

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Hagley Road Village

Inspection report

322-336 Hagley Road
Edgbaston
Birmingham
B17 8BH

Tel: 01214299602
Website: www.extracare.org.uk

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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

ExtraCare Charitable Trust Hagley Road Village is a housing scheme which is registered as a domiciliary care agency providing personal care to some of the people living at the complex. At the time of our inspection the service was supporting 54 people living in their own individual flats in the complex and two people living in the community. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Staff were aware of the actions to take in order to protect people from avoidable harm and potential abuse. There were enough suitably trained staff on each shift to meet peoples' care needs. People were supported to receive their medication safely and as prescribed.

The needs of people were met consistently by staff who had the right competencies, knowledge and, skills. Staff respected people's views and respected their decisions. People were supported in line with the Mental Capacity Act 2005. People received suitable support to eat and drink the things they liked and needed to stay well. People were supported to make use of the services of a variety of mental and physical health professionals. When necessary the care manager would signpost people to the provider's other services within the housing complex which supported people's wellbeing.

People were supported by regular staff who knew and understood their history, preferences and needs. Staff spoke fondly about the people who used the service and how they enjoyed supporting them to engage in things they liked. Care provided respected people's privacy and promoted their independence.

Staff had a passion to meet people's individual needs and wishes. This had resulted in improving the conditions of many people who used the service.

Staff focused on providing person centred care. Staff were flexible with their call times depending upon people's needs and wishes. People were supported to take part in activities they enjoyed and staff respected their choices. People could be assured that appropriate action would be taken if they raised concerns or complained.

Senior staff lead by example and were available to staff for guidance and support. Staff were motivated and shared a common vision and set of values. The provider monitored the quality of the service and had taken action when necessary to improve the care people received.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 comprehensive inspection took place on 24 July 2017 and was announced. The registered provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to ensure there were care records available for review had we required them. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we reviewed any information we held about the service. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with ten people who used the service and three relatives. We spoke to the registered manager, care manager, care co-ordinator, a team leader, one senior carer and four care staff. We also spoke with a nurse, dementia specialist and gym instructor who also worked for the provider. We sampled the records including five people's care plans, two staff files, complaints, medication and quality monitoring. We also reviewed additional information the registered manager sent us after our visit.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. Comments included; "I feel safe and free from bullying"; "I feel safe with the carers, there really good", and "Completely [safe], I've never heard of any bullying." People told us they knew who to talk with if they felt unsafe. One person said, "I would go to the supervisor downstairs". Another person told us, "I would go to the manager if I did not feel safe with the carers, or the CQC [Care Quality Commission]".

People were protected from avoidable harm and potential abuse. Staff received training and demonstrated they knew how to protect people from the risk of abuse. One member of staff told us, "I've reported abuse in the past. It was dealt with straight away". Staff we spoke with knew how to support people in order to protect people from the risks associated with their specific conditions and in an emergency. There were records of the risks associated with people's conditions and the action staff were to take in order to minimise the possibility of harm.

All the people we spoke with said there were enough suitably trained staff on each shift to meet their care needs. One person told us, "99% of the time, they arrive on time. Only late if something bad happens". Another person said, "Yes, they come on time, never been that late". Staff told us and records confirmed that people were mainly supported by consistent staff who had worked at the service for several years. When staff were absent the care manager had a system to ensure their planned work was covered by colleagues working additional hours or regular bank staff who knew peoples' individual care needs. A review of two staff files showed that robust recruitment checks had been completed by the provider's human resources department so people were supported by suitable staff.

When people required support to take their medication staff managed medicines consistently and safely. One person told us, "They [the staff] do my meds as I get mixed up sometime". Another person said, "They do my creams, they do it really well". The medicines were administered by staff who were trained to do so. The care manager told us and staff confirmed that they received regular training and observation in order to ensure staff remained competent to administer people's medication safely. Regular audits and reviews ensured people received the appropriate medication as prescribed.

Is the service effective?

Our findings

The people and relatives that we spoke with told us that staff were good at meeting their needs. One person told us, "I never feel the staff are just here for the cash, they go that little bit above". Another person said, "I can't fault any of them. We're all different. [They] always ask if I need anything else doing". People told us and records showed that several people's conditions had improved after they started using the service.

The needs of people were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. Staff received an induction and regular training. One member of staff told us, "Training is excellent". We saw and staff told us they had regular formal and informal meetings with senior staff to reflect on their practice.

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. Staff demonstrated an understanding of people's rights to choose how they were supported and respected their decisions. One person told us, "We like to stay in and eat. They respect our choice to stay in". When people were felt to lack mental capacity the care manager had held meetings with appropriate others to identify care which would be in the person's best interests.

When necessary people received suitable support to eat and drink the things they liked and needed to stay well. One person told us, "I make choices, the staff call or come and tell me what the choices are at meal times from downstairs and they bring it for me." A person's relative told us, "He will have food here and he chooses what he wants, they help him to cut up his food". Staff were also aware of people's diets and one member of staff told us how they supported a person to manage a particular health condition through monitoring what they ate.

People were supported to make use of the services of a variety of mental and physical health professionals. One person told us they had been supported to attend health care appointments in the community. They said, "When I needed support to go to appointments they accompanied me". When necessary the care manager would signpost people to the provider's other services within the housing complex which supported people's wellbeing. These additional staff included a dementia specialist, a nurse, fitness instructor and activities facilitator. This ensured people received prompt and appropriate support when needed.

