

The ExtraCare Charitable Trust

Earlsdon Park Village

Inspection report

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15 June 2017

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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 ●

Summary of findings

Overall summary

This inspection took place on 8, 13 and 15 June 2017 and was announced.

The ExtraCare Charitable Trust, Earlsdon Park Village provides personal care for people aged 55 and over, living in a purpose built scheme where there are individual flats with shared facilities. These included an onsite shop, restaurant area, lounge areas, fitness facilities and activity rooms. There were 52 people receiving personal care when we inspected.

There was 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 and associated Regulations about how the service is run.

People said they felt safe living at Earlsdon Park Village and received support from staff who were kind and respectful towards them. Staff understood how to protect people from abuse and received regular training around how to keep people safe. Risks to people who used the service had been assessed and recorded, with measures put in place to minimise any hazards identified.

People told us they received their medicines as prescribed and there were enough staff to support them. Staff had been recruited following appropriate checks. The provider had arrangements which made sure there were sufficient care staff to provide support to people in their own homes when they needed or wanted help or assistance.

People told us the staff and management were approachable and if they had any concerns they would be listened to. Staff had received appropriate induction training and on-going training was in place to ensure they had the skills to meet the needs of the people they supported. People had positive relationships with staff, who knew their individual needs.

People we spoke with were positive about the care that they received. They felt they were listened to and staff understood they could only care for and support people who consented to their care. People told us staff were caring, and they were supported to maintain their independence and to access facilities at Earlsdon Park Village so they did not feel isolated.

People told us they were involved in the care and support they received. People told us staff were quick to respond when they were unwell and they had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People were happy with the care they received and said staff were friendly. Staff treated people with respect and maintained people's privacy and dignity when 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 if

needed or they could attend the on-site restaurant.

Complaints information was available and people and staff were confident of the actions they would take if they had concerns and any concerns would be dealt with appropriately.

The registered manager was accessible to people and staff. The management team and provider ensured regular checks were completed and regular meetings held to monitor the quality of the care that people received. Areas identified for improvement were acted on.

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 were supported by a sufficient number of staff who knew how to keep them safe from the risk abuse and harm.

People were happy with how staff supported them with their medicines.

Is the service effective?

Good ●

The service was effective.

People received care in the way they wanted and from staff who were trained in their needs and were well supported by management.

Staff had a good understanding of their responsibilities and sought people's consent before providing care.

Staff supported people to maintain good health by accessing healthcare professionals and supporting them to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People said they liked the care staff who supported them. People and relatives said staff provided support and care to people with dignity and kindness.

People were listened to and were supported to maintain their independence and make their own decisions and choices.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs. Staff provided care that took account of people's individual needs and preferences and offered people choices.

People understood they could complain if needed and how to make a complaint.

People in receipt of care and support felt staff and management were responsive and there were regular opportunities to feedback about the service.

Is the service well-led?

The service was well led.

People and staff were complimentary about the service. Staff felt supported by the management team.

People benefited from a service which was regularly monitored because the registered provider had systems in place to check, improve and develop the quality of the service provided.

Good ●

Earlsdon Park 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 8, 13 and 15 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

We reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority about information they held about the provider. We used this information to focus our inspection. We also asked the local authority if they had any information to share with us about the service. The local authority is responsible for monitoring the quality and for funding some of the people receiving care support.

We spoke with eight people who received support from the service and five relatives. We spoke with the registered manager, the care manager, a care supervisor and six personal support assistants. We also spoke to two peripatetic support managers, who were supporting staff at scheme during its transition to a fully operational scheme. We spoke to the provider's operational manager by telephone following the inspection.

We looked at the care records of four people, who received support from the service, three staff recruitment files, incident recordings, safeguarding records, policies and procedures, medication records and meeting records.

Is the service safe?

