

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

ExtraCare Charitable Trust Brunswick Gardens Village

Junction Road, Woodhouse, Sheffield, S13 7RB

Tel: 01142940000

Date of Inspection: 29 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|--|---------------------|
| Respecting and involving people who use services | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Requirements relating to workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | The ExtraCare Charitable Trust |
| Registered Manager | Mrs Diane Whitehead |
| Overview of the service | <p>Extracare Charitable Trust Brunswick Gardens Village has 217 one and two bedroom apartments and bungalows. There is a care team based within the service. The village has a range of facilities including the following: a cafe bar, fitness suite with gym, spa pool and steam room, a shop, a well-being suite and well-being bathroom and a restaurant. The service also has an enriched opportunities suite to support residents who are experiencing mental health impairments.</p> |
| Type of service | Extra Care housing services |
| Regulated activities | Personal care Treatment of disease, disorder or injury |

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 April 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

We considered all the evidence against the outcomes we inspected to help answer our five key questions; is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

This is a summary of what we found-

Is the service safe?

People spoken with told us that staff treated them with dignity and respect and that they felt "safe".

All staff spoken with were clear about what their roles and responsibilities were and the action they would take if they saw or suspected any abuse. We saw the service had a process in place to respond to and to record safeguarding concerns. We found the service had a copy of the local protocols and followed them to safeguard people from harm.

The service had effective recruitment and selection procedures in place and carried out relevant checks when they employed staff.

We found arrangements were in place to record people's financial transactions to safeguard people who used the service from financial abuse.

Is the service effective?

People's health and care needs were assessed with them, and they were involved in writing their care plans.

Is the service caring?

During the inspection we observed staff giving care and assistance to people in the

communal areas. They were respectful and treated people in a caring and supportive way. We spoke with three members of staff who were able to describe how they maintained people's privacy and dignity whilst providing personal care support. They also told how they promoted choice and independence. One staff member commented: "I always check the curtains are closed and the door is closed before supporting someone to get dressed".

People spoken with were satisfied with the quality of care they had received and made positive comments about the staff. Their comments included: "absolutely wonderful staff, if you want anything they are there", "very nice, very friendly staff, they always ask you what you want", "there are always two members of staff supporting me to make sure I don't fall", "the staff are very efficient, very caring and very good", "you can have a good chat with the staff" and "we are looked after really well".

People's personal preferences and interests were recorded in care plans and support was being provided in accordance with people's wishes.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities.

Relatives spoken with were satisfied with the quality of care their family member had received. One relative commented: "the staff are very good and I feel they [family member] are living in a safe place".

Is the service responsive?

We found people had access to an emergency pull cord in different areas of their apartments. Many of the people spoken with also wore a pendant to call for assistance. People told us staff responded promptly to their calls during the day or at night. One person commented: "I only have to wait about five minutes for them [the staff] to come". We also saw in people's care records that their pendants and emergencies call cords were regularly checked to ensure they were working.

A copy of the service's complaints procedure was included in the service user information guide. People told us if they had any concerns they would raise these with the village or care manager.

Is the service well-led?

We saw there was a range of quality monitoring checks in place to make sure managers and staff learned from audit checks. These checks included the following: medication audit and care plan audit. We saw action was taken to address any concerns found.

We saw staff training and supervisions were being monitored. The service held regular staff meetings. This helped to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with five people who were receiving personal care support. They told us staff respected their privacy and treated them with dignity and respect. People expressed how much they valued having their own apartment and being able to maintain their privacy. One person commented: "we are treated with respect". They also told us staff listened to them and asked them how they would like to be supported. For example staff always asked them what they would like to drink or eat. One person commented: "they [the staff] always listen to me and ask me what I want". Another person commented: "I like to have lunch in my flat; the staff ask each day what I want to eat".

Whilst speaking to a person in their home we observed a staff member knock on their apartment door before entering. We also observed them showing the person the different options they could have for lunch and asking them what they would like to drink.