Is the service caring?

Our findings

People who used the service told us that the staff were caring. Comments included, "[Staff] always have a smile, it's a pleasure to see them. When they go they leave me looking forward to the day"; "All are very kind, all ask if I'm okay even when they are off shift" and, "Staff are really kind, no problem with anyone of them". A person's relative told us, "I couldn't be happier with the care mom gets". One member of staff told us, "You look after them how you would look after your mum".

People were supported by regular staff who knew and understood their history, preferences and needs. Staff spoke fondly about the people who used the service and how they enjoyed supporting them to engage in things they liked. During our visit we observed a member of staff support a person to go out for lunch in the community. The member of staff told us this was a regular activity they both enjoyed. Care staff had worked consistently with other staff at the housing scheme to improve the quality of people's lives.

People were proactively supported to express their views about the care they received. One person told us, "My care plan is in the kitchen, I was involved in the writing of it". When necessary the care manager involved other health professionals to support people to understand the information and choices available to them. This helped people to feel listened to and included in how the service was run.

People said staff respected their privacy and they took care to ask permission before supporting people with personal care. Comments included; "Staff always ring the bell and wait for me to open the door"; "They always close the door when giving me a shower" and, "They treat me with dignity and respect. They are so careful with my things". People were treated with respect. Staff took action to acknowledge the funeral of a person who had used the service which was taking place on the day of our visit.

Is the service responsive?

Our findings

Feedback from people who used the service and their relatives described the service as consistently good at how staff focused on meeting their individual needs and preferences. Comments included; "I can't fault the girls, they are there if you need them;" "They always ask if I want anything" and, "They give me extra support when I need it". Staff constantly told us how they put people at the centre of their work. A member of staff told us, "Everyone is different, every package is different. That's what makes it theirs". Another member of staff told us, "It's not just the care plan, it's the other small things. I will get them food and support to the shops. It's like looking after your parents, you want to do more and more [for them]".

People received consistent, personalised care and treatment. The care manager worked closely with the provider's other staff to maximise people's wellbeing and quality of life. On one occasion care staff had worked with the provider's dementia specialist and activities facilitator to reduce a person's anxiety when being hoisted. The person's relative told us, "She was scared of the hoist after her experience in hospital. However the carers are so gentle she quite enjoys it now". This gave the person confidence to request support when required and improved their experience of receiving personal care.

Staff ensured care was provided in line with people's wishes and preferences. This had resulted in people enjoying social events with friends. One person told us, "I go to town with carers, they do what I like". One member of staff told us how they had identified that supporting a person to visit the community had reduced their anxiety and they had taken action to ensure this activity was increased. People told us that staff were flexible with their call times depending upon their needs. One person told us, "They make changes when we need them to, if we go out, we cancel the call. If we need the call earlier I just have to call".

People's care plans were thorough and reflected people's needs, choices and preferences. One person told us, "I have a care plan, my daughter and myself were involved in the writing of it". People were actively involved in developing their care plans and were supported by staff who had the skills to assess their needs and knowledge about people's preferred communication styles. There were systems in place to make sure that changes to care plans and people's conditions were communicated to staff and other health professionals. In one instance care staff had acted promptly to involve colleagues when they identified a person was losing weight. This led to the person receiving successful surgery for a potentially life threatening condition.

There was a range of ways for people to feed back their experience although people told us they were very happy with the support they received and would not expect to complain. One person told us, "I would go to the manager, to resolve any issues, but I have never had any". People we spoke with and staff consistently expressed confidence that the care team would take action to resolve any concerns people raised. A review of complaint records showed that people could be assured any issues would be handled in accordance with the provider's complaints policy and in line with recognised good practice.

Is the service well-led?

Our findings

All the people we spoke with told us that they felt that the service was well run. People told us the care manager and staff were approachable and was always seeking their views. One person told us, "[The care manager and staff], all of them are helpful". Another person told us "[Staff name] is approachable, she is our keyworker".

At the time of the visit the service had 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 registered manager and the care manager was aware of their responsibilities to the commission. Their latest inspection ratings were displayed appropriately and they could explain the principles of promoting an open and transparent culture in line with their required duty of candour.

Senior staff lead by example and were available to staff for guidance and support. A member of staff told us, "[The care manager] is amazing, easy to talk to". The registered manager and care manager constantly expressed their appreciation of the care team. The care manager told us, "It's the team which makes the difference. It's not me". They provided staff with constructive feedback at regular supervisions and appraisals. Staff were motivated and this had contributed to the establishment of a knowledgeable and consistent staff group.

The service had a clear vision and set of values. The care manager said, "We want to give people kindness, dedication and respect. I would be happy for my mum to be here". Staff spoke of the importance of people receiving safe, consistent care while respecting them as individuals and their rights to live independent and fulfilling lives. Staff practice and records consistently reflected this vision.

People who used the service, relatives and advocates were regularly involved with commenting on the quality of the service and their experiences were used to drive improvement. People had the opportunity to influence and develop the service they received.

The provider monitored the quality of care people received. We saw that they had taken action when necessary to improve the care people received. We noted that further action was required to monitor and identify if there was an increased risk of people experiencing early or late calls. Reviews of daily care notes had failed to identify that staff had not always demonstrated they had put people at the centre of the support they had provided. On occasion staff had just recorded the tasks they had undertaken and had made no reference about people's welfare or how people were feeling.