Our findings

People told us they were kept safe when cared for by staff in their own homes. One person told us how staff supported them by applying creams to prevent sore skin, they said, "Staff keep an eye out for any blemishes and keep me safe." Four people told us they felt safe knowing staff were nearby and they could call them if needed. One person told us, "I've had falls, I ring (staff) and they respond. This gives me assurance; and makes me feel safe."

Staff told us they had received training to understand the types of abuse people were at risk of and what they needed to do if they suspected a person was at risk. For example, if a person was not able to state how an injury had occurred or mentioned something had gone missing from their home. The registered manager told us that any reported concerns were passed to the local authority and they would work with them to ensure a person was free from the potential risk of abuse and harm.

When people first needed care their risks were assessed and recorded to reduce the potential of further harm. Care 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 staff always looked at the care plans as well as asking them about any changes.

Staff were knowledgeable about the help and assistance each person needed to support their safety. This was confirmed by people, one of whom told us they were assured that, "Staff know my risks." Staff told us they ensured people were safe when they helped them with their mobility; this was confirmed by two people who told us they always had the correct number of staff to assist them. Staff also told us they looked to ensure the environment was kept safe and secure for people. For example, they checked areas were hazard free before they left people and they locked the external doors if that's what the person wanted.

People told us there was enough staff available to support them and staff stayed in their apartment for the required length of time. The provider used an electronic system to rota the care calls. One person told us, "It's mainly the same staff, it can change but it's no concern as I get along with them all." Staff told 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 could also cover care calls. Agency staff had also been used on occasion, for example to cover staff training. One member of staff said, "The best thing is the support of the whole team; the good support of colleagues."

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.

People were supported by staff to take their medicines. People told us they were able to choose the amount of support they received with their medicines. For example, one relative told us their family member preferred to administer their medicines themselves. They said, "Staff prompt [family member's name] and

make sure they take the medicine. We are very happy with the arrangements." Staff told us they had received training in administering medicines and their medicine work was checked by the management team to make sure they understood the training. Action was taken if errors had been identified; this included observing the member of staff for a further period of time to check they were administering medicines correctly or the provision of 'refresher' training. People had records to inform care staff the medicines they required and at what time they needed to be administered. We saw that staff signed these to confirm they had given the person their medicine.

Is the service effective?

Our findings

All people told us staff knew the care they needed. One person said, "All the staff are trained.... it's a special job to care for people." Staff confirmed that access to training was good and helped them to do their job effectively. All staff were able to give an example of how training had impacted on the care they provided. For example, three members of staff told us how they put manual handling training into practice every day in the way they supported people with their mobility. Staff told us that additional training was available to support their practice when caring for people with specific needs, for example the provider was currently arranging staff training to support people who used oxygen equipment.

Four members of staff confirmed their induction training was good and gave them the skills they need for their role. Staff told us they had shadowed different staff on a number of calls providing care to people with different needs. They told us this gave them a good level of knowledge. One member of staff said, "It's one of the best inductions, it's really very thorough."

All the staff we spoke with told us they felt supported, because there were always experienced staff around to give them guidance and support and they received regular supervision. One member of staff told us, "We (staff) have supervision, it's good and covers everything needed but you don't have to wait for supervision because there's an open door policy and the managers are always available for a chat."

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 we spoke with told us they had completed MCA training and were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. This was confirmed by people we spoke with, one of whom commented, "Staff respect what I say and if I don't want care." People we spoke with told us how they had agreed to their care and had signed agreement of their care plans.

The registered manager described the procedure they would follow if someone needed support with their decision making and they told us of the actions that would be taken. For example, they would complete a mental capacity assessment and speak to the people, such as family or their GP, who knew them well.

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, "They (staff) ask what I would like and show me what I've got in the fridge." Another person told us, staff helped them go to the on-site restaurant at lunch time where they could sit and eat with friends. One relative told us, "Staff prepare food nicely and [family member] gets a choice."

