

The ExtraCare Charitable Trust

ExtraCare Charitable Trust The Rose Garden

Inspection report

Ledbury Road
Hereford
HR1 2TR
Tel: 01432 363000
Website: www.extracare.org.uk

Date of inspection visit: 26 October 2015
Date of publication: 12/01/2016

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

This inspection was carried out on 26 October 2015.

The Rose Garden is registered with us to provide personal care and support for people who live in their own flats within the premises at the Rose Garden. At the time of our inspection 39 people received care and support from this service.

There a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection took place on 26 October 2015. We gave the provider 48 hours' notice of our visit so that they could arrange for people and staff to be available to talk with us about the service.

Summary of findings

People said that they felt safe at The Rose Garden and received support from staff who were kind, caring and always respectful towards them. Staff understood how to protect people from abuse and received regular training around how to keep people safe. Staff were not recruited until checks had been made to make sure they were suitable to work with the people that used the service.

People told us that the staff and management were approachable and if they had any concerns they would be listened to.

People said that there were enough staff to meet their needs, including the support they needed with their medicines. People said that staff holidays or sickness were covered by other staff to make sure that they had consistent support.

People told us that they felt staff had the skills and knowledge to provide the right support for their needs. We found that staff were trained and supported to safely and effectively deliver the care and support that people needed. People's care records contained the relevant information for staff to follow to manage risks appropriately and identify people's health needs and how to provide the personalised care people required. Staff told us that these care plans and risk assessments were clear and updated quickly if people's needs changed.

People we spoke with were positive about the care that they received. They told us staff were kind and caring and treated them with dignity and respect. People told us they

found the staff and management approachable, willing to listen to their views and opinions. They said that if they had any concerns they were able to speak with the registered manager.

People told us that they were involved in the care and support that they received. People were given choice and their wishes respected by staff. Staff and the registered manager understood the principles of the Mental Capacity Act 2005 (MCA) and told us that they always ensured that people's rights to make choices were respected.

People told us that staff were quick to respond when a person was unwell. People were supported to access other health professionals when needed.

People told us that staff helped them prepare meals or attend the restaurant when needed. There were a choice of nutritious options available. People told us that they received support from staff to access activities and facilities at the Rose Garden. This included a programme of entertainment and activities as well as access to other facilities such as a gym and a Jacuzzi.

The provider and registered manager had systems to measure the safety and quality of the service. Checks and audits were completed regularly to make sure that good standards of care were maintained. Regular meetings with the people between the people that lived there and the registered manager made sure that feedback was gathered and acted upon.

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?

People had care and support that was safe and protected them from harm. People had support to take their medicines safely at the times they needed them.

Staff had a good understanding of safeguarding. They knew their responsibilities to keep people safe and to manage any risks. People received care and support at the times that they needed it.

Good



Is the service effective?

The service was effective.

People felt that staff had the skills and knowledge to provide care effectively. People received support to access different health professionals when needed. Where needed people had support to prepare meals or with eating and drinking. The care and support people received matched their identified health needs.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able make choices and consent to their care.

Good



Is the service caring?

The service was caring.

People said staff were kind and caring and treated them with dignity and respect.

People were involved in planning and reviewing their care and support. People felt that the staff and the registered manager were approachable and they could make suggestions about their care at any time.

Good



Is the service responsive?

The service was responsive.

People said that their care and support was based on their own individual needs and preferences. Care plans were reviewed regularly to make sure that their needs continued to be met.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

Good



Is the service well-led?

The service was well led.

People said the registered manager and staff were approachable and always took time to make sure they were happy about their care and support.

Staff felt well supported and motivated to provide a good quality service.

There were effective quality monitoring systems in place to identify any areas for improvement. The provider and registered manager involved the people in decisions about the service.

Good



ExtraCare Charitable Trust The Rose Garden

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 was an announced inspection which took place on 26 October 2015 by an inspector and the provider was given 48 hours' notice. This was so that they could make staff and people were available to speak with us.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or

injuries to people receiving care, this also included any statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

As part of our planning for the inspections we asked the local authority if they had any information to share with us about the care provided by the service. They told us they had no current concerns about the service.

We spoke with six people who used the service, one relative, three care staff, two team leaders and the registered manager.

