

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Brunswick Gardens Village

Inspection report

Junction Road
Woodhouse
Sheffield
South Yorkshire
S13 7RB

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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

We inspected this service on 31 October 2016. The inspection was announced. This meant the registered provider and staff knew we would be visiting. The registered provider was given 48 hours' notice of visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

ExtraCare Charitable Trust Brunswick Gardens Village is a domiciliary care agency and is registered to provide personal care to people living in their own homes. At the time of our inspection, the service supported 82 people who lived in apartments or bungalows on the Brunswick Gardens Village site in Woodhouse, a suburb, south-east of Sheffield.

Brunswick Gardens Village is a complex comprising of 217 one and two bedroom apartments and bungalows. The village has a range of facilities including a restaurant, bar, fitness suite, greenhouse, IT suite, hairdressing and beauty salon, shop, laundry and library.

People living at Brunswick Gardens Village, including the people who received a domiciliary care service from ExtraCare Charitable Trust Brunswick Gardens Village, rent or own their flats or bungalows. ExtraCare Charitable Trust Brunswick Gardens Village has an office on site from where the domiciliary care service is managed and provides care and support, to some of the tenants, on a prearranged basis at certain times during the day. ExtraCare Charitable Trust Brunswick Gardens Village were not responsible for the running or maintenance of people's flats, communal areas or other facilities.

ExtraCare Charitable Trust Brunswick Gardens Village was last inspected in April 2014 when it was found to be compliant with the regulations in force at that time.

The registered provider is required to have a registered manager in post. On the day of our inspection, there was a registered manager in post and they had been the registered manager since October 2010. 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.

During this inspection, we found that people who used the service were kept safe by staff who were trained to recognise and respond to safeguarding concerns. There were effective recruitment systems in place to ensure only people considered suitable were employed. Risks to people who used the service were identified, assessed and proactive steps taken to ensure care and support was provided in a safe way which minimised the risk of avoidable harm.

There were systems in place to ensure people who used the service received their prescribed medicines. Robust checks were completed to monitor the management of medicines and appropriate action taken

where any shortfalls were identified.

We found that sufficient staff were employed to meet people's needs. Staff received regular training, supervision and support to enable them to provide effective care and support. The registered provider employed a wellbeing advisor to support people who used the service to access healthcare services to promote and maintain their health and wellbeing.

Where necessary, staff supported people who used the service to make sure they ate and drank enough. Staff understood the importance of seeking consent and supported people who used the service to make decisions in line with statutory guidance.

People who used the service told us staff were kind, caring and treated them with dignity and respect. We observed that staff were caring and people were supported to make decisions and have choice and control over the care and support they received.

People's needs were assessed and person centred care plans developed to guide staff on how best to meet people's needs. The registered provider had a system to manage and respond to compliments and complaints.

People who used the service and staff told us ExtraCare Charitable Trust Brunswick Gardens Village was well-led. There was an effective system of quality assurance checks to monitor the care and support provided.

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 was safe.

Staff were trained to recognise and respond to safeguarding concerns to keep people who used the service safe.

Appropriate risk assessments were in place to guide staff on how to safely meet people's needs and reduce the risk of avoidable harm.

Sufficient staff were employed to ensure people's needs were met.

People received support to take their prescribed medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training, supervision and support to equip them with the skills needed to provide effective care and support.

Consent was sought in line with relevant legislation and guidance.

People who used the service were given support where necessary with preparing meals and drinks to ensure they ate and drank enough.

The registered provider was proactive in supporting people who used the service to access healthcare services and provided information and support for people to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were kind, caring and friendly.

People who used the service were supported to be actively involved in making decisions and to have choice and control over their care and support.

Staff treated people who used the service with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and person centred care plans put in place to guide staff on how to meet people's individual needs.

People who used the service told us staff provided support which met their needs.

There was a system in place to gather feedback about the service provided and to manage and respond to complaints.

Is the service well-led?

Good ●

The service was well led.

People who used the service told us ExtraCare Charitable Trust Brunswick Gardens Village was well-led.

There was a positive culture within the service. Staff we spoke with and the registered manager were committed to providing high quality care and support for the benefit of people who used the service.

There were systems in place to gather feedback and monitor the quality of the care and support provided.

