

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Willowbrook

Inspection report

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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

Willowbrook provides personal care and support to people who live 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 rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at the provision of the personal care service. Willowbrook has 61 properties. At the time of our visit there were 28 people receiving personal care support.

At the last inspection on 20 May 2015 the service was rated Good. At this inspection, we found the service remained 'Good'.

The inspection took place on 8 and 9 February 2018 and was announced. We gave the provider 24 hours' notice of our visit so they could arrange for people and staff to be available to talk with us about the service.

A registered manager was in post and was available to support this inspection. 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. However, the registered manager had not been working full time at the service for several months as they had been providing management support to another of the provider's services. There were plans for them to continue to provide this support for a further short period of time. An acting manager had therefore been appointed to manage Willowbrook, on a temporary basis, until the registered manager returned.

People told us they felt safe with the staff who provided their care and said staff were respectful, caring and helpful. Staff understood their responsibilities to protect people from the risk of abuse and completed the necessary training so they had the knowledge and skills required to keep people safe.

There were enough staff to carry out the care calls and to meet people's needs safely. The provider checked staff's suitability for their role before they started working at the service. Staff were motivated and worked as a team to deliver a person centred service. Staff knew people well and understood the importance of maintaining people's preferred routines. People were provided with opportunities to participate in social activities and attend entertainment at the service to promote their wellbeing.

Risks to people's individual health and wellbeing were identified and care was planned to minimise these whilst continuing to promote people's independence. A wellbeing advisor supported people with their healthcare needs to help them maintain good health. They worked closely with a local GP to ensure when people's health changed, they received the advice and treatment they required. Staff provided people with the necessary help and support to take their prescribed medicines.

People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences. People had the choice of eating in the restaurant within Willowbrook. Those people who needed assistance with their food and drinks had pre-arranged care calls so this could be provided.

Managers and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff seeking consent from people before delivering care. Care plans and risk assessments contained relevant information for staff to assist them in providing the personalised care people required.

The provider had a clear management structure with effective systems and processes to oversee the quality of services and care provided. All staff spoken with told us of their commitment to provide people with a quality service. People told us they found staff approachable and responsive to their needs. There were regular 'resident' meetings where people could share their views and opinions about the quality of the service they received. There were also quality audit processes completed by management staff to ensure the service continued to meet people's needs to the standards they expected.

Information about how to raise a complaint was available to people and people knew who to speak with if they had a concern. Complaints made had been appropriately acted upon and responded to.

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 remains Good.

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 Willowbrook

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 comprehensive inspection took place on 8 and 9 February 2018 and was announced. The registered provider was given 24 hours' notice so they could arrange for people and staff to be available to talk with us about the service.

The inspection was carried out by one inspector. As part of planning the inspection, we reviewed information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the managers had sent us. Statutory notifications contain details of events and incidents the provider is required to notify us about by law. These can include unexpected deaths and injuries that occurred when people received care. We also considered the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to plan what areas we were going to focus on during our inspection visit.

During our visit we spoke with the registered manager, acting manager, five people who used the service, two relatives, four care staff, and the wellbeing advisor.

We looked at two care plans and other records related to people's care and how the service operated. These included, the information staff used to tell them what support people needed to receive and at what times. We looked at medicine records, records of complaints, staff recruitment records and the service's quality records which included audits and notes of meetings with people and staff.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

All the people we spoke with told us they felt safe with the staff who provided their care and support. One person told us, "I feel quite safe here." Another told us, "Yes I do" (feel safe)." They went on to tell us this was because of, "The people and the environment and I get lots of help." People told us they felt comfortable to approach staff if for any reason they did not feel safe. People had call bells they could use to alert staff in an emergency situation, and these were checked by staff regularly to make sure they continued to work effectively.

The provider had a "Safeguarding Adults Policy" which had been reviewed in January 2018 to ensure it contained up-to-date information for staff on what was expected of them. The policy was accessible to staff in the main office. Staff received training on the prevention of abuse and demonstrated they knew how to protect people from the risk of abuse. Staff were aware of the different types and signs of possible abuse and their responsibility to report and record any concerns promptly. For example, one staff member told us if they identified a person had unexplained bruising, they would document it and speak to their managers who would, "Come in and check it out and complete the necessary paperwork and get a health professional in."

