The ExtraCare Charitable Trust

ExtraCare Charitable Trust Lark Hill 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

This inspection took place on 5 and 22 December 2017 and was unannounced.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using ExtraCare Charitable Trust Lark Hill Village receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. 58 people were receiving regulated activity at the time of our inspection.

The service is required to have a registered manager. 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. The manager had started at the service in September 2017. At the time of our inspection visit the manager was not registered but was going through the process to become registered. Since the inspection visit the manager has completed their registration with the CQC.

At the last inspection in August 2015, the service was rated Good. At this inspection we found the service remained Good.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and were not unnecessarily restricted. Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices.

Medicines were safely managed and people were protected against the risk of infection. Themes and trends in relation to accidents and incidents were reviewed and investigations of specific incidents were carried out.

People's needs and choices were assessed and care was delivered in a way that helped to prevent discrimination. This was in line with evidence based guidance however positional charts were not always fully completed. Staff received appropriate induction, training, supervision and appraisal. People received sufficient to eat and drink, but food and fluid charts were not always fully completed.

People's healthcare needs were monitored and responded to appropriately. External professionals were

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

People were cared for by staff who were kind. People were involved in decisions about their care and support and information had been made available in accessible formats. Advocacy information was not easily available to people. Staff respected people's privacy and dignity and promoted their independence.

People were involved in planning their care and support. People were treated equally, without discrimination. The manager had limited knowledge of the Accessible Information Standard, however efforts had been made to ensure people with communication needs and/or sensory impairment received appropriate support.

Staff were aware of people's interests, hobbies and preferences; staff took steps to ensure people enjoyed meaningful activities and stayed connected to their local community. Complaints were handled appropriately. Processes were in place for supporting people with end of life care where appropriate.

A clear vision and values for the service were in place. Staff felt well supported by the manager. The provider was meeting their regulatory responsibilities.

People and their relatives were involved or had opportunities to be involved in the development of the service. Systems in place to monitor and improve the quality of the service provided were effective.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

ExtraCare Charitable Trust Lark Hill 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

This inspection took place on 5 and 22 December 2017 and both days were unannounced.

The inspection team included one inspector and two experts 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. Prior to the inspection, the experts by experience and inspector carried out telephone interviews to gain people's views in relation to the quality of the service provided.

Before the inspection we looked at all of the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local commissioning teams. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning

group. We also checked what information Healthwatch Nottingham had received on the service. Healthwatch Nottingham is an independent organisation that represents people using health and social care services.

Prior to the inspection we attempted to speak with 34 people. We successfully spoke with 13 people who used the service and two relatives.

During the inspection we spoke with the locksmith, wellbeing advisor, an administrator, care coordinator, two team leaders, two personal support assistants, a nurse, head of care and the manager. We looked at the relevant parts of the care records of nine people who used the service, three staff files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People were protected from abuse and discrimination. People told us they felt safe when being supported by staff from the service. A person said, "I do feel safe when the carers are here." The manager told us they emphasised tolerance in their discussions with staff and people who used the service. They also told us that managers had recently received a presentation regarding celebrating diversity and inclusivity with a particular focus on supporting people from the Lesbian, Gay, Bisexual and Transgender (LGBT) community and had found this beneficial.

Staff were aware of safeguarding procedures and the signs of abuse. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was available to give guidance to people and their visitors if they had concerns about their safety and appropriate safeguarding records were kept.

Risks were managed so that people were protected from avoidable harm and were not unnecessarily restricted. People told us that they didn't feel unnecessarily restricted. A person said, "You can please yourself really what you want to do and when." Staff knew how to support people when they presented with behaviours that others might find challenging however guidance for staff could be improved in this area. Staff agreed to review guidance in this area.

People had individual risk assessments to enable them to keep safe and be as independent as possible. Actions to minimise risk were identified and implemented. There were plans in place for emergency situations such as an outbreak of fire and personal emergency evacuation plans for all people using the service. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

Sufficient staff were on duty to meet people's needs. People told us that staff stayed the correct amount of time to meet their needs but views were mixed on whether staff always turned up on time. A person said, "[Staff] either come on time or a bit early." Another person said, "Sometimes they can be a bit behind schedule and they don't always let me know which frustrates me because I do get impatient. You get enough [staff time] for what you want though."