We looked at the risk assessments and specific care plans care records for five people, four staff files and looked at records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with told us they had consistent support from regular staff who they knew and were familiar with their assessed needs. One person said, “I know most of my staff. Sometimes I will get an agency member of staff but usually it is the same people from the agency.” People said that staff were punctual and reliable. They told us that they felt there were enough staff to meet their needs safely. One person said, “If ever you need anyone, it doesn’t matter when, staff will come.” People had a call bell system in their flats and staff were available 24 hours a day to respond if there were any emergencies or if people required assistance with personal care.

People told us they felt safe, one person said, “I have full confidence in the staff.” People said that they had information from the provider on who to report any concerns to, and they felt confident that any concerns would be dealt with promptly. Staff had training in keeping people safe and were able to explain to us how they would identify if abuse was happening and what to do about it. They were able to tell us who they would contact if they had any concerns. The registered manager also had a good understanding of their responsibilities to identify and report potential abuse to the local authority..

People said that any risks were explained to them and managed well by staff. Staff knew about people’s needs and could tell us how they managed risks associated with people’s care and medical conditions. Staff told us that the risk assessments were clear and reviewed regularly. If they felt that a person’s risk assessment needed changing they would tell the managers who would review it straight away. For example one person told us that their care plans and risk assessments had been recently reviewed due to a change in their health which had meant they were at increased risk of falls. They told us that they were involved throughout and the risk assessment had been updated to include increased monitoring and increased awareness of fall hazards in the person’s home. This person said, “I feel that my safety is important to them [staff].” They also told us that they felt that their care and support did not limit their independence.

People felt that there were enough staff to provide them with the support they needed in a safe way. The registered manager told us that they had a system that made sure there was an adequate number of staff to meet people’s individual needs. The manager was able to tell us about some people that required more staff support than others and we could see that staff were allocated accordingly.

Staff told us that there were checks in place before they started working for the service. Four staff files confirmed that checks had been undertaken with regard to proof of identity and whether there were any criminal records that the provider needed to be aware of. The service had also received references from past employers to make sure that new staff were suitable. The registered manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

People told us that they had the right support with their medicines. The support varied according to people’s needs. For example one person told us that they just needed reminding by staff to take their medicines. Other people needed staff support to administer their medicines. All the people that we spoke with said that staff were professional and prompt with the times that medicines were needed to be taken. All staff told us that they had regular medicine training and that they were unable to help people with their medicines unless they had been trained. The registered manager also told us that agency staff were not able to administer medicines, as this was left to regular staff. The registered manager said this was an additional precaution because agency staff may not have had the same level of medicines training as the staff who worked for the service. Staff knew about the medicines policy and were able to tell us about the action that they would take if they had concerns about someone’s medicines. One staff member said, “If someone didn’t take their medicines I would ask them why first and make sure I told the manager straight away. It may be important for them to take it but you can’t force someone.”

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to meet their needs effectively. One person said, “The staff are very good at what they do and are skilled.” A relative told us, “They know [person’s name] really well and know how to do a good job.” Staff felt that the training they received helped them with their jobs. One staff member said, “I think that we [staff] are lucky to have good quality training that actually has an impact on how you do things.” Staff told us that they felt well supported to do their jobs. One staff member said, “It’s improved so much since we have had our manager. We get very good support.” Staff told us that they had regular supervision and that they also had an annual appraisal. New staff told us that they had a comprehensive induction period and had to shadow more experienced staff until they were considered competent to work alone. They told us that this gave them opportunity to observe and be observed by more experienced staff, they found this reassuring and supportive. They told us this provided them with confidence and knowledge to carry out their job role effectively.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People said that they were always able to make choices regarding their care and support. One person said, “They

[staff] always give you choice. They wouldn’t do anything without your say so.” One person told us about how they had asked for changes to the times of some of their support. They said that following a meeting with the registered manager the times had been changed for them. Staff could explain to us what needed to happen if a person did not have the capacity to make choices. Staff were able to explain about best interest meetings and the principles of the Mental Capacity Act 2005 (MCA). This demonstrated that staff understood about consent and supporting people with their choices.

