

Leeds City Council

Extra Care Service

Inspection report

Eastwood Drive

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Leeds

West Yorkshire

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16 October 2018

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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

The inspection took place on 9 and 16 October 2018 and was announced.

At the time of our inspection there were 78 people using the service. The support was given to people living across three sites with short hold tenancy agreements in place. This meant people were living in their own homes.

Extra Care Service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service has a registered manager. 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.

At our last inspection March 2016, the service was rated Good overall. We found the evidence continued to support the rating of Good overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People received a service which was safe. We saw that staff understood how to keep people safe and knew how to report any concerns. Risk assessments had been completed to cover all aspects of people's care, including whilst outside their home. The staff were consistent and the appropriate recruitment checks had been completed. Staff knew how to handle medicine safety and to reduce the risks of infection.

Staff had received training for their role. This involved a range of courses and the latest guidance on specific conditions. When people received support with meals this was done through choice and dietary needs. Health care was monitored and people were supported in this area. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had established positive relationships with people and this was supported by having consistent staff. Respect and dignity had been maintained along with supporting people to remain as independent as they were able to be.

There was a responsive approach to people's needs. The hours of support were flexible to meet the needs on a week by week basis. The care plans were detailed and included information in relation to people's

equality needs and information access. Complaints had been documented and investigated and people felt able to raise any concerns.

The service was supported by a registered manager who understood the regulations and ensured we received notifications and information in relation to these. People had been given the opportunity to reflect on the service they received and to support improvements driving forward. Regular audits had been carried out in relation to the care plans and medicines management. Staff felt supported and enjoyed working for this provider. Partnerships had been established to support the needs of peoples making the links with health and social care professionals.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Extra Care Service

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 09 and 16 October 2018 and was announced. The inspection was completed by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered provider and their staff would be available.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited five people who used the service and completed observations of people with staff. We also spoke with six members of care staff including the registered manager.

We looked at the care records for seven people to see if they were accurate and up to date. In addition, we looked at audits completed by the service in relation to reviews and medicine management. We also looked at recruitment folders for five staff to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our last inspection March 2016, the key question safe was rated Good. At this inspection we found the service had sustained the rating of Good.

People were supported to be safe from abuse or harm. One person told us, "I have no issues with staff. In fact, they do a great job." Another person said, "I just come and ask staff if I need something, as they are always around." Staff had received training and knew what types of abuse or concerns to raise and the processes to use. One staff member said, "I have never seen anything abusive but if I was worried about something I would ring up my manager immediately." This meant that systems were in place if required.

Risk assessments had been completed for all aspects of the environment and for people's life activities. For example, we saw detailed risk assessments which gave staff guidance on how to support people with medication administration. Other risk assessments related to people's conditions which could result in spontaneous episodes, like when people's disorder caused them to react differently. The risk assessments provided guidance on how to respond to these.

People told us that they received consistent staff who they had established relationships with. One person said they had a keyworker who knew them well. Another person said they classed staff as their "friend" because they knew each other so well. We observed interactions between staff and people who used the service to be at ease and relaxed indicating people did not feel at risk of harm.

We saw that checks had been carried out to ensure that the staff who worked for the service were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. Staff had their ID checked and references checked to ensure safer recruitment decisions. This demonstrated that the provider had safe recruitment practices in place.

Some people received support with their medicines. All the staff had received training in the safe handling of medicines. Following any training their competency was checked before they carried out any medicine calls. One staff member told us, "We are all well trained. We have to be when we manage the medicines for people." Any changes to medicine was communicated to the staff and they told us when this occurred, the records were amended along with the care plan. This meant people were supported to receive their medicine safely.

People were supported to reduce the risk of infection. Staff used protective equipment like gloves and aprons when they provided personal care or served food. Some people had support to clean specific equipment. Staff had been trained on the risks associated with infection control. The service had a policy on infection control and what was expected of the staff.

Is the service effective?