People thought there were enough staff in place to support them safely and meet their needs; however they told us that they did not always receive the same staff though this was improving. A person said, "You never know who is coming. Everyone is different; some are easier to get on with than others." Another person said, "It's not normally the same carers. It would be nice if we could have the same. We don't get a rota it's just who comes through the door."

Staff told us that they felt that there were sufficient staff to meet people's needs and keep them safe. A staffing tool was used to calculate staffing levels and the number of staff on duty was in line with the staffing tool calculations. The manager told us that they were recruiting more staff so that they could ensure people received continuity of care from staff directly employed by the service where possible.

Safe recruitment and selection processes were followed. Recruitment files for staff employed by the service contained all relevant information and appropriate checks had been carried out before staff members started work.

Medicines were safely managed. People raised no concerns regarding how their medicines were managed. A person said, "[Staff] give my medication as prescribed. They wear gloves and will push the tablets out of the blister pack into a pot. They don't touch my medication." Staff told us they had received a check of their competency to administer medicines and they had undertaken medicines training.

Medicines Administration Records (MAR) contained a photograph of the person to aid identification, a record of any allergies and their preferences for taking their medicines. We checked people's MAR charts which were appropriately completed.

People were protected against the risk of infection. A person said, "Staff wear gloves and aprons and tidy up after they have finished." Staff understood their roles and responsibilities in this area and had attended infection control and food hygiene training. The service's on site restaurant had a five star rating with the local authority environmental health department.

Learning was identified from incidents and accidents and discussed with staff. Accident forms were completed and actions taken to minimise the risk of re-occurrence were documented. The manager reviewed accident forms to check correct action had been taken. A working group for falls was planned to meet every three months and falls were analysed to identify patterns and any actions that could be taken to prevent them happening. Staff understood their responsibility to report safety incidents and we saw that incidents were discussed at team meetings so that lessons were learned.

Good

Is the service effective?

Our findings

People told us that they had opportunity to talk about their needs before starting with the service. A person said, "We talked with staff about what was needed. [My relatives] were also involved in the discussion." People's needs and choices were assessed and care was delivered in a way that helped to prevent discrimination and was in line with evidence based guidance. People received an assessment prior to using the service and also received an annual assessment of their needs. Assessments included nationally recognised screening tools for malnutrition. Assessment of people's diverse needs, including in relation to protected characteristics under the Equality Act, were also considered in people's care plans with them. This helped to ensure people did not experience any discrimination.

Staff provided care to people who had skin damage or were at risk of skin damage in line with guidance. However, we saw that one person's repositioning charts were not fully completed to show that staff had supported people to change their position as frequently as stated in their care plan. We raised this issue with the manager who agreed to remind staff of their responsibilities in this area.

Staff received appropriate induction, supervision, training and appraisal. People felt that staff were competent but some people commented that they sometimes had agency staff who were less effective than permanent staff. However, people told us that this was improving as more permanent staff were recruited by the service. A person said, "[Staff] know what they're doing." Another person said, "I think [staff] have the skills necessary to look after us."

Staff felt supported by management. They told us they had received an induction which prepared them for their role. Staff also told us they had access to training to enable them to keep themselves up to date and they felt they had the knowledge and skills required for their role.

Staff told us they received regular supervision and appraisal. Training records showed that staff had attended a wide range of training which included equality and diversity training. Systems were in place to ensure that staff remained up to date with their training and received regular supervision and appraisal.

People received support to eat and drink and the service had a restaurant accessible to people who used the service which provided meals at lunchtime. A person said, "Staff get all the meals and they give me choice, they give me a drink when they are leaving." Another person said, "[Staff] always leave me plenty of water as I need to drink a lot."

The service employed a wellbeing advisor who was a nurse. The wellbeing advisor told us of how they supported people who were at nutritional risk and records confirmed this. Food and fluid charts were in place to record people's food and fluid intake where this required monitoring. However the charts for one person were not fully completed and we raised this issue with the manager who agreed to remind staff of their responsibilities in this area.

Staff worked well with each other and other organisations. Staff provided a clear handover of information to

other staff coming on duty to ensure that people's needs continued to be met.

People's healthcare needs were monitored and responded to appropriately. External professionals were involved where appropriate. A person said, "I have had a bit of a problem today and the staff are calling my GP." The wellbeing advisor was based in an accessible place for people who used the service. The wellbeing advisor offered annual health assessments, health promotion, drop in sessions and supported people to access external professionals where required. The wellbeing advisor told us of a person who they supported with their skin condition and records confirmed this.