ExtraCare Charitable Trust Brunswick Gardens Village

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was 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.

The inspection was completed on 31 October 2016. The inspection was announced. The registered provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

The inspection was carried out by one Adult Social Care Inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience supported this inspection by visiting people who used the service to find out what they thought of the care and support provided.

Before our visit, we looked at information we held about the service, which included notifications received. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We asked the registered provider to complete a Provider Information Return (PIR) and this was returned within the agreed timescales. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority adult safeguarding and quality monitoring team to ask if they had any relevant information to share. We used this information to plan our inspection.

As part of this inspection, we visited and spoke with eight people who used the service and two people who were their relatives or friends. We also telephoned a further five people to gain their feedback about the care and support provided. We visited the location's offices and spoke with the registered manager, a team leader, two support workers, the wellbeing advisor and the 'locksmith' - a person employed by the

registered provider to advise and coordinate the care and support provided for people who may be living with dementia. We looked at four people's care records, five staff recruitment and training files, medication administration records, minutes of meetings and a selection of records used to monitor the quality of the service.

Is the service safe?

Our findings

People who used the service consistently told us they felt safe with the care and support provided by staff from ExtraCare Charitable Trust Brunswick Gardens Village. Comments included, "I do definitely feel safe. It's their [staff's] manner, they all seem so trustworthy", "I feel the service is safe 100% of the time" and "I feel safe."

People who used the service were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns. Staff we spoke with showed a good understanding of their responsibility to identify and report issues or concerns to the registered manager. The registered provider had a safeguarding policy and procedure in place to provide further guidance to staff on how to recognise and respond to safeguarding concerns. Records showed that this policy was adhered to, with safeguarding concerns appropriately identified and referred to the local authority's safeguarding adult's team. Where concerns were identified, these were investigated and action was taken to minimise identified risks.

The registered provider had effective systems in place to identify and manage risks to keep people who used the service safe. Each person who used the service had a care file containing copies of assessments used to identify their support needs and risk assessments. We looked at four people's care records. We saw that where potential risks were identified, information was recorded to guide staff on how to minimise that risk and meet the person's needs safely. For example, we saw risk assessments in place regarding the support provided with people's medicines, around people's communication needs and in respect of the support provided with moving and positioning. Risk assessments were reviewed and updated regularly to ensure they contained relevant information and reflected people's current needs. This supported staff to provide safe care and support. Staff we spoke with showed a good understanding of people's needs and the importance of reading care plans and risk assessments to ensure they met people's needs in a safe way.

If an accident or incident did occur, we saw that records were kept about what had happened and details of how staff had responded. These records included a management report of actions taken and further assessments were completed to proactively ensure that appropriate action was taken to reduce any newly identified risks to keep people who used the service safe.

The registered provider had a safe recruitment process and took reasonable steps to ensure suitable staff were employed. Recruitment records evidenced that interviews were completed and references obtained. New staff were also required to have a Disclosure and Barring Service (DBS) check before they started work. The DBS carry out a criminal record check on people who intend to work with children or vulnerable adults. This helps employers make safer recruitment decisions and also minimises the risk of unsuitable people working with adults who may be vulnerable.

People who used the service were generally positive about staff's reliability and punctuality. Comments from people who used the service included, "They [staff] come when you expect them", "They're not too bad at all, sometimes on time, sometimes a bit late", "They arrive more or less on time", "They are very good with timekeeping except if there's an emergency", "They [staff] vary. Some will come at 8:20 some will come at

9:00 it depends who's on" and "More often than not they do [arrive on time]. If they don't they apologise."

People who lived at Brunswick Garden Village had an emergency call bell in their flats which staff responded to if there had been an emergency. One person who used the service reported that staff responded to their calls for assistance "Within minutes." Another commented, "If I want ought I press my buzzer and they come. I've been very satisfied."

However, two people who used the service described occasions where they had used their emergency call bell to alert staff that their planned visit had been missed. The registered manager explained that missed visits were infrequent and they encouraged people to use their call bells if staff were late or did not turn up. Any missed visits were reported to the registered provider so that they could monitor for any patterns or trends.

We reviewed the system for ensuring there were sufficient staff on duty to meet people's needs. We saw that each person who used the service was allocated a certain number of care hours depending on their identified level of need. These hours were divided into visits at prearranged times across the week. The details of people's preferred time and length of visit was recorded in their care plan.