Our findings

At our last inspection March 2016, the key question effective was rated Good. At this inspection we found the service had sustained the rating of Good.

We saw, care plans and risk assessments were written and delivered in line with current legislation to ensure best practice care was embedded across the service. For example, there was information included in each person's care plan regarding their individual disabilities and illnesses.

Staff had received training to support their role. The training was covered by a range of styles, including online training and face to face instruction. Some staff had received specific training when supporting individuals with individual needs. Staff had been encouraged and were supported to complete the care certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours.

Staff were supported with their roles through supervision and team meetings. Team meetings occurred at least every three months although we saw evidence more meetings had taken place. We read through meeting minutes which showed discussions had taken place around changes in computer systems, job descriptions and staffing updates among other areas. Records of staff interacting and asking questions had been made. This showed us meetings were a useful communication tool.

Some people required the staff to support them with their meals. The care plans identified people's preferences and any relevant dietary information. For example, one person was not allowed grapefruit as it had an adverse effect on their medicine. When people received this support, it was documented to reflect on a balanced diet being provided and the levels of fluid intake to reduce the risk of dehydration.

People had been supported to maintain their health care needs. Although people remained responsible for their needs, the staff supported when required with health appointments or following guidance which had been provided. We saw records indicated people had attended GP visits and were involved with other health care professionals including occupational therapy and the mental health team.

The Mental Capacity Act 2005 (MCA) provides the legal framework for making 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 authorisation procedures for this in people's own home are referred to the Court of Protection (CoP). At the time of the inspection there had been no applications made to the CoP.

People were supported in the least restrictive way. Care records showed people were asked about decision to be made. We saw evidence people had their decisions respected even if it was an unwise decision. For

example, one person chooses to smoke despite the potential for a negative effect on their health.

Is the service caring?

Our findings

At our last inspection March 2016, the key question caring was rated Good. At this inspection we found the service had sustained the rating of Good.

People told us they had established positive relationships with the staff, this included the office staff. One person told us, "I walk downstairs and staff are always asking if I am ok and what I am up to." All the staff we spoke with said they had been given the opportunity to get to know people in a planned approach. When attending a person as part of the package staff were given time to read the care plans and work with experienced staff members. One staff member said, "This gave me the time to get to know the person, if we have some spare time, we can go and chat to people or take them out if they want."

People's care records captured what was important to them. We saw documents that recorded the things that made people happy, people important to them and any special memories. This allowed staff to approach these subjects and build relationships.

Independence had been encouraged. People told us they could do as much as they were able and staff remained within their home or at a safe distance to provide assurance. One person told us, "They let me do what I can." One staff member said, "We encourage people to do things for themselves where they can." Care plans documented for staff to support people with their independence.

The registered manager was aware that people may wish to consult an advocate and had access to information in relation to how to refer them so as to obtain one. However, at the time of the inspection no one was using an advocate as they had other support networks they felt happy with. Advocates are trained professionals who support, enable and empower people to speak up.

All the people we spoke with were involved with their packages of care. One person said, "We have talks about what I want to do and the help I need." They told us they had been consulted and involved in reviews. When new people came to receive a package of care from the Extra Care Service, they were presented with a 'Getting to know me' document about staff. This contained a short introduction, details of their hobbies and a bit about them and encouragement to ask them for any more information. Also new people to the service had not always come with many personal possessions. The service would present these people with a welcome pack. These packs contain a variety of resources to help a person transition into their new home.

People's dignity was observed. The registered manager showed us staff had their approach to dignity observed to ensure good practice. Feedback was offered to staff afterwards to look for improvement. One person said, "I have done more and more since living here, the staff are great." We saw that staff knew people and this in turn meant they could provide an individual approach. All the staff we spoke to referred to people in a respectful manner and people confirmed this had happened.

Is the service responsive?

Our findings

At our last inspection March 2016, the key question responsive was rated Good. At this inspection we found the service had sustained the rating of Good.

