

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

ExtraCare Charitable Trust Berryhill Village

Arbourfield Drive, Stoke On Trent, ST2 9RJ

Tel: 01782204949

Date of Inspection: 24 July 2013

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

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	The ExtraCare Charitable Trust
Registered Manager	Mrs. Christine Clayton
Overview of the service	ExtraCare Charitable Trust, Berryhill Village enables older people to rent a home, having access to personal care and support, and a range of social opportunities.
Type of service	Extra Care housing services
Regulated activities	Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

This inspection was unannounced which meant the provider and the staff did not know we were coming. Berryhill Village is a housing complex with 148 flats. Many of the flats were rented by people who are independent of the care services. At the time of our inspection the service were providing personal care to 45 people. We spoke with five people using the service, one visitor, three staff, a health care professional and the registered manager.

People told us their needs were being met and their care was delivered in the way they preferred. One person told us, "They have been really good, very polite. I have been satisfied; I've had no trouble in six years." Another person told us, "I'm comfortable, the staff are very nice and I know who is coming." People told us they felt safe with the staff and said they would tell the manager or another staff member, if they had any concerns.

We found people using the service were safe because the staff were given clear instructions, support and guidance. People told us they were treated with care and compassion and the staff responded well to their needs.

People told us that care and support was provided by skilled staff who knew them well. There were effective processes in place to ensure staff were suitably trained and supported.

We found the service was well led. The provider ensured positive outcomes for people were continually developed, reviewed and improved upon when needed.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Through a process called 'pathway tracking' we looked at two people's care records and discussed the care these people received. We also spoke with the staff about how they provided support to people. Pathway tracking looks at the experiences of a sample of people. This is done by following a person's route through the service to see if their needs were being met.

People's needs had been assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the records for two people to see how they had been supported with their care, health and emotional needs. People had a detailed care plan which explained what their needs were and how their needs were to be met.

People told us that they were supported by a regular team of care staff, calls had not been missed and staff arrived on time. One person said, "The atmosphere is good here, you get care from a regular group of faces." This meant the consistency of care was promoted.

We spoke with five people about how staff assisted them, and what the care staff were like. Comments were positive about the care and the support they received. One person told us, "Staff encourage me to be independent." Another person said, "They know how to care for me, they are kind and know me well."

A visiting professional offered us their views on the service they said, "I have found good care here, which meets people's needs. I think that comes from good management and support from a close knit care team who are aware of individual's. I think they prolong independence here in an age friendly community. "This meant the service was well led and responsive to people's needs.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw people who required medication had a locked cabinet in their flat. This meant medication was stored in a safe way. People using the service confirmed they were happy with these arrangements. One person said, "They always wait to see I have taken my tablets and write it down afterwards in a book." This meant the staff ensured people took their medication as prescribed.

We saw medication assessment records were up to date and completed. These showed what level of support people needed with their medication. We saw these were signed and dated. Consent forms were in place to show that people agreed to the level of support they needed. This meant people had clear and up to date information.

We looked at the medication administration records (MAR) for three people. We saw these were being signed by staff in the right way when they had supported people with medication. We saw the records showed whether staff had supported people with their prescribed creams or eye drops. This meant all the necessary information was well recorded.

We saw senior staff carried out weekly and monthly reviews for each person's medication records. Any gaps or anomalies in MAR were highlighted and discussed with individual staff for their attention. This meant medication recording was audited and staff performance was being continually monitored.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People and relatives we spoke with were confident in the skills and abilities of the care staff. One person's relative said, "They have made sure I am included. I know why they are doing what they are doing. I can speak with any of the staff at any time they are transparent and helpful. They listen."

Staff we spoke with confirmed that they received supervision both in the office and when delivering care in people's flats. We saw records of completed staff supervision including direct observation supervision forms. A staff member told us, "I'm supported by senior staff and the door is always open. I feel really well supported and get good feedback. The company make sure they are not only meeting my needs regarding development, but also my aspirations."

New staff underwent an induction period which consisted of office based training followed by a period of shadowing the work of other staff for a number of days before being judged competent to work independently. Staff we spoke with confirmed they had received an induction when they started working for the service. A person using the service said, "If ever there are new staff we are always introduced and they are taught what to do before they do anything on their own." This meant people received safe care from competent staff.

The staff received appropriate professional development. Staff we spoke with told us they had undergone recent training pertinent to their role including in safeguarding vulnerable adults, moving and handling people, dementia awareness, and managing medicines. Staff we spoke with confirmed they had received an annual appraisal in the last year. Supervision and appraisals were used to identify staff training and support needs. This meant there were arrangements in place to support staff to deliver care and support to an appropriate standard.

The registered manager showed us a copy of the staff training matrix which recorded the training undertaken by the staff. Records showed that all staff were up to date with their mandatory training. This meant the staff had the knowledge they required to support people using the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw there were systems in place to assess and monitor the quality of care, support and treatment provided to people. Street meetings took place regularly and people using the service told us they found these useful and informative. One person told us, "We talk about everything and anything, I find them interesting and I know what's going on." This meant there were opportunities for people to give their feedback about the service and influence the way it was delivered.

People using the service, their representatives and staff were asked for their views about their care and treatment including questionnaires. We saw comments which included, "I feel safe and secure and I am able to remain as independent as possible."

We saw the care records were reviewed on a monthly basis to ensure that staff had the correct and up to date information to meet people's needs. We saw that health and safety and medication audits were also being carried out regularly to keep people safe.

We saw staff were offered regular meetings and these were recorded so the staff could see a record of these if they were unable to attend. The staff received a daily handover so they were aware of any urgent matters. This meant the staff were kept well informed.

We saw documents such as fire and health and safety audits, complaints and compliments, and satisfaction questionnaires were used to gather information about how well the service was performing. One person using the service said, "You can talk to anyone, they are all approachable." This meant people using the service felt supported and the service was well led.

When care staff arrived at a person's flat they logged their arrival and departure time. This allowed the service to monitor the calls to ensure the staff stayed the correct amount of time.

The provider had systems in place to identify, assess and manage risks to health, safety and welfare of people. Records showed that risk assessments were carried out and

actions were taken to manage any risks identified.

Newsletters were regularly sent to people using the service, and notice boards throughout Berryhill Village offered up to date information. This meant people using the service were kept well informed.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We saw there were facilities for people to retain their own records in their own flat. We found people using the service had a care record as required. We saw these were up to date and well recorded. One person using the service said, "The files are well organised, things are clear to me and I have signed the care plan." We found the records contained the necessary personal details to enable the staff to understand who the person was, what they liked to be called, and their likes and dislikes. The plan contained details of assessments of risk, health issues and medication management. This meant that the records were accurate and fit for purpose.

Records were kept securely and could be located promptly when needed. We saw there was a designated area in the manager's office with locked cabinets that were used to store files for people using the service. The office door was securely locked with a keypad system in operation. This meant records were secure and people could be confident their information was suitably maintained.

We saw the provider had an up to date certificate confirming they were a registered data controller. The Data Protection Act 1998 requires every data controller who is processing personal information to register with the Information Commissioner's Office (ICO). This meant they knew how to secure information in a safe and effective way.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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