Visits were then organised onto separate 'boards' which provided details of all the visits each member of staff would need to complete and at what time during their shift. We saw that a rolling rota was in place for the coming year with sufficient staff allocated to each shift to ensure all 'boards' would be completed. Rotas showed that staffing levels were typically maintained at a consistent level and feedback from staff we spoke with confirmed this. Staff told us they shared out visits if a member of staff called in sick or team leaders picked up visits. Comments included, "They seem to cover most shifts. Usually we all get to our calls on time and we go home on time" and "If someone calls in sick the team leader helps out." This showed us there was a system in place to ensure there were enough staff to meet people's needs.

People who used the service told us they were supported by staff to take their prescribed medicines if needed. People we spoke with were generally complimentary about this aspect of their care and support. One person who used the service said, "They [staff] won't go away until they have seen me take my tablets."

Where staff supported people with prescribed medicines, we saw that this was documented in their care file and signed agreements were in place to evidence that people consented to this support. Risk assessments were also in place around medicine management to guide staff on how to provide safe support to administer people's medicines.

Records evidenced that staff responsible for administering medicines received training and robust competency tests were completed to make sure staff were working safely and in line with guidance on best practice. Medicine competency checks completed included multiple observations of staff's practice with feedback provided if areas for improvement were identified. Medication Administration Records (MARs) were completed to document when people had taken their medicines. Our checks showed these records to be accurate and up-to-date. Medicine audits were completed and a robust system was in place to identify, investigate and address any shortfalls with staff's practice.

Is the service effective?

Our findings

People who used the service told us that staff from ExtraCare Charitable Trust Brunswick Gardens Village were well trained to meet their needs. Comments included, "I think they [staff] are doing it right, they'll help and do what you need" and "They are tip top. They are very caring people and good at their jobs."

The registered provider ensured that staff had access to a wide range of training and learning opportunities. This enabled staff to develop the skills, knowledge and confidence needed to provide effective care and support. We saw that training was provided on topics including moving and handling, fire safety, food hygiene and infection control, Control of Substances Hazardous to Health (COSHH), first aid, medicine management, safeguarding of vulnerable adults, equality and diversity, the Mental Capacity Act 2005 and health and safety awareness. The registered provider told us they considered these courses to be mandatory, meaning all new staff completed this training. Existing staff had to complete regular refresher training of these mandatory courses to ensure they kept their knowledge up-to-date.

We reviewed a training record used to monitor when staff had completed training courses and when refresher training was needed. This evidenced that staff received on-going training in their role. Staff we spoke with said, "I think the training is quite good...They [management] seem to be on top of things and they make sure training doesn't lapse" and "We have a lot of training. I think it's really good as you forget things so you can keep up to date with things."

In addition to completing the registered provider's essential training requirements, new staff shadowed more experienced workers to gain confidence in their role. New staff were also allocated a 'buddy' worker to provide additional support and an induction checklist was completed to make sure the induction period provided staff with all the necessary information to provide effective care and support.

To support staff with their on-going professional development, supervisions were held on a regular basis. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. Staff files contained detailed supervision records and also showed that annual 'personal development reviews' were held to discuss progress over the course of the year and to identify goals for the future. This showed us that there were effective systems in place to support staff to develop in their role.

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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of our inspection, the registered manager told us that no one who used the service was deprived of their liberty and so no applications for authorisations had been made to the Court of Protection.

People who used the service were asked to sign to record that they consented to the care and support provided. Consent was also sought where staff provided support with prescribed medicines and where access to people's homes may be required to provide assistance in the event of an emergency, such as following a fall.

Where there were concerns regarding people's ability to make an informed decision, documented mental capacity assessments had been completed. Staff we spoke with showed a good understanding of the importance of the MCA and supporting people to make decisions. Staff appropriately described the purpose of best interest meetings and best interest decisions where people who used the service were found to lack mental capacity. This showed us that people's ability to make decisions was considered and appropriate steps were taken to ensure people's rights were protected.