When people commenced their care support with this service they received an initial assessment. This covered all aspects of their care needs. The supervisor then met with the person and their relatives to discuss what was important to the person. Any changes required at that time were made and the care plan updated. A staff member said, "The plans are always being updated." Another staff member said, "We know people really well and so we need that detail recorded in people's support plans."

People were provided with information to support their needs. The Accessible Information Standards is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. At the time of the inspection all the people were happy with how they received their information and the service had an accessible information protocol in place.

People's cultural and diverse needs had been considered. Assessment of people's diverse needs were in relation to the protected characteristics under the Equality Act 2010. Some people had requested gender specific staff to support them and this had been arranged. Other people had their faith recorded and staff were aware of this. Care records documented what support people required to act on their faith.

Some people received support to access activities to support their wellbeing. One person said, "I have tried a few new things." This demonstrated that the provider supported people with areas of interest on an individual basis. Staff were aware of the effects of social isolation and this had been discussed at the last staff meeting.

Care records were written with a description of people's needs and the action and support to be offered by staff. Care records contained people's personal needs and preferences. For example, cleaning a person's glasses daily as they got dirty. Once people's needs had been identified, these were converted into tasks to be completed by staff. These tasks were separated according to the times of day the support was required. For example, a 15 minute morning call was allocated to support with personal care and medication administration.

The provider was open to receive any concerns or complaints. There was a complaints policy which was accessible to all the people and relatives. People, we spoke with were very complimentary about the care they received. We saw complaints had been documented and responded to, based on outcomes of the complainant. For example, people were asked what they would like the outcome of their complaint to be, and the service would try and meet this.

At the time of this inspection the provider was not supporting people with end of life care. We viewed some documentation previously used for someone on end of life support. We saw people had been given the

opportunity to discuss their wishes and preferences in relation to care at the end of their lives. After someone had passed away, the registered manager told us they would review how they supported people in relation to their end of life preferences.

Is the service well-led?

Our findings

At our last inspection March 2016, the key question well-led was rated Good. At this inspection we found the service had sustained the rating of Good.

All the people felt the company provided a good service. One person said, "I am very happy with the service." Another person said, "I trust them and I think I have done lots since living here." Staff also felt that the service was good to work for, as one staff member told us, "I could not ask for better support." Another staff member said, "Everyone is always chatty and very welcoming."

Staff told us they felt supported, and one staff member said, "Any issues or problems you can phone them or pop into the office." All the staff had received regular supervisions and team meetings. They confirmed that they were useful and had supported them in their role.

The service has a registered manager. 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 registered manager understood their regulatory responsibilities. We checked our records, which showed the provider had notified us of events in the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries or any registration changes. This helps us monitor the service.

The service completed an annual survey. We viewed the results from health care professionals. This indicated overwhelmingly that stakeholders involved with the service felt the service was safe, effective, caring, responsive and well-led. We spoke with the registered manager who told us their annual survey to customers was very positive, but repetitive and so they asked an external organisation to complete a forum and speak with people. All information gathered from surveys, audits and questionnaires were fed into one overall summary. Areas of concern fed into an action plan. The registered manager showed us they requested an external company to hold a focus group and gain information about people's experience.

The service had a clear vision and the provider produced a 2018/19 service plan celebrating achievements and discussing changes for the future. This showed us the service was preparing for future changes and setting targets to achieve. The registered manager completed a range of audits on the service to ensure the quality of care was consistent and any changes made. These involved medicine record checks and auditing of the care plans. In addition, competency checks on the staff. The registered manager told us they completed a quarterly quality assurance monitoring report, which they handed to the provider to monitor service delivery. The registered manager led a quality circle meeting. This meeting was shared with other managers in the area to share good practice and learning points. The registered manager told us other providers were invited to attend and share as well and that lots of positive changes had been made because of this.

Partnerships had been developed with a range of professionals. For example, the district nursing service, the

local community shops and a private hire company. This enabled connections to support people with their health and wellbeing needs and accessing the community.