

The ExtraCare Charitable Trust

Hughenden Gardens

Inspection report

Hughenden Boulevard
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23 July 2019

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service:

People using the service lived in a large village community for those aged 55 and over. The village had 260 apartments and was close to the town centre in High Wycombe. The village had facilities which included a gym, hair salon, bar and bistro.

Not everyone who used the service received personal care. Fifty three people were being supported with personal care at the time of our visit. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

People spoke positively of the care they received. Typical comments included "The carers are brilliant and fantastic and friendly," "It is like a hotel. I am very happy here" and "I think the service is good and I tell others, it is such a good idea."

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

People received safe and effective care. They were supported by staff who had been robustly recruited. Staff received a structured induction and undertook a wide range of training to be able to meet people's needs.

People were supported with their healthcare needs. Healthy eating and exercise were promoted, to help people keep fit and well. Staff were assessed before they were permitted to handle people's medicines. In one case we found a person's medicines could not be given to them as they had run out. We have made a recommendation to improve medicines practice, to ensure prescriptions are requested in good time.

People's needs were recorded in care plans. Risk assessments had been written to identify and mitigate the likelihood of people experiencing injury or harm.

The village setting provided opportunities for people to socialise with other residents and take part in activities.

Managers and staff worked with external agencies, such as the local authority and healthcare professionals, to make sure people received the care they required. Quality of care was monitored by the registered manager and provider to make sure it met people's needs in a safe and person-centred way.

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

Rating at last inspection:

This service was registered with us on 3 May 2018 and this is the first inspection.

Why we inspected:

This was a planned inspection.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Hughenden Gardens

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector. Two Experts by Experience contacted people who used the service and relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours notice of the inspection. Inspection activity started on 18 July 2019 and ended on 23 July 2019. We visited the office location on 19 and 23 July 2019.

What we did:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since it was registered with us. We sought feedback from community

professionals who work with the service. We took into account a recent local authority contract monitoring report for the service. We contacted staff by email and invited them to provide feedback to us. We used all of this information to plan our inspection.

During the inspection:

We spoke with the registered manager and other staff which included a care supervisor, care co-ordinator, care manager and well-being advisor. We spoke with 16 people who use the service and 6 relatives on the telephone.

We looked at a range of records. These included five people's care plans, four staff recruitment files, four staff development and training files and a sample of staff and office meeting minutes. Medicines administration records were looked at for four people. We checked a sample of service monitoring reports and accident and incident forms. Other records included a sample of policies and procedures.

Is the service safe?

Our findings

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

At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People were safeguarded from the risk of abuse.
- People's feedback included "I feel very safe and happy," "I feel the care is excellent and safe all the time," "This is a very safe service, I am happy" and "I do not worry at all. The carers look out for him so well."
- There were procedures and training for staff on safeguarding. Staff told us they would report any concerns to the registered manager or care manager. None of the staff we spoke with expressed any concerns about people's welfare or the tasks they were expected to undertake as part of their roles.
- The registered manager and care manager knew how to make referrals to the local authority safeguarding team, when required. They also knew they must notify us where there were any safeguarding concerns.
- Managers took appropriate action where staff had not carried out care to the expected standards. For example, where there were errors or omissions.

Assessing risk, safety monitoring and management:

- People were kept safe and the likelihood of injury or harm was reduced.
- Written risk assessments were in place and these had been kept up to date.
- Appropriate measures were put in place where risk assessments identified potential hazards.
- Staff undertook training in areas which included moving and handling and health and safety, to ensure they worked using safe systems, processes and practices.

Staffing and recruitment:

- People were supported by staff who had been recruited using robust processes.
- All required recruitment checks were carried out when prospective staff applied to work at the service. This included obtaining written references and verifying identification. A check was carried out for criminal convictions and inclusion on lists of people who would be unsuitable to work with those at risk.
- Staffing schedules were in place to ensure people had appropriate support when they needed it.
- People's comments about staffing included "The carer is fantastic and always on time. They have agreed the times with him. She was on holiday and they called to tell us about a week before and said they had matched someone else to him. They asked if this is okay and my opinion. I was happy. The new carer had ID when I visited." "Staff are very good. There are always two to assist with his personal care and if they are sick or helping someone else there is always one he knows." "There are always enough of them. They are never late but I'm sure I would get a visit from another carer on that day as they pop in and check on me all the time."
- There was appropriate deployment of staff at the service and arrangements to manage emergencies. Staff told us they received appropriate support and guidance in emergency situations.
- Staff told us enough time was allowed for each visit, so they are able to complete all of the care and

support required in the person's care plan.

