

The ExtraCare Charitable Trust

ExtraCare Charitable Trust

New Oscott Village

Inspection report

Management Suite
New Oscott Village, 25 Fosseway Drive
Birmingham
West Midlands
B23 5GR

Tel: 01213775000
Website: www.extracare.org.uk

Date of inspection visit:
14 March 2017

Date of publication:
28 April 2017

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 14 March 2017 and was announced.

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate agreements; this inspection looked at their personal care arrangements. There were 71 people receiving personal care when we inspected. At the last inspection, in June 2015, the service was rated Good with requires improvement in our question 'Is this service safe?' At this inspection we found that the service improved to good in safe as the provider had the management of people's medicines and remained good overall.

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 told us that they felt safe in their home and staff told us about how they kept people safe. People's risks had been identified and plans showed the steps staff needed to take to ensure people were at low risk of harm or injury. People who had support with their medicines had them administered when needed, with staff who were trained and competent to do so.

Staff had received training to ensure their skills and knowledge reflected the needs of the people they cared for. Staff were supported with regular supervisions and the management team checked that staff were working as expected. Where people needed support with their meals they told us they were happy that staff gave them a choice or provided the assistance needed to enjoy their meal. 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. People told us they attended healthcare appointments as required and staff would help with telephone calls and reminders if needed.

People knew the staff and told us they were provided with a personalised service in their home. Care staff spent time chatting and getting to know people while providing care. People felt the care they had received met their needs and had been able to tell staff how they wanted their care on each call. People felt the staff were considerate and supported them in maintaining their dignity.

People's views and decisions about their care had been recorded and were changed when needed. People knew how to make a complaint and information was provided to people who used the service should they wish to raise a complaint.

People, their family members and staff felt the management team were accessible and could speak with

them to provide feedback about the service. The management team had kept their knowledge up to date. The provider ensured regular checks were completed to monitor the quality of the care that people received and to action where improvements were needed.

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 has improved to Good.

People received care and treatment from staff that understood how to keep them safe and reduced the risk of potential abuse.

People received their medicines where needed and were supported by care staff that met their care and welfare needs.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

ExtraCare Charitable Trust New Oscott Village

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the scheme 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 spoke with 12 people who used the service and three relatives. We spoke with three care staff, one well-being advisor, one training coordinator, one team leader, the care manager and the registered manager.

We looked at two, two medicine records, staff and residents' meeting minutes, incident forms, activity schedules, three staff monitoring sheets, two residents' meeting minutes, three people's care reviews and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

At the last inspection in June 2015 we found improvements were needed in the checks the provider carried out to monitor people's medicines. On this inspection we found that improvements had been made.

People told us that medicine records were always kept in their homes so staff would have access to these. The provider had worked closely with a pharmacist who had developed policies and working relationships with the supplying pharmacy. In addition the pharmacist had been available to answer people's questions or offer advice and support in relation to medicines. Staff we spoke with told us they had received training to support them in correctly administering people's medicines. The management team had regularly checked to make sure staff were competent and understood their training.

People we spoke with told us the staff supported them to remain safe in their home. One person told us they felt, "Nice and safe and company of you want it". All people and relatives we spoke with said that were confident about their safety when the staff were in their home. People also had access to an emergency call button they could use to call for help. The provider ensured a team leader was on duty 24 hours a day so people would be able to access advice and assistance when they needed it. One person told us, "The team leaders will pop and check if you are not feeling well".

Staff told us how they would report any concerns about a person safety or suspected abuse to the management team. Staff were assured that steps would be taken to protect the person from the further risks of harm or abuse. Staff told us they were aware of the signs and possible situations that they would report on.

People we spoke with told us that the staff arrived at the expected time had not rushed them while receiving support. People had expressed their concerns over the number of agency staff being used to cover care calls, which the provider had recognised as an area to improve. The registered manager had used agency staff to ensure staff were available to cover people's requested calls times. With recent improvements in staff recruitment and staff working arrangements the number of agency staff had reduced. Staff we spoke told us they got to see people regularly and worked as a team to cover the calls as much as possible.

People told us before they received any care they spoke with staff about their risks and the potential risks. They told us they worked with staff to reduce the potential of further harm and as these changed their care plans were updated. Care staff were aware how to provide safe care and used the care plans to ensure each person received care that met their needs. For example, how to use a hoist to safely move a person or applying creams to prevent sore skin. People we spoke with told us that care staff always looked at the care plans as well as asking them about any changes.

Is the service effective?

Our findings

People told us that the permanent staff had the knowledge and skills to provide care, and were confident that staff provided help for them in the right way. Where agency staff were used they were accompanied by a permanent member of staff for support. The registered manager and care manager assessed and monitored the staffs learning and development needs through regular meetings and supervision meetings. Staff competency was checked by the management team so they could be assured staff were providing care that met people's needs.