Staff demonstrated they knew when to contact healthcare professionals for assistance. One person told us

how the staff had contacted the doctor for them and a relative commented, "They (staff) take the initiative if [family member's name] needs a doctor." People we spoke with said they had used the 'well-being' advisor employed within the scheme who helped monitor 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. We spoke with the well-being advisor who told us they worked closely with the care team and offered people advice and support when they were unwell. In addition they provided annual health reviews.

There was also another health professional employed by the service called a 'locksmith' who worked with people who needed additional support with mental health concerns, for example, memory loss, confusion or anxiety. They worked with the person to unpick issues surrounding their individual experience of dementia and to develop a plan of care.

Is the service caring?

Our findings

All of the people told us staff were caring. One person told us, "They (staff) are marvellous, they really are very good." Another person told us, "The staff are great, they've got my best interests at heart." Relatives also praised the approach of staff. One relative said, "They are always very positive." Another relative commented, "Staff are caring. When [family member's name] had a fall, staff stayed with them, they even sat on the floor with them to give them reassurance."

People spoke about staff with affection and told us they had developed positive relationships with them. One person told us, "They are brilliant, each and every one of them, I get on with them all." Another person told us, "I have a great relationship with staff, we joke and have a laugh." One relative told us that when the family were away and unable to visit staff did extra calls to make sure their family member was okay. The relative told us, "They go over and above."

Staff told us they respected people as individuals and involved people in their day to day care which promoted their independence. This was confirmed by the people we spoke to. Two people told us how staff encouraged them to stay independent whilst providing them support to wash. One person said, "When I shower I do the bits I can and they do the rest."

Staff provided care and support which enabled and encouraged people using the service to lead independent lifestyles. Staff gave encouragement to people to be involved in the available group activities and to use the communal areas to socialise with others. People we spoke with told us they were keen to remain independent and in control of their lives which they had been able to do. One person said, "I am more independent here than ever before."

People told us staff supported them to access the amenities and activities available within the scheme. One relative also told how with the encouragement of staff their family member had become involved in various activities. They said, "He is like a new man, he didn't like to do things before but he does now." The registered manager said the activities enabled people to get together and ensured people didn't become isolated.

All of the people we asked told us staff were considerate and treated them with dignity and respect. One person said, "They treat me with privacy, they help me to the bathroom and then leave me." Staff also described ways in which they treated people with dignity and respect, for instance ensuring their personal information was kept confidential and not discussing their care in front of other people.

People told us staff were respectful of their home and belongings. One person told us, "They always leave everything nice and tidy and just the way I like it." Another person told us, "I showed them the way I liked my bed made and that's the way it's done now." People confirmed they were able to express their views on the care provided and felt listened to. One person said, "I feel I can talk to staff about anything; they are very understanding and support me."

Is the service responsive?

Our findings

People we spoke with said they received the care they wanted. They told us staff understood their needs and they felt comfortable to discuss or share their day to day tasks with them. One person told us how staff had supported them when they frequently wanted to change their hairstyle. They said, "Staff help me, they know what I like and they get on with it. I know I can ask them for anything."

When people first received care an assessment was completed. Staff told us the assessments of people's care gave them a good level of information on the support needed but they felt the best way to know people's preferences was to talk to them. People told us that they were involved in planning their care and any reviews. One person told us their care had recently been reviewed, they said, "I am involved with reviewing my care." One relative also confirmed they had been involved in a review of their family member's care. They said, "We had a review to make sure everything was still working but nothing needed changing so it was all OK."

We saw care plans that included information about people's life history and a daily plan of care. These were reviewed to reflect any changes in people's care. Staff we spoke with felt records reflected current care needs. Staff told us, and care records confirmed when people's health fluctuated, their level of care support changed to reflect their needs. One person told us, "Staff are flexible and give the support you need. Staff know some days I can do more than others and they respond accordingly."

Staff knew each person well and understood the exact care and support they needed. For example, one person required printed information presented in a specific way. We saw their care plan had been printed in this way to help them read it. Another person told us they needed information presented in large print. They said, "Staff will print out large print information sheets for me." The management team had also translated care plans for two people where English was not their first language to aid their full understanding of the care plan.