We spoke with two relatives who told us their family member was treated with dignity and respect. They also told us they were fully involved in their family member's care planning. One relative told us they had received excellent communication from the staff at the service and were kept informed of any changes in their family member's wellbeing.

During the inspection we observed staff giving care and assistance to people in the communal areas. They were respectful and treated people in a caring and supportive way. We spoke with three members of staff who were able to describe how they maintained people's privacy and dignity whilst providing personal care support. They also told us how they promoted choice and independence. One staff member commented: "I always check the curtains are closed and the door is closed before supporting someone to get dressed".

We saw people were provided with a range of information about the service when they were considering coming to live at the village. This information included details of the enriched opportunities programme which supported residents with dementia and dementia related conditions through a programme of tailored activities. One person told us they had

come to visit the service with their relative and expressed how welcoming the staff and people living at the service had been. On the day of the inspection the service was holding a number of events to launch the Woodhouse dementia friendly community.

The village manager [the registered manager] told us each person was provided with a service user guide, which included a range of information including how people could make a comment or complaint about the service. They also told us they held regular drop in sessions with the service's care manager to enable people to ask questions, make suggestions or raise any concerns. We saw details of the drop in sessions had been included in the service's newsletter for April 2014.

We looked at a copy of the minutes of Brunswick Gardens residents meeting completed in April 2014. Thirty six residents had attended the meeting. We saw a range of topics had been discussed including the following: changes to staff, new residents, activities and the importance of using yellow bags for clinical waste. We also saw there was an opportunity for people to make comments and suggestions at the meeting. This told us the service actively sought out the views of people.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People spoken with were satisfied with the quality of care they had received and made positive comments about the staff. Their comments included: "absolutely wonderful staff, if you want anything they are there", "very nice, very friendly staff, they always ask you what you want", "there are always two members of staff supporting me to make sure I don't fall", "the staff are very efficient, very caring and very good", "you can have a good chat with the staff" and "we are looked after really well".

Relatives spoken with were satisfied with the quality of care their family member had received. One relative commented: "the staff are very good and I feel they [family member] are living in a safe place".

We found people had access to an emergency pull cord in different areas of their apartments. Many of the people we spoke with also wore a pendant to call for assistance. People told us staff had responded promptly to their calls during the day or night. One person commented: "I only have to wait about five minutes for them [the staff] to come". We also saw in people's care records that their pendants and emergencies call cords were regularly checked to ensure they were working.

There was a range of information available to people in the communal area of the extracare village. We looked at the service's newsletter for April 2014. The newsletter contained details of the different activities available at the service including the following: movement to music, informal writing, prayer group, songs of praise and a weekly quiz. The service also provided a range of activities where people paid a fee to attend. We found the service promoted people's wellbeing by taking account of their needs including daytime activities.

We looked at four people's care records. We saw people's care plans contained a range of information including the following: personal hygiene, medical conditions, medication, moving and handling, personal preferences and details of people's life history. We found people's care plans and risk assessments had been reviewed.

The provider may find it useful to note in one person's records we were unable to establish

whether they had been referred to a healthcare professional when a concern had been noted in the person's daily records by staff on two occasions in April 2014. We spoke with the village manager and the care manager and they told us the person had been seen by their GP but the record of this referral and visit was held in office records.

The provider may find it useful to note that written guidelines to help staff decide when to administer medicines prescribed for 'when required', for example for pain relief were not in place. Although staff told us they always asked people if they required these medicines at calls, it is important to have detailed guidelines with medicine charts so people's medicine is used for best effect.

The provider may also wish to note that one person was prescribed a medicine that must be given at thirty to sixty minutes prior to food for best effect but the arrangements in place needed to be more robust to ensure this advice was followed. The village manager and the care manager assured us that appropriate arrangements would be put in place to ensure people's medicines were given for best effect.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All the people spoken with told us they felt "safe" and had no worries or concerns. The village manager told us the local police were holding a session at the village in May 2014 to offer free advice on a number of subjects including: fraud, scams and personal safety.