The service also employed a 'locksmith' who was a specially trained staff member who worked with people with cognitive issues. The locksmith told us of a person who they supported with their cognitive difficulties and records confirmed this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us that they had choices and staff checked with them before providing care. A person said, "Yes staff allow me choices, whether I want a shower or not it's up to me."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications to deprive a person of their liberty in this setting must be made to the Court of Protection.

The requirements of the MCA were being fully followed and staff understood their responsibilities under this Act. When people were not able to make some decisions for themselves, mental capacity assessments and best interest decisions were made. Staff had been trained in understanding the requirements of the Mental Capacity Act.

We checked the care records for people who had a decision not to attempt cardio-pulmonary resuscitation order (DNACPR) in place. There were DNACPR forms in place which had been completed to show that people's rights had been protected in this area.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind. People told us that staff were kind and friendly. They also told us that regular staff knew them well. One person said, "The staff are nice to me and would give me extra help if needed." Another person said, "[Staff] know me and my likes and dislikes. They appreciate my privacy."

Staff had a good knowledge of people's likes and dislikes and family background. They told us they had sufficient time to support people in a caring way. Staff told us of how they supported a person who became distressed at times and records confirmed this. The person could become distressed at night time and the service had a specific staff member, a night ranger, who was available to respond when required.

People were involved in decisions about their care and support and information had been made available in accessible formats. People we spoke with were generally aware of their care plans. A person said, "I tell the carers if I have any problems, the supervisors are nice and come round here from time to time, they will listen to any changes needed." Another person said, "Mine is very much up to date. They have recently added information after my fall. They asked if I was happy with everything." Care records contained evidence that people and their relatives, where appropriate, had been involved in their care planning.

Advocacy information was not easily available for people if they required support or advice from an independent person. The manager agreed to put this in place. When people had difficulties in communicating verbally, communication guidance was in place. This guidance provided information for staff on how to understand the person's wishes and strategies staff should use to maximise people's understanding and enable them to indicate their wishes. Information was also available in different formats where required.

People told us their privacy and dignity were respected. A person said, "They treat you with respect and do everything they can to make you comfortable." Another person said, "When I am showering they let me wash myself where I can. I have a catheter and they look after that well. I am never embarrassed as the staff make me feel at ease." We observed that care records were stored securely at all times which respected people's right to privacy.

People told us their independence was encouraged by staff. A person said, "I'll say, 'Let me do things first' and they let me do what I can." Another person said, "I have a frame and the staff walk beside me. They are helping me keep my independence". We saw that tracking technology was being used appropriately to promote a person's independence. This person was living with dementia and liked to walk by themselves but could require additional staff support due to their condition. The tracking technology allowed staff to be made aware when a person left their house so that they could be prepared to offer support if required. The manager said, "It's all about independent living, encouraging people to be as independent as possible."

Good

Is the service responsive?

Our findings

Most people felt they received personalised care that was responsive to their needs. A person said, "It's excellent care. [Staff] never refuse to do anything." Another person said, "I am put to bed at 11pm and I like that time for bed and I am very happy about that." A third person said, "I have a bell pull. I've used it a few times and [staff] get here pretty quickly."

Staff told us they supported some people to take part in activities on and off site and people and records confirmed this. A person said, "There are Christmas events at the moment downstairs. I went to one last night. In the week there is bingo and other activities to attend." A range of activities were available on site and the locksmith also coordinated two activities: music for health and a memory group for people with cognitive difficulties. The 'guide for new residents' leaflet had been written by people who used the service and gave details of all activities available on site.

There were strong links to the community and we saw local schools attend the service to sing Christmas songs to people who used the service. The manager told us that the provider had an inter-generational plan to encourage contact between people of all ages.

An initial physical and social assessment had been completed before people were admitted to the service. The service involved people in discussions about their care. This helped to ensure any communication needs associated with their health and wellbeing were identified and met in a responsive and individualised way. The manager had limited knowledge of the Accessible Information Standard, however efforts had been made to ensure people with communication needs and/or sensory impairment received appropriate support.

Care plans were in place for people's care and support needs and had been regularly reviewed. This included people's mental and physical healthcare needs including dementia and epilepsy care. Care records contained information regarding people's diverse needs and provided support for how staff could meet people's personalised needs. We saw that people were supported to attend religious activities in line with their preferences.