Staff spoken with had a good knowledge of risks associated with people's care and the actions they needed to take to minimise them. Risks relating to each person's care were assessed and risk management plans were in place for staff to follow. They included information such as how to manage risks associated with a person's mobility, medicines, bathing, nutrition and skin care. For example, one person's care plan identified they had dry skin. Staff were instructed to monitor this and report any concerns to their manager (team leader) and to apply cream thinly to the affected areas as prescribed. There was also an instruction for clothing to be washed on a hot cycle to prevent the build-up of creams to minimise the flammability risks associated with this. Daily records completed by staff confirmed risk management plans had been followed.

All people we spoke with said there were enough suitably trained staff on each shift to meet their care needs and staff stayed long enough to make sure their needs were met. One person told us they had chosen the times that staff came to support them with personal care and said staff were always on time. A relative said staff were available to support their family member when needed. They told us their family member's needs were regularly assessed to make sure the support they received continued to be sufficient for their needs.

The managers told us there were enough staff to allocate to the calls people required to deliver care and support, and said there was flexibility in the call allocation system if there were unavoidable absences such as staff sickness. This was confirmed on the day of our visit when there were some staff off sick. The staff on duty managed to cover all of the calls so this did not impact on people's care and support. Staff we spoke with confirmed there were enough of them to complete all the calls required of them. One staff member

told us, "We do get the work done in the time given... I have not felt pressured. Obviously if we come across people who have fallen and they need extra time, it can take longer but the team leader will then take over so we can carry on with our runs (calls)."

Staff told us when they were recruited, all of the required checks were carried out before they started work. This included a 'Disclosure and Barring Service' check (to check for any criminal convictions) and written references from employers. Records showed recruitment checks were completed before new staff started work. This was to reduce the risk of unsuitable staff being employed to work with people who used the service.

Prior to our inspection we had been notified of an incident regarding the use of oxygen that compromised a person's safety, as well as others. We looked at how this incident had been managed. We found the person had been assessed as safe to use their oxygen independently. However, it was later identified by staff that the person was not always compliant with safety instructions regarding the use of this. The acting manager told us how they had managed this situation which included the involvement of health professionals to help manage the risks. They advised lessons had been learnt as a result of this incident which they would consider should any person need to use oxygen in the future.

People told us they received their medicines when required and at the times they needed them. One person told us, "Staff come a couple of times a day and make sure I take my tablets." Records we saw showed people received their medicines as prescribed.

Staff had completed training in the prevention of infection and understood their responsibilities in relation to maintaining good hygiene and infection control practice. One staff member told us, "We always wear gloves and change gloves each room we go into. We make sure everywhere is wiped down including bathroom and toilets." They went on to tell us if people had infections they were "extra vigilant" and always wore protective clothing when cleaning.

There was a system to record and monitor any accidents or incidents to ensure any risks associated with these were identified and managed to keep people safe. These were checked by management to help make sure any risks were managed to reduce them happening again.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of experience, skills and support to enable them to meet people's needs effectively, as they had at our previous inspection. People continued to be given daily choices about their care and were supported with their dietary and health needs. The rating continues to be Good.

People and relatives told us the staff were good at meeting people's needs. People told us, "The staff I know are great." A relative told us, "This place has been fantastic. They do everything for [person], shower and help her... they (staff) are very nice."

Staff knew what was expected of them in regards to training to ensure their skills and knowledge were kept up to date so they could meet people's needs safely and effectively. Newly appointed staff completed a period of comprehensive induction training. They also read the provider's policies and procedures so they understood the provider's expectations in regards to their role. The registered manager told us new staff were allocated a "buddy" who they worked with and who helped support them through their induction process.

All staff completed essential training which was refreshed on a regular basis. This included moving and handling people, fire, equality and diversity and medicine management. We were told there was a minimum training requirement for staff to complete a QCF (Qualification and Credit Frame) Diploma level 2 or equivalent in health and social care. Staff also had their competencies assessed by their manager to ensure they had learned from their training. This meant staff who supported people were suitably trained to deliver effective care and support.

There was an 'Equality and Diversity' policy which discussed types of discrimination and unlawful practice which staff needed to be aware of. The provider supported staff in their understanding of this by providing them with equality and diversity training so they understood the importance of supporting people's individual needs and preferences. This included their understanding of people's needs related to their gender and sexual orientation, cultural and religious needs. The registered manager told us, "Because of the mix of people coming into our village, they (the provider) have realised there is a lot more work that needs to be done on equality and diversity." They told us this work was in progress and would include the recognition of LGBT (Lesbian, Gay, Bisexual, and Transgender) people.

