ask. If people want something I go and get it for them. If they’re happy, I’m satisfied and feel that I’ve done my job properly.” We saw that for people who did not have the capacity to make these decisions, their family members and health and social care professionals were involved in their care and made decisions for them in their ‘best interest’.

The manager told us that if they had any concerns regarding a person’s ability to make a decision they would work with the local authority to ensure appropriate capacity assessments were undertaken.

Records we looked at confirmed that people had been involved in the care planning process. These were written in a way that promoted people’s individualised care. For example, we saw that one person did not like to wear their hearing aids and a detailed plan of how to communicate successfully with this person had been recorded for staff guidance. This meant that staff were provided with up to date information about people's care and treatment.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service.

Throughout the day we saw that staff supported people in a kind, patient and respectful way. One person said, “They [staff] are very caring and respectful, some go out of their way to understand your problems.” We saw one person being supported to visit the coffee shop and another staff member was sat playing dominos with a person using the service. We observed staff engaging with people in a kind and friendly manner. They smiled and talked with kindness to people.

Is the service responsive?

Our findings

People told us that staff promoted their independence and encouraged them to have their say about how the service operated and their care was provided. We spoke with three people who were part of a care focus group. They told us this was an opportunity to raise any concerns with the manager. They gave us an example of an area of concern they had raised jointly and how this had been successfully resolved.

We saw that assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. One relative told us, "The manager observed that my [relative] was not complying with medical advice. Within one hour my [relative's] care plan had been updated and staff informed of the changes." 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.

Throughout the day staff responded to people's need for support in a timely fashion. It was evident that people were protected from the risk of social isolation because staff supported them to engage in activities throughout the complex. We spoke with a group of people playing snooker with two volunteers; they told us that the complex was ideal as there were lots of things to do. One person said, "It's a lovely place, it's got everything you need." Another person commented, "This would be an appropriate place for someone who is alone, to be part of the community."

We saw there were ample opportunities for people to follow their hobbies and interests. There was a well-equipped woodwork room, greenhouse, gym, art studio, café/bar with a snooker room, hairdressers, and a small general store. There were flower beds down the middle of the "streets" which were maintained by people using the service. Entertainment in the way of a singer was in the bar during lunchtime and people were clearly enjoying themselves.

People using the service and their relatives told us they were aware of the formal complaints procedure, but that they knew the manager and felt comfortable talking to them directly if any concerns should arise. One person said, "You can go to [manager] with anything and they will always try to sort things out." A relative told us, "I have been impressed with the new manager. I know someone who had a complaint and it was sorted out that same day."

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 received by the service and saw these had been responded to in a timely manner. One of these was from the residents association. We saw action plans had been put in place following the complaints to minimise the risk of the same occurrence happening again.

People we spoke with told us they had a voice at the service and that staff listened to and acted on their views and opinions. One person also told us, "There is a resident's association survey every month to cover care and maintenance and this is put through people's doors. There is also a clinic for residents to air problems and grievances and then this is put to the management."

Is the service well-led?

Our findings

There was a registered manager at the service. One person told us, "I have seen an improvement; the manager is wonderful. I would put them on a pedestal if I could." A relative likened the service to that of a cruise ship. They said, "It has all the facilities and the [manager] is the captain. You don't have to wait to be asked to sit at the captain's table because the captain comes to you." Another person commented about the manager, "I think the [manager] is wonderful. They have managed to turn things round."

Staff were also positive about the management of the service. One staff member said, "The manager is, "Phenomenal. Really good and always extremely supportive."

Staff we spoke with acknowledged the issues that the service had been through and described how they had all seen improvements. Everyone said the manager provided good leadership and knew what direction the service needed to travel in. They all felt that there was, "light at the end of the tunnel" and that things had started to improve for both staff and people who use the service.

Staff felt that when they had issues they could now raise them and felt they would be listened to. One told us that they had recently undertaken an end of life course and that the registered manager and head of care had supported them to implement the knowledge they had gained to change the systems and processes in place, in respect of end of life care to benefit people.

We found that person centred care and choice were key to how the service operated and how support was provided.

Staff told us that they were constantly reminded about the importance of promoting people's rights, choices and independence and this was evident in discussion held with staff. Staff said they were happy in their work and felt that this enabled them to provide good quality, effective care for people.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Staff told us they had regular meetings and these were an opportunity to raise ideas. They told us they believed their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff also said they felt able to challenge ideas when they did not agree with these. They said that communication was good and they could influence the running of the service.

People had been actively involved in developing aspects of the service. This was through a residents association and a care focus group. They were encouraged to have their say about how the quality of services provided could be improved. One person said, "We are encouraged to bring forward our ideas and opinions."

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 infection control, medicines, staffing and care records. 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 regulations 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.