

The ExtraCare Charitable Trust

ExtraCare Charitable Trust

New Oscott Village

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

About the service

New Oscott Village is a community based extra care facility that was providing personal care to 65 people at the time of the inspection. People using the service lived in their own flats in a gated community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us the managers and staff were very kind and caring and very good at their jobs. People and relatives were consistently complimentary about the kindness of the staff. We were told of occasions where staff had gone above and beyond what was expected of them. The registered manager was very passionate about supporting people who lived in their own home.

Staff had received training in safeguarding and knew how to keep people safe. Staff had been recruited safely and were well trained and supported to provide the best possible care for people. Medication was administered safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support was planned in partnership with them. People said staff were respectful, friendly and reliable. People told us staff attended their calls at the appropriate time.

The registered manager carried out regular audits to check the quality of the service and develop good practice. The leadership and culture of the service was to provide good quality personalised support to people. Staff had a clear vision of what was required of them and were focused on doing so. The registered manager was committed to engaging with people who received care and had actively sought to create stronger links with the community to benefit people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

Rated good (published 28 April 2017).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

ExtraCare Charitable Trust New Oscott Village

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

New Oscott Village is a community based extra care facility. The Care Quality Commission regulates the care provided. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider.

We used all of this information to plan our inspection.

During the inspection-

During the inspection process we spoke with 11 people, six relatives and nine members of staff including the care manager, the care co-ordinator and the registered manager.

We looked at the care and review records for three people who used the service. We looked at training records. We looked at records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident monitoring, auditing systems and complaints.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at New Oscott Village. One person said, "I feel happy and safe."
- Care staff knew how to recognise abuse and protect people from harm. Care staff had received training in how to keep people safe and described the actions they would take when people were at risk of harm.
- Accidents and incidents were recorded and investigated to prevent them from happening in the future.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people and contained clear guidance to staff on how to manage those risks.
- Risk assessments were updated regularly and reflected people's current support needs.
- People who were identified at risk of falls had been given pendants alarms to call for help if needed.

Using medicines safely

- Peoples' medicines were managed safely. Medicines administration records showed people received their medicines as prescribed.
- Staff received training in medication and received regular competency checks to ensure their knowledge was current and up to date.
- The registered manager completed regular audits of medication to ensure medication was administered as prescribed.

Preventing and controlling infection

- Staff supported people following good infection control practices to ensure they could protect against the spread of infection.

Staffing and recruitment

- There were enough care staff to support people and people told us they received their calls on time. One person said, "On the whole carers come at the right time."
- People's feedback varied about whether they received regular staff. Some people told us they did receive regular staff whilst others told us they had different staff; especially at night. One person said, "I have no problems with any of the staff I feel very safe with them all as they all know what to do for me." Another person told us, "Yes I know I am safe but I would be happier if I could have just a small group of girls to come."
- The registered manager recently had a big recruitment drive to take on new staff to ensure they had enough regular staff to support people who knew them and their support needs well.

- There were recruitment processes in place and recruitment checks took place before staff were appointed. This ensured suitable staff were appointed to support people. One staff member said, "The interview process was very in-depth."

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and accidents. Records we looked at showed us they understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences. For example, making referrals to the falls prevention clinic for those at risk of falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out assessments so they could be sure they could support people how they wanted to be supported. People using the service were involved in the assessment of their care and the outcomes they would like to achieve were clearly documented.

Staff support: induction, training, skills and experience

- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings. One person told us, "The staff are well trained."
- Staff were given opportunities to review their individual work and development needs. One member of staff said, "I've grown as a person. This job has shown me things I have never learnt before. With the training and support I am a lot more confident in my role."
- Care staff received regular on-going training and specialised training, for example, Dementia and diabetes.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy diet. One person said, "The carers help me with getting my meals. I have a stock in my freezer and they usually ask me what I would like and microwave it for me. Some days they take me to the restaurant where I have my lunch and then they come back for me a bit later it works really well."
- Care staff knew people's specific dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other healthcare professionals to improve people's health and well-being, for example, they worked with student healthcare professionals. At the time of inspection, the provider was currently working with two student physiotherapists. One of the residents had made a crazy golf course to help improve another person's balance and mobility. Working in conjunction with the student physiotherapists, this person's mobility and balance had improved.
- The provider had a close working relationship with the local fire service who had carried out safe and well visits for people, including providing fire alarms that vibrated for those who were hearing impaired. The fire officer stated, "I am very proud to be associated with New Oscott Village and feel that as the manager you are providing an excellent safe environment for your residents and staff alike, I have seen you go above and beyond your 'duty' for the welfare of your residents and are always quick to seek expert opinion should a situation arise."