People raised no concerns regarding making a complaint. A person told us that they had made a complaint and had been dealt with appropriately. Another person said, "If I had a problem with a carer I would talk to the carer direct. There is also a folder full of information that I can refer to. I could also ring one of the leaders." We saw that complaints had been responded to appropriately and changes made to care practice and documentation where necessary.

Guidance on how to make a complaint was in the guide for people who used the service. However, the Local Government Ombudsman and local authority details needed to be added to the information. Staff were aware of the complaints process and the action they should take if a person raised a concern or a complaint. A complaints policy was in place which encouraged staff to have a very positive approach towards accepting and responding to complaints. It stated, "It's ok to say sorry – even if the customer is

wrong, we can be sorry that they've felt cause to be frustrated, disappointed, or let down – because we care."

Processes were in place for supporting people with end of life care where appropriate. A detailed end of life policy was in place and made reference to, "Understanding the resident's religious and spiritual beliefs and supporting them to engage in relevant services, or where possible, arranging visits by spiritual leaders and church members if requested." The provider was also about to introduce a new strategy for end of life care called, "A home for life". The manager told us that staff would be receiving training as a part of the strategy.

Good

Is the service well-led?

Our findings

A clear vision and values for the service were in place. The provider's vision was "Better lives for older people." There were four values: empowering, compassionate, collaborative and transparent. The manager told us that they took one of the values each week and discussed it with staff. We observed staff were acting in line with those values. Staff were very positive about the service they provided. A staff member said, "This is how older people should live. I would like everyone to experience it. It's a lovely place to work and live." Another staff member said, "I love it here. I'd like to stay here until I retire."

People were positive about the manager. The manager was considered to be very visible and approachable. A person said, "The new manager has started and he's having meetings specifically for people who receive care. I think this is a better way of doing things. You can say what you want, it is very open." Another person said, "I have met the new manager and I think he would listen to any complaints and deal with them."

Staff were very positive about the manager. A staff member said, "[The manager] is like a breath of fresh air. He is so care focussed." Another staff member said, "He's enthusiastic and passionate. Full of good ideas and is always out in the centre speaking to people." Staff told us the manager was supportive and they could discuss issues openly with him.

Staff told us staff meetings were held regularly and they were encouraged to raise issues at the meetings. We saw that staff meetings took place and the manager had clearly set out his expectations of staff. At one meeting, the manager said, "Residents first, always try and help a resident with what they need." The manager also told us that there were daily "line ups" where changes to people's needs and other messages could be shared with staff. A staff member said, "We have very honest 'line-ups' where expectations of staff are made very clear." Staff told us that they received feedback in an open and constructive way.

The manager had started at the service in September 2017. At the time of our inspection the manager was not registered but was going through the process to become registered. At the time of writing this report the manager is now registered. Statutory notifications had been made where required and the CQC rating from the last inspection was clearly displayed.

People had a range of opportunities to provide feedback on the quality of service. A person told us that there were a number of meetings that they attended. People could complete a feedback card or use the 'Feedback ferret'. The 'Feedback ferret' was an electronic system that people used to make comments on the quality of service being received. This information was regularly analysed and available to the manager to take prompt action where required. The manager told us that they also shared positive feedback and compliments with staff. The actions taken were shared with people who used the service. A feedback box was also in the main reception area of the service.

A community meeting took place monthly and this was open to everyone who lived on the site whether they received a regulated activity or not. People were also encouraged to join the Chef's forum to feedback on the quality of food provided at the restaurant. There was also a care forum. This forum was open to people

receiving a regulated activity from the service. Minutes of the last two meetings detailed comments made by people who used the service and the actions taken in response by staff.

A whistleblowing policy was in place and contained appropriate details and staff told us they would be prepared to raise issues using the processes set out in this policy.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that audits had been completed by staff based at the service and by representatives of the provider not based at the service. Audits were carried out in a number of areas including medication and care plans and staff were regularly observed to assess the quality of care being provided. Where issues had been identified, an action plan had been put in place and actions taken. Actions had also been taken in response to reports produced by outside organisations.

People told us, and records confirmed where other professionals had been involved in their care and treatment. Any information provided by other agencies had been used to inform and develop people's plans of care to ensure good outcomes for them. The service worked in partnership with other agencies.