Staff supported people who used the service to prepare meals and drinks if necessary. Where this was the case, people's care records documented the level of assistance required. Depending on people's preferences, staff supported people to access private dining facilities run on behalf of the housing provider or assisted people by preparing meals and drinks in their flats. Where people were supported with preparing meals and drinks, people were complimentary about this aspect of their care and support.

Staff told us, "We encourage them [people who used the service] to drink, we also leave a drink" and "We keep track of what they are eating." Staff used daily notes to record the level of assistance provided with preparing people's meals and drinks. Food and fluid charts were completed, where necessary, to more closely monitor what people had eaten and drunk. Staff explained how this enabled them to monitor people's food and fluid intake to identify any issues or concerns. This showed us that there were systems in place to make sure that people who used the service ate and drank enough.

People who used the service told us they were supported to ensure their health needs were met. Comments included, "I've had one or two health problems and they've [staff] really been kind and sent for the doctor. They've come during the night too, to see if I'm all right", "They [staff] would ring for the doctor if I wanted them" and "They've been good to me. I've had to have paramedics a lot; they've been very good that way."

People's care records contained information about their medical history, on-going health needs and details of any health or social care professionals involved in providing support or treatment. We saw that people who used the service visited or were visited by health care professionals including their GP or district nurses where necessary. Staff we spoke with said, "If anything is needed we get the doctor in straight away" and "We always report it if someone hasn't felt well."

The registered provider also employed a wellbeing advisor to monitor and support people to improve their health and wellbeing. The wellbeing advisor explained how they assessed people's needs and liaised with a range of healthcare professionals to advocate on people's behalf to ensure their health needs were met. The wellbeing advisor also told us how they supported people to get eye tests, visit the dentists, seek input from the occupational therapy team or continence nurses where necessary.

The wellbeing advisor held 'awareness days' to share information and support people with specific health conditions. We saw that an arthritis awareness day was planned and the wellbeing advisor had invited a number of external healthcare professionals to provide specialist advice, guidance and support to people

living with arthritis. Other awareness days had been held for people living with Chronic Obstructive Pulmonary Disease (COPD) and asthma. We also saw how the wellbeing advisor had implemented a system so that important information about people's needs and any medicines they took was easily available in an emergency if people needed to be admitted to hospital. This showed us there were effective systems in place to support people who used the service to maintain good health and the registered provider was proactive in supporting people to maximise their wellbeing.

Is the service caring?

Our findings

People who used the service told us that staff from ExtraCare Charitable Trust Brunswick Gardens Village were kind, caring and compassionate. Comments included, "They [staff] are all very, very polite and sociable, I can't find any fault", "They [staff] are always very cheerful. We have a natter and have a laugh" and "I think they [staff] are very good, they are a nice set of people...they are very cheerful and make you laugh." It was clear from these and other comments that people who used the service valued the positive caring relationships developed with the staff who supported them.

Staff we spoke with understood the importance of getting to know the people they supported. Staff explained how they visited and introduced themselves to new people to the service, received information during handover meetings and read people's care plans to help them get to know people and to establish a rapport.

Although feedback about staff was overwhelmingly positive, some people we spoke with felt that improving staff continuity would help them to establish positive caring relationships. One person who used the service commented, "I see a lot [of staff]. I am trying to get to know them all. It would be nice to see the same ones more often, but they are all lovely." However, other people said, "We have quite a few [different staff], but they all know us and we know them" and "I know all of them [staff]. They do change over every so often, but they are all nice."

We saw that staff wore name badges and introduced themselves to help people who used the service to get to know them. We also saw that staffing and updates on appointments were discussed at 'street meetings' to keep people who used the service up-to-date with staffing changes.

People told us they were supported to maintain their independence and to have choice and control over the care and support they received. One person told us, "They [staff] come and ask me what I want doing and they are cheerful and polite." Other people we spoke with confirmed that staff listened to them and followed their instructions when providing care and support.

Staff we spoke with understood the importance of seeking consent and respecting people's decisions. We saw that care plans contained information about people's personal preferences. This demonstrated that people were asked about their care and support and involved in decisions about how this should be provided.

At the time of our inspection, no one who used the service was supported by an advocate. An advocate is someone who can support people to ensure that their views and wishes are heard on matters that are important to them. However, the registered manager understood the role of advocacy and explained how they would coordinate with the local authority if advocacy services were needed.

