

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

## ExtraCare Charitable Trust Brunswick Gardens Village

Junction Road, Woodhouse, Sheffield, S13 7RB

Tel: 01142940000

Date of Inspection: 05 December 2012

Date of Publication: January 2013

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

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

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

## Contents

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

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 5 December 2012 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with seven people and they told us that their opinions were sought so that they were involved in decisions and that they had choice.

We spoke with one relative and they told us they were very satisfied with the quality of care at the service. Their comments included: "It is a very safe environment with other people always around."

We observed staff in the communal areas of the service giving care and assistance to people throughout the inspection and they were respectful and treated people in a friendly and supportive way. People we spoke with made positive comments about their care and the staff. Their comments included: "The staff are very good, they're alright." "No flannel, they're smashing staff." "They are very caring."

We found that staff were clear about what their roles and responsibilities were and what action they would take if they saw or suspected any abuse. People told us that they felt "safe" and that they had no worries or concerns. They all said that if they had any concerns or worries they would speak to staff or a relative.

The provider had a recruitment and selection procedure in place to ensure that staff were appropriately employed. We found that staff had received training. We saw evidence that staff had the opportunity to develop and improve their skills.

We saw that the service had provided people with information about how to complain but we found that the complaints process needed updating.

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

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## **More information about the provider**

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

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

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. The provider was meeting this standard.

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### Reasons for our judgement

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People told us that the staff knew them well and that they were always treated respectfully. Their comments included: "They respect me." "The staff are friendly and I can have a chat with them."

People told us that their opinions were sought so that they were involved in any decisions and that they had choice. The examples they gave included choosing when to get up and go to bed, what to wear and whether to join in activities. Their comments included: "I can choose to do what I want to do." "They always ask me if I want something else to eat." "I decided what support I wanted."

Staff were observed ringing people's door bells before entering their apartments. We also observed staff talking to people about their plans for the day and supporting their decision.

We spoke with three members of staff who were able to describe how they maintained people's privacy and dignity and the examples included ensuring doors and curtains were closed. Staff were aware and could explain about individuals rights and they gave examples on how this was put into practice. The examples given included: the right to get up and go to bed when people chose to, the right to choose to join in with activities. One staff member described how an initial assessment was completed about a person but as staff got to know them better their personal preferences and choices would be added into the care plan.

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

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**Our judgement**

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The provider was meeting this standard.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

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**Reasons for our judgement**

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The head of care manager informed us that approximately 80 people were being supported with personal care within the service. She also told us that the service no longer provided a nurse led service for people. She said that the role of the staff member who was a registered general nurse was to provide a wellbeing service for people living in the village.

The provider may find it useful to note that the statement of purpose provided in the service user guide did not reflect that a nurse led service for people was no longer available.

We spoke with seven people who had received support with their personal care. All the people we spoke with made positive comments about the staff and were satisfied with the quality of care that they had received. Their comments included: "The staff are very good, they're alright." "Staff are very friendly." "No flannel, they are smashing staff." "They are very caring." "It's made a big difference to me living here." "They support me to be independent."

People told us that staff always responded when they pulled the emergency cord in their apartment and they came within a reasonable amount of time. One person commented: "Somebody has always come when I have rung the emergency cord." All the people we spoke with had no concerns about staffing levels.

We spoke with one relative and they told us that they were very satisfied with the care being provided by staff. They commented: "All the carers seem to be friendly and efficient." They also told us that they had no concerns about staffing levels in the service.

We observed staff in the communal areas of the service giving care and assistance to people throughout the inspection and they were respectful and treated people in a friendly and supportive way. We saw that the service promoted people's wellbeing by taking account of their needs including daytime activities. We looked at the service's November and December 2012 activities newsletters. We saw that the service provided a range of free activities which included the following: dominoes and crib, reminiscence, scrabble, movement to music, informal writing and talking, songs of praise and a well being drop in. We also saw that the service provided a range of activities where people paid a fee to participate. Two people we spoke with told us they had recently paid to go on a trip to see

an orchestra. They told us that they had enjoyed the trip and that staff had been very supportive regarding people's personal care needs.

We look at a sample of five care plans. They contained a range of information that covered all aspects of health and personal care. The information included the following areas: ability profile, personal hygiene, medication and nutrition. We saw that care plans included details of a person's life history, their personal preferences and their religious and spiritual needs. We found that care plans and risk assessments had been reviewed at regular intervals and responsively. We saw that people were referred to healthcare professionals when necessary and these visits were recorded in people's records.

We saw that a weekly memory clinic was provided by the service where people could discuss any worries they had about their memory. We spoke with the service's enrichment opportunities programme worker and they described how they supported people if they had any concerns about their memory. She also described how she supported people experiencing mental health impairments on a one to one basis or in groups to unlock their memories and lifestyle. She said the sessions were person led and they used a range of activities to support people to unlock their memories. These activities had included watching old films and looking at pictures in books. She also told us that she provided support to the partners of people who were experiencing mental health impairment.