Supporting people to live healthier lives, access healthcare services and support

- The provider had a well-being advisor to support people using the service to access healthcare services. The well-being advisor had completed a three-day minor illness course in order to be able to support people with minor ailments. For example, they were trained to take people's blood pressures.
- The well-being adviser kept a hospital admissions tracker to look for patterns and trends as to why people were being admitted to hospital and what support they could put in place for people to prevent re-admission.
- The provider had a gym on site and worked with people who had mobility issues to improve their strength and balance. The provider had recently purchased some balance beams to support this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We saw evidence of mental capacity assessments in people's files and best interests decisions were recorded when needed.
- Where people had power of attorney in place, this was recorded in people's files to evidence who was able to make certain decisions on behalf of a person who may lack capacity.
- People we spoke with told us how care staff would always ask for consent before supporting them and that care staff were respectful. One relative said, "I hear them [staff] asking [person] before they do things for them."
- Care staff received MCA training and had a general understanding of the Act. One member of staff told us, "Make sure people are supported to make decisions and supported in the best way, in their best interests."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager was passionate about providing high quality service. Their enthusiasm and drive were effectively shared with the staff team. Staff consistently told us how much they loved their job. One staff member said, "I am so proud when I tell people I work at New Oscott Village. I am so proud of my team. They are a fantastic team and a great bunch of carers."
- Staff were very caring, compassionate and kind. There was a strong person-centred culture throughout the service. One member of staff told us, "People using the service are at the centre of everything we do."
- Staff often exceeded what was expected in their role and would give up their own spare time to help people. For example, when one person was very ill, care staff would spend their breaks with them. One member of staff said, "I helped a lady write her life story which I did in my own time. She did it for her family and her grandchildren."
- Staff had built open and honest relationships with people and we observed people interacted easily with staff and were comfortable in their presence. People and relatives consistently spoke highly of the care and support they received. One person told us, "I couldn't ask for any better help, the girls are kind caring and nothing is a trouble for them when doing things for me."
- The ethos of the service was about improving people's well-being and this was led by the provider. The registered manager supported people to enjoy leisure time and day trips out. For example, the registered manager had identified that there were less activities that men may be interested in and had arranged for Sky Sports to be televised which resulted in more men socialising together in communal areas to share their love of sport.
- We found people's equality and diversity needs were respected and staff had received training in equality and diversity. One staff member described how they had prepared food that was culturally important to that person.
- One staff member told us how they had dealt with some very difficult and upsetting situations whilst supporting people and described how the managers had supported them. They said, "I can't thank [person] and [person] enough for the support they gave me when this happened and they got me through. They offered me counselling, they thanked me for how I acted."
- The registered manager was passionate about recognising the work that staff do. They told us how they always shared compliments with staff. The care manager had a trophy which was awarded to staff to recognise their achievements.

Supporting people to express their views and be involved in making decisions about their care

- There was a feedback system in the main reception area called 'Feedback Ferret' which was available to

people, relatives, health professionals and staff to give their feedback about the service on an electronic device. This feedback was then displayed on the Feedback Ferret notice board and also in a book left out on the table for people to read. Feedback from a visiting nurse said, "I am a visiting specialist nurse working in partnership with [name of manager] and the care team to enable end of life care to happen for a resident who lives here. It's so good to work alongside a care team who are so dedicated to providing such a good standard of care. It's lovely to see their commitment and hard work."

- There was a new electronic display board in the main reception area which gave feedback, advice and details of upcoming events. There were plans for this to be linked to people's television sets in their own flats.
- Regular meetings were held for people using the service in order to gain their views and notices were displayed on the communal notice board.