Discussions with the staff revealed there were people who used the service with diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race,

religion and sexual orientation. Records evidenced that staff received equality and diversity training to promote anti-discriminatory practice. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

People who used the service told us staff supported them with personal care where needed and that this support was always provided with respect and in a way that maintained their dignity. Comments from people who used the service included, "I never feel exposed" and "They [staff] do treat me with dignity and respect. They are very good, I can't grumble."

We asked staff how they supported people to maintain their privacy and dignity. One member of staff said, "I leave people to do things for themselves and make sure the curtains are closed when people are getting unchanged."

We observed that staff knocked and announced themselves before entering people's homes and people we spoke with confirmed that this was normal practice. This showed us that staff respected people's privacy and personal space. We saw that staff treated people who used the service with respect. We observed staff spoke to people who used the service in an appropriate, kind and caring tone.

Is the service responsive?

Our findings

People who used the service told us they felt staff provided responsive care and support which met their needs.

Each person had a care file containing copies of assessments of their needs, details about how those needs should be met and risk assessments to guide staff on providing care and support in a safe way. This information was gathered before people moved into Brunswick Garden Villages and then added to as staff got to know people who used the service and if people's needs changed.

We reviewed the care records of four people who used the service. We saw that they contained person centred information about what support people who used the service required and when. Care records also incorporated details about people's likes, dislikes and personal preferences with regards to how this support should be provided. Some care files also contained a 'biography' with detailed information about people's social history, such as important family relationships, careers, hobbies and interests. This information helped staff to get to know the people they supported and demonstrated that people who used the service, their family or other people important to them were involved in setting up and planning the care and support provided.

We saw that care records were generally reviewed and updated regularly and that people who used the service were involved in this process. Relatives of people who used the service confirmed that care records were reviewed at regular intervals, with one relative commenting, "We are always involved."

Relatives of people who used the service were complimentary about the level of communication from staff. Relatives we spoke with told us they regularly received telephone calls from staff in respect of any issues or concerns regarding their family members.

A copy of people's care records was kept in their home for them and staff to look at if needed. A member of staff confirmed this saying, "In each apartment there's a folder with details about people's needs." We saw that staff also maintained a record of each visit completed, with details of the care and support provided. This running record enabled different staff to review what care and support was provided at the previous visit and to keep up-to-date with any important information or changes in people's needs.

We asked staff how they ensured they provided responsive care and support as people's needs changed. One member of staff said, "We have handover [meetings] and have got communication books." Handover meetings were used to share important information between staff on different shifts and enable staff to keep up to date with any changes in people's needs.

People who used the service had access to a wide range of activities and events and staff actively supported and encouraged people to be part of the community at Brunswick Garden Villages. People who used the service told us, "You can't be lonely here", citing the wide range of activities available and the kindness of staff as the reason for this. People told us they had regular and on-going contact with staff who were

proactive in making sure they felt included with what was going on at Brunswick Garden Villages. People we spoke with also told us about an events magazine which was produced to keep them up to date with the activities they could choose to take part in. This allowed people who used the service to pick activities that suited them and which they wanted to participate in.

People who used the service told us, "There's always something to do that you can get involved with" and "They do have lots of things going on, I don't know how I am going to fit it all in." The registered provider employed 'runners' who were responsible for supporting people to get from their flats to communal areas or activities. This ensured that people who wanted to could attend activities or events.

The registered provider had a policy and procedure in place for managing and responding to comments or complaints about the service provided. A copy of the complaints policy was displayed on a notice board in a communal area of the extra care housing scheme and also given to people when they started to use the service. We saw that 'tell us' forms were available in the entrance to Brunswick Garden Villages so that people who used the service could provide anonymous feedback or suggestions in this way if needed.

People who used the service told us they felt able to speak with staff if they had any issues or concerns and that their concerns would be dealt with professionally. Comments included, "I've never had any problems...there's always someone you can talk to if you want any help."

At the time of our inspection, there had been three complaints processed through the registered provider's complaints procedures. We saw that steps were taken to investigate and deal with the complaint and a written response provided. Where concerns related to services managed by the housing provider, we saw that these were passed over for the appropriate people to respond to.