Staff told us they had an appraisal each year where objectives for them to meet were set and their performance assessed. They also had regular supervision meetings with their manager where they could discuss their role and any concerns. One staff member told us, "We have supervision meetings quite often. We are asked if we are coping okay, if we have got any concerns, and about training needs."

At lunchtime people were supported by staff to access the restaurant in the communal area of the building. Most people chose to have their main meal in the restaurant where there was a range of meal choices available to them and which they told us they liked. People usually prepared other meals themselves and if

they needed support, staff provided this during care calls at mealtimes. Any risks associated with people's nutrition, were detailed in their care plans with instructions to staff on how to manage these risks to maintain people's wellbeing.

The service provided a wellbeing 'drop in' clinic each week to support people's good health. This was run by a wellbeing advisor who told us people were able to visit them and discuss any health concerns. The wellbeing advisor said they carried out 'baseline assessments' of health when people moved in. These assessments included checks of blood pressure, weight, and general health. Any concerns identified in the assessments were relayed to the person's GP with the person's consent. They also talked with people about their diet, exercise and emotional needs so they could support people's wellbeing in accordance with their wishes. Any concerns were recorded in care plans so staff could monitor people's health to help keep them well.

Where people had immediate health concerns, staff assisted them to make contact with their GP as appropriate so these could be addressed. Risk assessments completed for people contained instructions for the GP to be alerted if health concerns were identified and care records confirmed this happened.

People were supported in accordance with the principles of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was knowledgeable about how to ensure the rights of people assessed as lacking capacity were protected. Staff understood their responsibilities in relation to the MCA. One staff member told us, "It's about someone having the capacity to make up their own mind, make decisions for themselves such as where they are staying, the way they live." They understood if a person did not have capacity, decisions may need to be made in their best interests to ensure their needs were met. Staff asked people for their consent before supporting them. For example, by asking people if they were ready to go to the restaurant for their lunch before then supporting them in their wheelchairs or to walk there with their walking aids.

Is the service caring?

Our findings

At this inspection we found people enjoyed the same positive interactions with staff and each other, as they had during our previous inspection. The rating continues to be Good.

People who used the service told us the staff were kind, caring and approachable. One person described staff as, "Very nice, kind and helpful, very helpful." A relative told us staff were, "Very good, very approachable, very friendly, they do seem to care." During our inspection the management team and staff demonstrated a compassionate approach and genuine warmth for the people they supported.

Staff told us they enjoyed working at Willowbrook and explained over time how they had developed relationships with people. One staff member told us, "Just talking with people, having empathy with people. Plenty of TLC (tender loving care), being kind and thoughtful" had helped to develop these relationships. Another staff member told us, "You are doing care every single day for these people so you cannot help but get to know them very quickly. We talk while giving care and get to know them. All the information about them is in the care plan if you need to know anything."

People received care and support from a group of consistent care staff that understood people's individual needs and how they preferred their care to be delivered. We saw when staff supported people in the communal areas of the building, they talked with people and showed a genuine interest in them and asked about their day. Our discussions with staff demonstrated they involved people in decisions about their care and knew people well. For example, a staff member told us about the routines one person liked to follow before they went to bed. They told us, "[Person] has to have thick woolly socks on (at night). Five blankets on their bed. Their remote with their drink on their bed." They told us the person knew exactly what they wanted and said, "You go in there and automatically do it. They have to be tucked in on the left-hand side."

Staff told us they worked well as a team and supported each other when staff were off sick or if there was an emergency situation to ensure people's needs were met. One staff member told us, "I love the girls and guys that work here, they are easy to work with, they are good at what they do. Everyone seems so nice and caring. We work well as a team."

People said staff were respectful and protected their privacy and dignity. They told us staff always asked their permission before supporting them with personal care. Staff were required to complete privacy and dignity training and this was refreshed regularly so they knew how to support people appropriately. One staff member told us when they assisted people with personal care, they made sure there was a towel over the person's lap and the doors were kept shut to the bathroom. They said they always knocked on the doors to people's apartments and awaited a response before they went in. Another staff member told us, "We take everyone's needs into consideration, respect them and are friendly, polite and courteous and try to help them when they ask us to. I have always thought people should be treated like you would treat a family member and all staff are like that."