Using medicines safely:

- People's medicines were managed safely overall.
- People we spoke with mostly managed their medicines independently or a relative assisted them. One person told us "I do my own medication but they always check to see that I have taken them." Another said "I know all about the medicines given. They record everything given and times etcetera and it has been detailed with me in the past. I think it's very organised."
- Staff undertook training on safe practice and were assessed before they administered medicines alone.
- Records were kept of when medicines had been administered, where this was part of people's package of care.
- In one case, records showed medicines as not being available. We were told there had been changes to the person's medicines regime and supplies had run out. On further investigation, we found the person's family had responsibility for ordering medicines. There was a risk assessment which advised staff to inform the family if supplies ran low. This arrangement had not been used effectively to ensure the person received continuous treatment.

We recommend the service follows good practice guidance where other parties have involvement in ordering of medicines.

Preventing and controlling infection:

- People were protected from the risk of infection.
- People's comments included "They wear gloves, aprons and shoe covers," "They wear gloves when helping me to shower" and "They wear gloves and aprons when they help to wash down. They tidy up afterwards."
- There were procedures and training for staff on infection prevention.
- Staff had access to disposable protective equipment, such as gloves and aprons.

Learning lessons when things go wrong:

- The provider and registered manager took appropriate action when things went wrong, to improve standards at the service.
- Appropriate action was taken if people had accidents and records were kept of these.
- The service received information about national and local safety alerts, so action could be taken, if required.
- The provider and registered manager complied with any requests made by the local authority or CQC regarding enquiries or investigations.

Is the service effective?

Our findings

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

At this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were thoroughly assessed by the service. Assessments took into account physical and mental health needs and any needs related to disabilities, communication and culture.
- People told us they received an effective service. Comments included "We wished we had moved to here earlier" and "It has been a good move."
- Care plans were in place for each person. These recorded people's needs, choices and preferences.
- Technology and equipment were used to promote people's independence. For example, each apartment had an alarm people could use if they got into difficulties. This was answered promptly by staff in the care office and appropriate action was taken.

Staff support: induction, training, skills and experience:

- People were cared for by staff who received appropriate support, training and supervision.
- One person told us "Staff are great and the carers really do care and are well trained. We are well supported." Other feedback included "I feel they are adequately trained and so they do a very good job," "They are good and trained well" and "His needs are well met and he gets everything he needs help with. They are well prepared and trained."
- Staff completed an induction before they worked unsupervised. They completed the Care Certificate if they had not already achieved this in other employment. The Care Certificate is a set of nationally-recognised standards which health and social care workers need to demonstrate.
- Staff told us they received the support they needed for their roles at the service. Records were kept of discussions between workers and their line manager. Appraisals were being rolled out to assess performance and look at development needs.
- There were comprehensive training courses which staff attended. These included courses on diabetes, dementia, continence management, nutrition and hydration.
- In each file we sampled, the member of staff had achieved higher level training qualifications in health and social care, such as National Vocational Qualification (NVQ) or the Qualifications and Credit Framework (QCF), which replaced NVQ.
- Regular staff meetings took place to update care workers and discuss ways of working.

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

- People's nutritional needs were met.
- People's nutrition and hydration needs had been assessed and were recorded in their care plans. People received the support they needed, where this was part of their care package.
- Most people we spoke with managed meals themselves. Other people told us "I do my own breakfast, but

the carers make me a cuppa" and "I order my own food online and the carers cook it for me." Other people said "I get choices of the food and I like it. They help me with cutting food and sometimes help me to eat as I can't always do it." "They shop with him sometimes to get nice things that he likes and they cook it together sometimes, too"

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

- Staff worked well together and with external agencies.
- We discussed and looked at examples where staff worked with external agencies to ensure people received the care they needed. This included hospital staff, social workers and pharmacies. This had been done in a timely manner.
- Information was shared with staff about people's care and welfare. This included handover meetings and written handover records.