People told us that they had the correct amount of support with their meals. Some people required their meals to be prepared, other people were supported to access the food in the restaurant at the Rose Garden, while other people were supported to prepare food in their own flats. Staff were able to tell us about how they supported people with their mealtimes. Staff were positive about this and emphasised the importance of making sure people enjoyed their mealtimes and had support and access to food and drink throughout the day. Staff told us that where there were any concerns about a person’s eating or drinking health professionals had quickly become involved.

People told us that staff supported them to keep well and where needed staff would support them with their health appointments. The registered manager and the staff regularly engaged with other professionals associated with people’s care and support. We saw an example where a care plan had been reviewed with input from the district nurse following a change in a person’s health. One relative said, “They [staff] are always here for [person’s name]. If he is ever unwell they are really quick to get help here.” Staff told us about how one person recently had started refusing some aspects of their care and staff had increasing concerns over the person’s health. They told us that after speaking with the registered manager the person’s doctor had been contacted and now the person was showing signs of improvement. All of the staff we spoke with said the management team were always available for advice if they were worried about a person’s health.

Is the service caring?

Our findings

The people we spoke were happy with the staff and spoke positively about their relationship with them. One person said, “The staff are lovely. They are like my friends really.” People felt that the support they received matched their individual needs. They told us that they felt that they were treated as individuals and that staff took the time to having meaningful conversations with them. One person said, “It’s company as much as it is care. They [staff] are great.” The staff we talked with spoke fondly of the people that they provided support for.

People we spoke with felt that staff supported them to maintain some independence. They told us about how staff took time to support them to participate as fully as they could in their care. One example a person gave was with the care they received in a morning. They explained that staff always asked what level of support they needed with their personal care, as they said some days with their health were better than others. They said that some days they needed more support than others, but that staff were keen to maintain their ability to do things for themselves. Staff told us that they recognised what people could do for themselves as well as what people needed extra help with. Care plans that we looked at showed that the care and support promoted people’s choices and independence.

People said that they felt in control and involved in their care. People felt that staff communicated well and took the

time to make sure that they were involved in their care. The registered manager told us that care was only planned with involvement of all the relevant people with the person themselves at the centre of all decisions about what care and support was needed. People we spoke with told us that they knew about their care records. The care records that we looked at showed that people had been involved in identifying and reviewing their care and support. We were told that staff explained clearly before going ahead and carrying out any care tasks. One person said, “They [staff] make sure you have a say in your care and support.”

People told us that they felt all staff treated them with respect and dignity. They told us that staff were always mindful of how people wanted to be addressed. One person said, “[Person’s name] likes to be addressed formally by her married name and staff do this. For me they just call me by my first name. It’s how I like it.” Staff told us that they received training around equality and diversity and demonstrated a good knowledge of people’s right to equality and diversity. The staff we spoke with explained how they would support people with their own views and beliefs. The registered manager said that they were in the process of introducing a dignity champion. They explained to us that they saw the role as being a point of contact for staff and the people that used the service, and to promote and reinforce dignity and respect throughout the Rose Garden.

Is the service responsive?

Our findings

People told us care was centred on their individual needs. One person told us, “The care is centred around me. Staff know my likes, dislikes and interests as well as the things about my health.” The care plans we looked at reflected this. We could see that the provider and registered manager were quick to respond if a person’s needs changed. One person had recently needed additional support due to an increase in falls. We spoke with this person and they told us that they had been fully involved in deciding how best to reduce their falls. This had included working with staff to reduce the risk of falling in their flat. Another person told us that on occasions their health can mean that other health professionals are needed. They said that staff were, “Very responsive.” We could see in the care records where care routines and tasks had been altered so that they could remain individually tailored to what the person wanted. The registered manager told us that all people had planned reviews of their care every three months. People told us that this was a good way to discuss with the staff and the registered what was working and whether anything needed to change. One person said, “Our health does not stand still. They [staff] would change urgently if it was needed, but to know that you have a planned time with the manager is good.” People went on to tell us that they were always consulted and part of any decisions made about the support they received.