People told us they had been asked if they had any preference for male or female support and we saw this information was detailed in care plans. One care plan stated, "Does own personal care but requires assistance of male carer for shower." The person told us they were assisted by a male staff member which demonstrated people's gender choices were respected.

Care plans contained information about people's backgrounds and were recorded in a document referred to as a "biography". One care plan showed a person had made a decision not to share their "biography" as they were a private person. This had been clearly recorded in their records so staff respected and understood that decision.

Staff told us they recognised the importance of maintaining people's independence and encouraged people to do things for themselves where this was possible. This was reflected in a thank you letter the service had received. This stated, "Wanted to thank you for the care and support given to [person]... He was able to remain independent initially but you were there for him when he needed you. That meant a lot to him and us also. You are a lovely group of people, he loved your smiles and friendly nature."

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns were effectively addressed as we had found at our previous inspection. The rating continues to be Good.

People received consistent, personalised care and treatment. People who used the service and their relatives described the service as consistently good. People said they felt the support they received from staff was sufficient to meet their needs and staff took into consideration their preferences when delivering care. For example, one person told us they liked to have the hall light on at night so they could see if they got up to use the bathroom. The person told us staff ensured this was done.

People told us their support needs had been discussed and agreed with them when they started to use the service. Each person had an 'ability profile' which showed their needs had been assessed so it was clear what they could do independently and what they needed support with. This helped to develop a plan of care which detailed the support people required, to meet their individual needs. People had their care files in their apartments so they could read them at any time. People told us staff spoke with them to make sure they were happy with the care they received. Records showed people had signed to confirm they had discussed their care with staff and agreed to the care planned.

People's personal care preferences were detailed in their care plans with instructions for staff to ensure these were met. Staff told us they were required to read care plans and make sure they followed these instructions. Staff recorded what care and support they had provided each day to confirm this was done. One person told us they preferred to have a shower every day and care calls had been arranged so this could happen. They told us they were "very happy" with this arrangement. Another person told us, "I have a shower every day and they dress me." They said they received care calls frequently so staff could make sure they were alright and provide them with the medicines they needed.

The acting manager worked closely with staff to help maximise people's wellbeing and quality of life. Staff supported people to attend activities organised by Willowbrook to maintain their wellbeing and prevent them from becoming socially isolated. One person told us they attended social activities at the service every day. They told us, "There are some of interest, they ask if you want to do anything different." They told us they were also supported to attend religious services once a month. People had their own telephones in their apartments so they could keep in regular contact with their families and maintain relationships with people important to them.

People we spoke with told us they had no concerns or complaints about the service. People said they would either ask a family member to raise a concern on their behalf, or would speak with a staff member to raise concerns if they needed to. One person told us they would speak with, "Any of the staff" and said, "They would put me in the right direction I am sure." A complaint form was made available to people called "Tell us how we're doing". This stated a copy of the form could be made available in large print, braille and different languages if needed and there was a number to call to make this request. We saw there had been very few complaints made and those that had, were in early 2017. Issues raised related to missed calls for

one person and concerns related to a person living at the service. Records confirmed these complaints had been investigated and taken seriously. Discussion with management staff confirmed lessons had been learnt to help prevent them happening again.

Staff told us if a person or visitor came to them with a complaint they would refer them to a senior member of staff such as the 'Team Leaders' or the managers of the service. They told us they would also record the concern so it could be appropriately investigated.

The registered manager told us when people were at the end of their life, they worked with families to ensure the wishes of the person were followed as far as possible. There was an 'End of Life policy' which guided staff on how to ensure people received care in a "competent, professional, dignified and sensitive manner". Where people had chosen to express their wishes for the end of their life, information was detailed in a 'ReSPECT' plan. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency if they are unable to make or express choices at the time. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment. The ReSPECT plan we saw provided clear instructions for staff such as at what point, if any, the person would wish to go to hospital. We were told the service supported people as far as possible to stay in their own home (if this was their wish) by sourcing professional healthcare support when needed. They gave an example of requesting district nurses to visit to advise on appropriate pain relief to help keep a person pain free and comfortable.

Is the service well-led?