We reviewed records of compliments received and saw that staff had received numerous cards and letters praising the care and support provided.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration for this location. At the time of our inspection, there was a registered manager in post and they had been the service's registered manager since October 2010. The registered manager was supported by a head of care and team leaders in the management of the service.

People who used the service were complimentary about the management of ExtraCare Charitable Trust Brunswick Gardens Village and told us it was well-led. Comments included, "I can't praise them enough" and "They're alright as far as I'm concerned...I can't fault them."

Staff we spoke with told us they felt supported by the registered manager, head of care and team leaders and could approach them with any issues or concerns. Comments included, "If there's anything you need help with they [the managers] are always there for you...the managers are nice, friendly and easy to approach" and "I feel I can go to our manager with anything." Another member of staff said, "If you have got ideas or suggestions of ways to improve things, they are good like that and take things on board."

New staff were given a staff handbook which contained details about the visions and values of the service. These included promoting independence, embracing diversity and aiming for excellence. We observed that there was a positive atmosphere and positive person centred culture in the service. Our conversations with staff and the registered manager evidenced a commitment to delivering high quality person centre care. Staff told us, "I really enjoy it here and I feel that I am a part of something", "Everybody helps each other out" and "Everybody says hello and good morning, there's a good friendly atmosphere here."

The registered manager and registered provider demonstrated a clear commitment to gathering feedback and involving people who used the service. Regular 'street meetings' were held at Brunswick Garden Villages and these were attended by the registered manager of ExtraCare Charitable Trust Brunswick Gardens Village. Street meetings provided an opportunity for people who lived at Brunswick Garden Villages including people who received support from staff from ExtraCare Charitable Trust Brunswick Gardens Village to share information, discuss any issues or concerns and find out about any important events or changes relating to the service. We saw minutes for street meetings held in August and October 2016. Topics discussed included new staff recruited, activities on offer and the upcoming 'arthritis awareness day'. Minutes were posted on a communal notice board for people who were unable to attend the meeting to look at.

Other meetings were held between different groups who lived at Brunswick Garden Villages including a gardening interest group, bar interest group meeting and an activities group meeting to discuss activities available at Brunswick Garden Villages. We also found that there was a 'resident's forum' which people who used the service could access and which advocated and represented the views of people living at Brunswick Garden Villages. This enabled the registered provider to gather feedback about the service and identify and respond to any issues or concerns.

During our inspection, we asked to look at a variety of records in relation to the running of the service and with regards to the care and support provided. We found that records were stored securely, generally well maintained and updated regularly.

We found that the registered manager was committed to delivering high quality care and support for the benefit of the people who used the service. We saw that there were robust systems in place to monitor the quality and effectiveness of the care and support provided to people who used service. We saw that care plans and records relating to the management of medicines were audited at regular intervals. Where any issues or concerns were identified there were robust systems in place to address and resolve these. This demonstrated proactive management and showed us that the registered provider and registered manager were committed to monitoring and improving the quality of the care and support provided.

Records evidenced that regular observations of staff's practice were completed covering areas such as privacy and dignity, record keeping, medicines management and hygiene issues. Positive feedback was provided as well as constructive feedback where any issues were identified. We could see that this was an effective system to monitor the quality of care and support provided by staff and to encouragement improvements.

The registered manager explained that they completed a monthly 'management reporting matrix'. This contained information about important aspects of the care and support provided including details about staffing levels, number of accidents and incidents, safeguarding concerns, medicine errors, audits completed and health and safety checks. They explained that this enabled the registered provider to monitor their compliance and identify any issues or concerns with the service provided.

Regular meetings were held to discuss any issues or concerns and to share information. We saw that management team meetings, team leader meetings and staff meetings were held and minutes produced to share information if people were unable to attend. Minutes showed that topics discussed included staffing levels, training, medicine issues and best practice guidance, audits and policies and procedures. Team meetings provided an opportunity for staff to feedback any issues or concerns and for management to communicate changes or information about where practices could be improved.

The registered manager advised that they were due to complete a survey to gather feedback from people who used the service. The registered manager explained that they were also in the process of completing a staff survey although results from this were not available at the time of our inspection.

Services which provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked the registered manager how they kept up-to-date with changes in legislation and guidance on best practice. They told us they received regular email updates from 'head office' regarding any important changes they needed to be aware of.