The provider may find it useful to note that we found during the inspection that some people were concerned that there were only two lifts at the service and that regularly one of the lifts was out of order. This issue was also raised by a visiting professional. We discussed this with the head of care manager who informed us that in the last six months that a non-working lift had been reported on ten occasions to the landlord and they had responded promptly. She told us that systems were in place to support people with their mobility needs.



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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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People told us that they felt "safe" and that they had no worries or concerns. They all said that if they had any concerns or worries they would speak to staff or a relative. Their comments included: "I could tell her (staff) any concerns." "I would speak to the team leader if I had any concerns." "It's a very nice place and I feel safe." "If I had a problem I would talk to the staff."

We looked at a sample of street gathering meeting minutes which people had attended in 2012. We saw that topics regarding safety and security had been discussed. One relative commented: "It's a very safe environment with other people always around."

We saw that the service had a copy of the Local Authority Safeguarding Policy. We looked at the service's safeguarding file and we could see that there was a clear recording process in place. We spoke with three staff members and we found that staff were clear about what their roles and responsibilities were and what action they would take if they saw or suspected any abuse. All staff were also aware of the organisation's whistle blowing procedure.

We looked at the service's staff training matrix and we saw that all staff, whatever their role in the service, had received training in safeguarding. We also looked at four staff training files and we saw evidence that the staff had completed safeguarding training.

The head of care manager told us that staff had received training in the Mental Capacity Act 2005 and that this had included training on Deprivation of Liberty Safeguards. She also told us that the service worked closely with the local GPs and when people had needed to be assessed the GP had completed the person's mental capacity assessment.

We saw that there was a policy and procedure for handling service user's monies. The head of care manager informed us that the staff did not currently handle any people's monies.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People who use service are safe and their health and welfare needs are met by staff who appropriately qualified to do their job.

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### Reasons for our judgement

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We spoke with people but their comments did not relate to this outcome.

The service had a recruitment policy in place. We saw evidence that it was currently being reviewed by the provider.

We looked at a sample of four staff files. We saw that each staff file held a range of information including the following: staff application form, references, a criminal record bureau check, interview assessment and contract. One member of staff we spoke with described the recruitment process they had completed. The process had included completing an application form, attending an interview which had included an assessment, references being obtained and a criminal record bureau check being completed. They also told us that they had completed all their mandatory training which had included the following: medication, safeguarding training, health and safety awareness, moving and handling and fire awareness

The provider may find it useful to note that a copy of the staff job description and specification were not present in the sample of staff files seen.

All staff spoken with were clear about their responsibilities and had the relevant qualifications, knowledge, skills and experience to carry out their role. They also told us that training provided to staff was also tailored to enable them to meet the needs of individual people they supported. They told us that they had the opportunity to develop and improve their skills. We also looked at the staff training matrix and at a sample of four staff training files. We found that staff had received mandatory training and that there was a rolling programme in place for staff to receive refresher training.

We saw evidence that the manager had checked the registered general nurse's professional's registration with the relevant professional regulator

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

People who used the service and those acting on their behalf can be confident that their comments and complaints are listened to and dealt with effectively.

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**Reasons for our judgement**

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The service had a comments box in the main entrance reception area and we saw a copy of the complaints procedures in the service user's guide.

The provider may find it useful to note that although we saw that activities available for people to participate in were displayed in different areas of the service, we did not see any displays on how to make a complaint.

We saw that the service had a procedure in place to deal with complaints. We found that it needed to be updated. The head of care manager told us that the service would support anybody wishing to make a complaint or people could have a relative or representative to support them. This was not reflected in the current procedure.

We looked at the service's complaints file. We looked at a sample of the complaints received by service in 2012. We saw that the manager had investigated the complaints, recorded the outcome, the action that had been taken and whether the person had been satisfied with the outcome.

Staff were able to describe how people could complain and what action they would take. They told us that where a person had made a verbal informal complaint or comment about the service, they had always spoken with a team leader and this had been recorded in the staff communication book. The head of care manager told us that people or their representative were always asked by a team manager if they wished to make a formal written complaint.

The provider may find it useful to note that the head of care manager told us that informal complaints or comments recorded in the staff communication book were not audited.

The relative we spoke with told us that they knew how to make a complaint. They told us that if they had any concerns that they would speak to the manager and they were confident that it would be taken seriously. All the people we spoke with told us that they felt "safe" and if they had a concern they would speak to staff or a relative. We looked at a sample of street gathering meeting minutes and we saw that people had the opportunity to raise concerns about the service and that feedback was provided to people at the next meeting.

## About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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



## Contact us

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