Our findings

At our previous inspection we rated 'Well Led' as Good. At this inspection, we found the service and staff continued to be as well-led. The rating continues to be Good.

The provider informed us that Willowbrook would be transferring to a new provider in August 2018. People, their relatives and staff, had been advised of this and told why, and how, the transfer would occur. People had been told they should feel no effect of this and staff would be transferring to the new provider. The management team had ensured that people and staff were provided with regular updates about the proposed changes to reduce any concerns or anxieties people had.

Since our last inspection, the registered manager had been providing some management cover in another of the provider's services. An acting manager had therefore been appointed from within the service with the relevant experience, skills and knowledge to help support the management of Willowbrook. The registered manager advised this arrangement would remain in place until such time as they returned.

There was a strong sense of team work at the service and staff told us they felt valued and supported by the management team. One staff member told us, "You always feel supported. I feel valued by management, they always shout 'thanks you have done a great job' when you walk out." Another told us, "[Acting manager] is really supportive, we all support each other." Staff told us they had regular meetings with their managers where they were able to discuss their performance and identify any training required to improve their practice and personal development. Both the registered manager and acting manager promoted an open culture by encouraging staff to raise issues and share ideas through their 'open door policy' where staff could approach them at any time.

Staff ensured people were involved in their care which motivated them to deliver a person centred service putting people at the heart of what they did. We saw staff showed a genuine interest in people and what they had to say. All people we spoke with said Willowbrook was well managed. One person told us, "I think it is very good, it's just very friendly...it's like one big family."

There were a range of processes and systems to ensure Willowbrook continued to provide the quality of service people expected. These included regular meetings with people and staff as well as audit checks to ensure the provider's policies and procedures were followed.

People who attended meetings, in the communal areas of the service, told us their views were listened to and acted upon. People gave examples of suggestions they had made of their preferred social activities and how to improve the garden that had resulted in changes. Notes of meetings showed items discussed had also included the management of health and safety to keep people safe. People had been asked not to keep any equipment in the communal corridors and not prop open their main doors, as this impacted on the fire safety of the building. People had also been reminded what to do in the event of the emergency alarm sounding. This demonstrated the provider took an active role in ensuring people's health and safety was maintained.

Staff told us there were good communication systems at the service to ensure they knew about any changes that impacted on people. These systems included daily "line up" meetings with staff which took place three times each day. Staff were informed about any changes in people's health and any important events such as people's birthdays. These meetings were also used to remind staff about what was expected of them in regards to following the provider's policies and procedures when carrying out their work. Staff were asked to ensure people's experience of the service remained positive. For example, the notes of one meeting stated, "Try to spread a little happiness along the way when interacting with residents."

Audit checks that took place at the service included medicines audits, a 'wellbeing' audit (completed by a 'wellbeing advisor' at the service) and a housekeeping audit to ensure people were satisfied with how these were managed. Records showed the outcome of the housekeeping service audit was positive with comments such as, "Very good" or, "Excellent". Two satisfaction surveys returned in relation to the wellbeing service showed both people had found this to be "excellent". Where issues for action had been identified in audits or meetings, the management team confirmed these had been undertaken. This helped to ensure the service continuously improved.

The Provider had representatives who regularly visited the service to complete quality checks. A staff member told us, "They will sit in on 'line up' (daily meetings with staff) and ask us different things to make sure we know about things." The provider also ensured management staff completed the quality checks and audit processes required of them so that people continued to experience the quality of the service they expected.

Willowbrook was fortunate to have a wellbeing advisor to enhance people's lives and wellbeing. They told us they organised 'wellbeing' days and 'monthly interest groups' that covered various health conditions to help educate people about these. They told us, "It's on the last Tuesday of every month and we start this with reminiscence and add whatever we are going to talk about at the end." They told us topics discussed had included diabetes, depression, bereavement, heart conditions and skin conditions. They had also discussed the importance of having the flu vaccination and maintaining good hand hygiene to prevent the spread of infection. People were advised what medicines could help their health conditions and when to contact the doctor. For example, when people experienced symptoms associated with heart disease or had breathing problems. Leaflets were made available to people to help them understand what they should do if they were concerned about anything.

The acting manager and registered manager understood their responsibilities and had made sure they had submitted statutory notifications to us and completed the Provider Information Return (PIR) as required by the Regulations. We found the information in the PIR was an accurate assessment of how the service operated.