People told us they had provided their consent for decisions about their care, day to day routines and preferences. Staff understood people's right to choice and told us they respected people's decisions. Where people were unable to make decisions themselves, they were supported by family and advocates to make decisions that were in their best interests. People were supported by the care manager and staff to have as much choice and control as they were able to in their daily life.

People chose what to eat and where they wished have their meal and were happy that staff made meals they enjoyed and requested. People had the option to eat in the communal restaurant or have staff prepare meals in their flats. People were able to seek support with weight management programmes and healthier eating depending on their needs from the well-being advisor. Staff took the opportunity to offer people drinks and leave people drinks when the call had been completed.

People we spoke with told us they were able to access an onsite 'Well-being advisor'. The well-being advisor was able to provide additional help to people by monitoring and advising on nutrition, blood pressure and general fitness advice. The well-being advisor worked closely with the onsite fitness instructor and the person's GP if people need support with general fitness and mobility advice. The well-being advisor would also work on the advice of the GP to further support a person in their care needs. People who needed additional support with external professional were supported if needed to make and attend appointments.

Is the service caring?

Our findings

People told us they enjoyed spending time with the scheme and that the staff were kind and caring and always happy to help. One person told us, "Cares get to know you. It's nice that they listen to you and it's personal, they make me laugh." People told us how staff found out about things that were important to them, and included their relatives in conversations. One person told us staff were, "Kind to me as well as my relatives".

People and relatives said that there had been a period of inconsistencies in the staff sent to provide care because of the use of agency staff. These concerns had been directly raised with the registered manager who demonstrated that agency staff levels had decreased and more permanent staff had been employed.

People we spoke with told us that staff encouraged them to take part in their personal care, where they were able to do this, so that their independence was maintained. People told us that staff were respectful and kept their privacy and dignity. Staff were passionate and told us they were committed to speaking with people and supported people according to their wishes. Staff explained how they got to know people by chatting to them and their relatives and by reading people's care plans. One staff member told us that they were supported on their first few visits by going with a member of staff who was more familiar with the person.

Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Staff described how they made sure that people were covered during personal care and ensured curtains were closed when required, so that people's dignity and privacy was maintained. Staff spoke respectfully about people when they were talking to them or having discussions with other staff members about any care needs. All people we spoke with said staff encouraged them to be involved in their care and that staff asked them how they would like their care to be given or knew their preferred routines.

Is the service responsive?

Our findings

People we spoke with told us they were able to make changes to their care when needed. People we spoke with said staff would often encourage them to be involved in the scheme by attending fitness sessions, social events or residents forums and meetings. People told us they were able to volunteer in roles across the service such as reception duties. People told us staff encouraged them to participate in events on site to increase their social involvement. One person told us, "There are lots of opportunities to be involved".

People told their care needs were reviewed regularly and support received if any changes were needed. For example, people were supported with falls prevention advice and using exercise to maintain mobility. One person told us, "My care plans have been updated three times in seven months" as a result in their changing needs. Relatives and staffs views and opinions were also sought if the person had wanted.

People we spoke with told us the staff would respond to any change in their care when needed. For example, staff had responded to one person's changing needs and asked the person if they were happy to seek advice from the well-being advisor.

People and relatives told us they were satisfied overall with the service. Information on how to complain was made available to people and a small number of complaints had been received. We saw these had been logged and investigated appropriately, however some people felt that better feedback about any planned changes as a result of a concerns or complaint would be beneficial. Following our inspections the registered manager took steps to engage and update people on changes within the scheme.

Is the service well-led?

Our findings

People and their relatives were confident in the way the overall scheme was run and managed and told us they had provided their views about their care. People had also provided feedback and suggestions for the scheme at the 'Residents Association' meetings, which the management team had attended. Overall the responses were positive and where changes were needed these had been made. The theme of the most recent feedback had been about the number of agency staff used and not knowing who was coming to provide the care. The provider had started improvements, reduced the level of agency staff and had a clear timescale in place to have a permanent staff team in place by the end of April 2017. Once this had been completed the registered manager told us they would be able to provide a more reliable timetable of staff to people.

The service had a registered manager who spent time working alongside the care manager and staff. Their values were based on respect for each other and putting people at the heart of the service. The staff told us that the registered manager and care manager were approachable and provided leadership, guidance and the support they needed to provide good care to people.

The provider and registered manager carried out quality checks on how the service was managed. These included checks on personal care plans, medicines, and health and safety. Where concerns with quality were identified the registered manager recorded how improvements were to be made. One such improvement was that the care manager had completed a full review of people's care plans so they were accurate and reflected the person's current support needed. The registered manager knew which incidents needed to be reported to us.

The management team worked with key organisations within the local area to support people with their care provision and the development of the service. For example, local authority commissioners, people's social workers and local GP surgeries and pharmacies to ensure people had their care and support needs met.