All staff spoken with were clear about what their roles and responsibilities were and the action they would take if they saw or suspected any abuse. We saw the service had a process in place to respond to and to record safeguarding concerns. We found the service had a copy of the local protocols and followed them to safeguard people from harm.

During the inspection we observed a staff member responded to a person they heard crying in their apartment to check on their wellbeing.

The care manager told us the service only supported one person with their monies. We spoke with a team leader who described how two team leaders signed the person's financial transaction records when money was booked in or out. They also told us that a balance check was completed when this occurred. We looked at the person's financial transaction records and they proved to be satisfactory. We found there were satisfactory arrangements in place to record people's financial transactions to safeguard people using the service from financial abuse.

The provider may find it useful to note staff were not aware that regular audits should be undertaken of people's financial transactions. The service's policy for the management of resident's money and valuables stated that a safe check should be completed every three months and a safe audit should be completed every six months.

We looked at the service's staff training matrix. We saw staff had received safeguarding training. There was a process in place to highlight when staff required refresher training. The staff handbook contained a range of information for staff including the following: whistleblowing, gifts and gratuities and professional boundaries.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with two members of staff who had recently started working at the service. Staff confirmed they had not started working at the service until a Disclosure and Barring Service (DBS) check had been completed. Staff expressed how much they enjoyed working at the service and told us they had received support from their work buddies, team leader and the senior managers at the service. They told us they had been provided with a range of training which included the following: health and safety, safeguarding, moving and handling, first aid, infection control, fire safety and food hygiene. One staff member showed us a copy of their induction training records.

Staff told us a medication observation assessment and a moving and handling observation assessment had been undertaken to check they were competent before they were allowed to support people. They also told us they had worked alongside another member of staff prior to supporting people on their own.

We reviewed three staff recruitment files. We found there was a robust system in place to ensure relevant checks had been completed prior to a staff member starting to work at the service.

We also reviewed three staff training files. The files included a record of the staff member's induction training and certificates to confirm they had completed their training. We also saw evidence that staff had received a medication competency assessment before supporting people on their own with their medication. We also saw evidence that staff had received support via regular staff supervision sessions.

We looked at the services staff training matrix and we saw there was a robust system in place to identify when staff refresher training was due. We found people had been supported by suitably trained and skilled staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw there was a range of quality monitoring checks in place to make sure managers and staff learned from audit checks. These checks included the following: medication audit and care plan audit. We saw action was taken to address any concerns found.

We also saw details on people's records that regular checks were made to ensure their emergency call system was working. On one person's records we saw a bed rails check was completed daily and regular checks were made on the condition of their wheelchair.

We looked at a copy of the unannounced quality audit completed by a member of staff from the provider's quality team in January 2014. The audit had covered three areas: cleanliness and infection control, the management of medicines and consent to care. As a result of the audit the village manager and care manager had completed an action plan. The village manager told us that another external audit by the provider quality team would be completed later in the year.

The provider may find it useful to note the village manager told us that an annual performance review was not completed at the service. It is important that services gather information about the safety and quality of the service from all relevant sources; for example, analysing complaints, safeguarding, critical incidents and gathering feedback from people using the service, staff, people's representatives and completing an action plan.

We saw that staff training and supervisions were being monitored. The service held regular staff meetings for teams, full staff meetings and managers' meetings. We looked at the minutes for the full staff meeting completed in February 2014. A range of topics had been discussed including: training, medication, care runs, incident reporting and security. We also saw in team meeting minutes that for each month there was a nominated policy for staff to review. For example the policy of the month for April was the service's whistleblowing policy. This helped to ensure people received a good quality service at all times.

The registered manager provided us with a copy of the resident's satisfaction survey that was being completed by the provider. The survey included section for people who received support with their personal care. We saw an announcement in the service's newsletter that survey sessions were being held at the village on the 30th April 2014. This told us the service actively sought out the views of people to improve the quality of the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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