Respecting and promoting people's privacy, dignity and independence

- People consistently spoke positively about the way they were supported and told us they were treated with the utmost respect. One person said, "They [staff] respect me and me them."
- Staff respected people's privacy and dignity. A member of staff said, "I shut the bathroom door and make sure the blinds are shut before personal care is started. If I'm having a private conversation I will make sure the door is shut."
- People were encouraged to maintain their independence and do as much as they could for themselves. One person said, "I couldn't be treated with any more respect, the carers are all so lovely they keep me covered when I am getting dried and when I can manage they encourage me to do what I can for myself I like that it helps me to maintain my independence." One staff member said, "Whatever they can do, keep them going."
- Staff spoke sensitively about the people they supported and care records were kept securely and confidentially.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly.
- The service supported people to take part in various activities both inside and outside the housing scheme to prevent social isolation.
- There was a compliments board displayed in the main office. One compliment read, "I wanted to thank you and your team of angels for the way Mum has been cared for during what is a really difficult time. [Name of care staff] managed to get [person] showered with the help of singing and laughing. I have so much respect for you all." The registered manager told us how they shared compliments with the staff to express their thanks for their hard work.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible information standard and told us how they had trained staff in Makaton to support people who were deaf. The registered manager had also used pictorials to aid with communication for a person whose first language was not English. They told us how information could be translated into different languages. The registered manager also told us how they supported a blind person who used braille and how they had used a computer programme to translate information from braille.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns.
- Information on how to raise a complaint was detailed on the notice board in the main reception area and also in each person's care file.
- During the inspection we saw that complaints raised through the provider's complaints process had been responded to in a timely manner. The outcomes were clearly recorded and used as learning.
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management. One staff member said, "I have never known managers so approachable and so supportive."

End of life care and support

- The provider worked within the Gold Standard Framework (GSF) which is a system designed to optimise the care given to people in the last stage of their lives. GSF is designed to improve the quality and experience of care, improve co-ordination of care and collaboration between teams and improve the outcomes of people; enabling them to live and die where they choose and reduce avoidable hospitalisation.
- People were given the opportunity to take part in advance care planning discussions to enable them to discuss and record their wishes and preferences so that in the event they became ill and were unable to speak for themselves, their wishes and beliefs would be respected.
- Relatives had expressed their gratitude to staff for the care and compassion they showed people at the end of their lives. One relative said, "Our sincere thanks to you all for the wonderful care shown to [person] in the final weeks of their life. Every single person in the team treated [person] with gentleness and respect, engaging them in conversation at each visit. We are both so grateful to you all. Thank you from the bottom of our hearts."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we talked to consistently spoke highly of the service. One person said, "It is a lovely place to be."
- People told us they felt listened to by the registered manager. One person said, "The manager has time for you and is very professional."
- Staff consistently told us how much they loved working at New Oscott Village and felt truly supported by the managers. One staff member said, "It is nice to be in an environment where we have help, they are very good, the managers are brilliant."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their legal requirements within the law to notify us of all safeguarding incidents. The registered manager was aware of their responsibilities under the duty of candour and told us relatives would be informed of any concerns or issues that had arisen.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Spot checks and medication competency checks were carried out regularly on care staff in order to ensure they were providing good quality care for people.
- We saw that regular checks and reviews on the service took place to ensure the service people received was of the highest quality.
- The service was very well organised. There was a clear and supportive staffing structure and lines of responsibility and accountability. Staff were highly motivated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was committed to engaging with people who received care and had actively sought to create stronger links with the community to benefit people using the service. For example, they had strong links with the local fire service. The local fire service said, "Our partnership also extends to us attending fun days and other activities that you organise for the residents, and although fun for us to attend, we are also there to provide fire safety advice and offer safe and well visits."
- People using the service could volunteer to work with the provider, for example, on reception which

meant they were actively engaged in village life and involved in how the service was run.

- The service was involved in promoting community activities including fundraising events and social events. This encouraged people to enjoy companionship and reduce any feelings of isolation. For example, a fund-raising day was held recently which included lots of different activities for people to get involved in and people of all ages were invited to attend.
- The registered manager held a client drop in session in the village hall for people to gain people's views and opinions of the service.
- There was a life-style manager to support people using the service to take part in activities and make use of facilities within the extra care village.
- People living with dementia were encouraged to engage in meaningful activities led by the "Locksmith" within the extra care village. This helped promote activities for people living with dementia and helped prevent social isolation.
- Regular staff meetings were held and annual surveys in order for care staff to share their views.
- The provider produced a regular newsletter to keep people up to date with events happening within the village and this was posted through each person's door.

Continuous learning and improving care

- The systems to monitor the quality of the service were robust and effective. The registered manager acted on any errors or areas for improvement to help further improve people's care.
- The registered manager had a development plan in place to further improve the quality of the service for people who lived there. For example, they were looking at promoting a more active lifestyle with people to improve and sustain their mobility and had introduced a falls prevention and recovery class at the gym.
- Management and care staff received continuous training to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was confirmed by people we spoke with and evidenced on people's care files.
- The registered manager had worked with outside health professionals to undertake specialised training to give care staff the skills and knowledge they needed to support people's specific needs. For example, they were arranging Safe Talk training to help staff be more aware of mental illness and give them the skills and knowledge they need to support people's mental health needs.