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

- People were supported with their healthcare needs.
- People's comments included "I am definitely looked after and kept healthy" and "He doesn't get so much illness now because they look after him very well."
- Care plans identified any support people required to manage and access healthcare services.
- The service referred and liaised with other agencies about people's care. For example, occupational therapists and district nurses.
- People were encouraged to make healthy choices and exercise. Sessions were held at the village to promote healthy eating and make use of the gym.
- People told us staff would contact their GP or emergency services, if need be, should they become unwell. A relative said "They let me know if a doctor is needed. They will make the call and ease the situation so it is not stressful."
- The well-being advisor held drop-in sessions Mondays to Thursdays, where people could go to discuss any healthcare concerns. People were referred to their GP or other services if this was necessary.
- Physiotherapy drop-in sessions were being held at the service once a week for six weeks at the time of the inspection.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We were told each person who received personal care had mental capacity and could consent to their care. No restrictions were placed on people who used the service.
- One person told us "They support me to live how I want to. I still make my own decisions." A relative

commented "I'm involved in all the decisions because he finds that hard. They give him choices still and he is treated with respect and we all know where we stand."

- Some people had a Lasting Power of Attorney in place, should there come a time when they were unable to make decisions for themselves. The service had obtained copies of these in the sample of files we checked. This ensured they knew who had the legal authority to act on people's behalf and for which decisions.

Is the service caring?

Our findings

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

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

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

- People were happy with the care and support they received and felt they were well treated.
- Feedback from people included "The carers are brilliant. They have lovely personalities and are efficient." "The carers are fantastic and friendly. They are nearly always on time and apologise if they are sometimes late." "They are friendly and helpful." A relative told us "They look after him well and I like it as they are also respectful of both of us and it being still our home. They take time with him and listen to his stories. They are lovely staff. I never feel that he is being rushed with his care." Another relative said "They support my family really well. It was so hard and stressful and they have made it so much better for us all. I couldn't fault them at all."
- We heard people were treated with courtesy and respect when they made telephone calls to or visited the care office.

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

- People were involved in decision-making about their care and had opportunities to express their views.
- People could provide feedback in a variety of ways. This included during reviews of their care, in residents' meetings or via the provider's care forum. 'Street meetings' were also held, which covered broader aspects of living in the village community.
- Comments from people included "We are both involved in his care review, so that we both know what is going on," "I know that there are residents' meetings but I choose not to go to them," "We read the regular newsletter. We are involved with care reviews" and "My (family member) has been to a care forum and I am planning to go to the next one." Another relative said "Reviews are regular and the carer speaks with me. The manager calls and we meet at the house and discuss and review with my (family member) how he feels about the support he gets."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity were respected and they were encouraged to be independent.
- One person told us "The carers come four times a day. They are lovely and respect my privacy." Other comments included "They are very respectful of choices and independence," "They are nice and very respectful of me" and "They seem very kind and care about her and how she lives. I feel she is treated so well." "They respect my views and my living choices. I feel independent." "They understand and respect our culture and views of support we like and how to do it."
- Care plans and other records reflected a dignified approach and were written in a professional manner.
- Care plans contained information about what each person could manage themselves, to make sure they were supported to retain independent living skills.

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised care which met their needs and preferences.
- People's feedback included "The requirements are met well and it feels organised and happy. They involve me and we have meetings regularly to review the care needed with him." "The staff work with him and me to give the best care. It is very organised and we chat regularly to say if we are happy." "She is supported well and if extra things need doing they do it or let me know they are considering changes in care."
- Care plans were in place for each person. These identified people's needs in relation to a range of areas including protected characteristics under the Equality Act (2010), such as age, disability, ethnicity and gender.
- Care plans had been reviewed regularly to ensure they reflected people's current circumstances.
- We saw the service was flexible to accommodate changes to care packages. For example, to start providing or increase provision when people came out of hospital.