People told us that they had no complaints but felt that if they did they would be listened to. They were aware of the complaints procedure and how to raise a complaint. People had information on who to contact including the details of the registered manager and other agencies such as the local authority and CQC. All the people we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. We spoke with the registered manager about the handling of concerns and complaints. There had not been any recent complaints but we could see that there was a system in place to respond and investigate concerns appropriately. On the day of our visit there was a ‘street meeting’ taking

place. We asked the registered manager about this and they told us that this was a regular meeting that was arranged by the people that received the service to discuss any areas of concern with the registered manager. We spoke with the people about this they told us that they found it was a useful way of engaging with the registered manager and the staff about their care.

People felt that the care and support they received was what they expected and reflected what was in their care plans. Staff were able to tell us about people’s needs and said that the care plans reflected the care they provided. In the five care records we looked at we found that care plans and risk assessments were detailed and had been reviewed regularly.

People said that staff were reliable and care and support was provided at the time agreed. One person told us, “It is very important that I have my medicines early, staff are very good they are there when I expect them.” They told us that staff always stayed for the expected time and made sure that they were alright before leaving. One person told us that after a spell of being unwell staff had made extra calls to make sure they were ok. This person told us that they found that the service was, “Flexible, the registered manager tries their best to make sure the service is responding to how people are feeling.”

People told us that they were able to access a variety of different entertainment and activities, many of which get discussed and agreed in the ‘street meetings.’ One person said, “You can never get bored, there are lots of things to do here, but sometimes I just like quiet time and this is ok to.”

People had discussed and agreed what support they wanted to match their needs and preferences. One person said, “I have been involved in my care throughout, so what I have now has come from agreeing on what I want and need.” Another person said, “[Registered manager] is so responsive to what you say. I know there is no magic wand and sometimes you can’t always get the extra support straight away, but they will never leave you without.” The care records we looked at reflected this.

Is the service well-led?

Our findings

People told us that they had regular contact with the registered manager and they were approachable if they needed them. They said they could talk with staff about any comments or concerns and felt that they would listen and forward any concerns or comments to the registered manager if needed. Staff told us that they had good support from the registered manager and were able to speak with them when needed. One staff member said, “The support is great. Things have improved so much since we have had our manager.” Staff were also aware of the whistle blowing policy and who to contact if they had concerns about people’s safety. There was a clear management structure and out of hours on call system to support people and staff on a daily basis. We asked the registered manager about the support that they got from the provider. The registered manager told us that they were given authority to make decisions regarding the care and support packages people received. They said that they felt supported by the provider and met regularly with them to discuss how things going in the service.

The people we spoke with were positive about the registered manager and the provider. One person told us, “The manager is always around. They want to know how things are going. I see the owner sometimes and they seem interested in how things are too.” The senior staff carried out regular unannounced spot checks on how staff provided care and support. The registered manager told us that this was a way of making sure staff were continuing to meet people’s needs as planned and to also give the staff and the person receiving support the opportunity to talk about the quality of the care.

The provider made sure people were given the opportunity to be involved in decisions about how the service was run through the ‘street meetings’ which involved the people who received a service from them. People told us that they knew about these meetings and discussions included new opportunities for different activities and any concerns or

suggestions. The provider and registered manager listened to what people were saying and identified where action needed to be taken. One person said, “It gives us some control over how the service develops. They [registered manager and provider] are very good and take action.” One example given was how some people had raised concerns that some of the new staff and agency staff sometimes knocked doors, and went in before the person had chance to answer. They told us that upon hearing this, the registered manager identified people’s preferences and made sure all staff followed this.

Staff meetings enabled staff to discuss with the management team what was going well as well as any concerns. Staff told us that they felt involved in decisions regarding the development of the service and how it was run. One staff member said, “We feel able to talk openly and honestly about things. It shows great support for us as staff.”

We asked the staff and the registered manager about their vision for the service. The registered manager told us it was for “People to feel happy and fulfilled every day.” This was supported by the staff we spoke with all of whom seemed well motivated and positive about working for the Rose Garden. The registered manager told us that they had frequent contact with the provider who was supportive and responsive to anything that the registered manager had to say. The registered manager told us about the plans to develop more management support. They were doing this through some of the team leaders who had started to undertake further management training. One staff member said, “There is a real push to take this service further in relation to the quality of care and support we give.”

The provider had when appropriate submitted notifications to the Care Quality Commission. The Provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.