We saw staff shared information with each other as people's needs changed, so people would continue to receive the right care. For example, staff made sure their colleagues were aware if a person's medicines had changed. People and staff told us there had been some examples of poor communication between the office administration and care staff. This had been when care calls had been cancelled by the person but staff had not been informed. However, this had recently improved. We spoke to the registered manager about this. They told us recent feedback had highlighted improvements were needed in the communications systems. In response, the registered manager had sent a questionnaire to people using the service and the care manager had introduced a new system to record changes which staff told us they were now using.

People told us they felt listened to. One person told us, "Any concerns – have a chat with staff and they always sort everything." Another person told us, "When I had an issue I spoke to the supervisor. It's never happened again since." Four people told us they had not had reason to complain but were aware of how to raise concerns. One person told us, "They give you information, like the phone numbers to call if you need

to speak to someone." People we spoke with told us they felt assured that action would be taken as necessary.

All staff told us they knew how to raise concerns or complaints on behalf of people receiving care and support. We saw 'Tell us how we are doing' leaflets for people to feedback compliments or complaints were available throughout the scheme. Where the provider had received a complaint these had been logged, investigated and responded to.

Is the service well-led?

Our findings

There was 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 and associated Regulations about how the service is run.

People and staff spoke positively about the service. One person said, "It's all well run, I've no complaints." People told us they knew who the management team and the registered manager were, and all staff were approachable. During our inspection we also found management and staff approachable. We saw the registered manager chatting warmly with people about their plans for the day and people looked relaxed around them. One person said, "The manager is very good, she smiles all the time."

Staff spoke positively of the management team. They told us they could go to supervisors for any advice or support and also any concerns or issues. One member of staff said, "They are always willing to help you out." The registered manager felt that all staff worked well as a team. Staff confirmed this and one member of staff said, "It's the strength of the service, the teamwork of staff and the direct access to the supervisors." The registered manager told us they looked to recruit good staff, "Staff with the right values."

All staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "The meetings are a good way of sharing information with the whole team together. Information is two ways as we can raise issues too." Four members of staff told us that the service would benefit from more staff meetings. One member of staff said, "It would be better for communication to have more." When we asked the registered manager about this they said this had been addressed and following recent staff changes they had scheduled more staff meetings. This was confirmed by one member of staff who said, "We've got a meeting booked for next week. It's good to get all the staff together."

There was a new care manager who had been in post four weeks at the time of our inspection. Their role was to provide support to the registered manager and they were leading on reviewing care plans and office processes and records. Staff spoke positively of the care manager; one member of staff said, "I feel very comfortable to approach them, they are very knowledgeable and they support the staff team."

Care plans and health records were maintained and held securely to maintain people's confidentiality. We saw that incidents were logged and a record made of any actions taken. We found although actions had been taken in response to incidents, not all relevant notifications had been submitted to CQC. A notification is information about important events which the provider is required to send us by law and CQC requires this information to look at the risks to people who use care services. We spoke to the registered manager about this; they advised that notifications had not been sent during a period of staff changes. The registered manager said this would be done immediately following inspection and subsequent to our visit, the notifications were received.

The registered manager told us she was supported by the provider. This included attending quality groups

with other scheme managers to share support and advice; and visits from the operational manager to provide support. They also accessed information via the CQC website. The registered manager said the provider supported their development. They said, "I can and do request training to aid my development, they [the provider] are very supportive."

The registered manager advised they looked to make links to other organisations in the local community such as Age Concern to provide a link and information for people in receipt of care. They had also worked with a project team from Coventry University on a project looking at the benefits and the development of a robot to assist people, for example, by prompting medication.

The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made. We spoke to the regional manager who told us they received monthly reports to evaluate the service. They also visited the scheme to speak to people and staff directly. They told us, "Following street meetings [with people living at the scheme] 'You said; we did' responses are made so people know what actions we are taking."