Meeting people's communication needs

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

- People's communication needs were assessed as part of their initial and on-going care needs assessments.
- Each care plan contained information about sight, hearing, speech and communication needs.
- Staff told us they had produced easy read documentation in the past, to meet one person's needs. A hearing loop was in place on the premises and there were plans to introduce voice-activated technology, where people could ask the device a question.
- We were told each apartment had computer equipment in place. In one apartment, it had been audio-enabled as the person had difficulty reading from a screen.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities.
- People and their guests could make use of the facilities at the village. These were also accessible to the wider community.
- People told us "If I have visitors, we go down to the bistro to eat," "It is a very sociable place" and "It is a great place to socialise."
- A range of activities and events were held at the village. These included snooker, carpet bowls, tai chi, movie matinees and Christian fellowship. There was a monthly community newsletter to keep people

abreast of what was going on.

- There were weekly meetings to integrate new service users with dementia into the village community, to promote social inclusion.
- The care manager was assisting two people who were interested in having a cat and was meeting with a local cat charity as part of the process.

Improving care quality in response to complaints or concerns:

- There were complaints procedures in place at the service. Care workers also carried a complaints form with them when they visited people. Feedback leaflets were available in the reception area of the village.
- We were told there had not been any formal complaints in the time the village had been open.
- People told us "We have had no issues. Everything is good here" and "Any issues have been sorted as soon as possible." Other people said "I feel I am able to suggest things and be listened to by carers and managers," "They say they welcome feedback and I do feel they listen and take things on board" and "I make suggestions for the care and to make it easier and everyone listens. I told them one carer is excellent and should be rewarded and they told her this. She was very happy."
- We could see the service had responded promptly to any queries or feedback people had given them and the tone of response was respectful and professional.

End of life care and support:

- People received appropriate care and support at end of life.
- No one was receiving end of life support at the time of the inspection. We discussed one person who Hughenden Gardens had supported a few months ago.
- We could see from records the service had facilitated the appropriate funding to support additional care for the person at end of life. They had also make referrals to community professionals. There had been regular contact with family members.
- The service had organised specialist training with a nationally-recognised organisation, to promote good end of life care. It was hoping for accreditation at the beginning of 2020.
- Training had been provided at the service from a national bereavement organisation. One of the outcomes of this was resident volunteers, who supported anyone at the village who needed support with bereavement.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People were cared for in a service which had a positive culture and provided person-centred care.
- People spoke highly of the service. Typical comments included "It is all lovely here, the carers and the office." "I can say nothing bad about Hughenden." "It is a lovely place and a wonderful community." Relatives told us "They do a good job at organising the service we receive" and "There is always a manager to chat with and they are very nice people."
- There was good teamwork at the service. We observed staff worked well together. Staff were able to develop professionally within the service and there were incentives to retain employees.

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

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process. We noted an example where the duty of candour principles had been applied following an error.

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

- People were cared for in a service where staff were clear about their roles and what was expected of them.
- There was a registered manager in post. They understood their responsibilities towards meeting the regulations. They had notified us about incidents which had occurred during, or as a result of, the provision of care and support to people. We could see from these notifications appropriate actions had been taken. We reminded the registered manager guidance had recently been issued by us regarding when people who use the service died in hospital. Notification of the death is required in these circumstances.
- A range of monitoring took place to ensure the service provided a good standard of care. This included an unannounced inspection by the provider over the course of three days. The report (15 March 2019) showed good standards of care were being provided. An action plan had been put in place to address points raised.
- 'Spot checks' were undertaken to observe care workers supporting people.

- Personal and sensitive information was stored and handled in line with data security standards. Access to the care office was restricted to authorised persons.
- Staff were clear about their roles, responsibilities and lines of accountability.
- The records we looked at as part of the inspection process were in good order.

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

- The service engaged and involved people who lived at the service, staff and the public.
- Staff knew how to raise any concerns about people's welfare and were confident they would be listened to.
- Staff were supported through regular supervision and staff meetings. They were asked for their views through satisfaction surveys.
- Information was shared with people who used the service in a range of meetings and on notice boards.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept their learning up to date. They attended meetings held by the provider and received updates about good practice. They were undertaking a level 5 management award.
- There was learning from investigations. The registered manager and provider had established systems and processes to improve people's care.
- Improvements were made as a result of quality assurance processes and feedback. This was shared with people in a 'you said, we did' format in the reception area.
- The service worked with other organisations to ensure people received effective and continuous care. For example, healthcare professionals and the local authority.
- Monitoring was undertaken by the local authority. The service was rated 'Excellent' overall, following a monitoring visit in May this year.