

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

ExtraCare Charitable Trust Broadway Gardens

Northwood Park Road, Bushbury, Wolverhampton
, WV10 8EA

Tel: 01902788776

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	The ExtraCare Charitable Trust
Registered Manager	Mrs. Jennifer Jackson
Overview of the service	ExtraCare Charitable Trust Broadway Gardens provides domiciliary care services. This is provided in sheltered flat tenancies situated in a single building facility. The facility offers aspects of communal living.
Type of service	Extra Care housing services
Regulated activities	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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Management of medicines	9
Staffing	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 announced 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 4 December 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we spoke with five people, four visitors, two members of staff and the manager. We looked at four people's care records.

Personal care was delivered by staff within an ExtraCare scheme where people held tenancies for flats set within the scheme's premises. People also had access to day services provided by the scheme which are not regulated by us.

We found that people's consent to care was sought. People told us staff respected their choices. One person told us, "They always ask what you want".

People received care which reflected their needs as individuals. One visitor told us, "I'm very happy with mom's care".

People received assistance to ensure they received the right medication at the right time. Staff received regular supervisions to ensure they adhered to correct medication procedure.

People received support from staff who were skilled at delivering the care they needed. Staff responded promptly to people's needs.

The provider carried out audits to ensure people received care which was safe and met people's needs.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The people we spoke with told us that staff offered them choices and that staff respected their decisions. We looked at people's care records. We saw that care plans were written in a personalised way, which captured people's needs and wishes. This included the consideration of cultural aspects which were important to people, such as their religious beliefs. We saw from records that people and their representatives had been involved in discussions with staff about their care needs. People confirmed that they were involved in these discussions. Staff gave good examples of how they made sure people had a voice in the delivery of their care. This meant that people could be confident they would receive care and support in a way they preferred.

We saw that people had signed their own records, which showed that they understood and consented to their care. One person told us how staff supported them to understand care documents before they signed them. They told us, "They sit with me one to one. I read it and sign it. They leave it with me to read and sign". This meant that staff ensured that people were involved in their care planning and that they understood documents relating to their care before they asked people to sign them.

Staff told us, and the manager confirmed that people they cared for had capacity to make decisions about their care. We asked staff about their understanding of people's rights in law to make decisions and how their rights to make their own decisions about their care was protected. Staff demonstrated that they understood people's rights and respected them. Staff told us that, if they suspected a person's capacity to make decisions had changed, they would report this to supervisors. This meant that people's rights were respected.

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

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care plans were written in a person centred way which identified people's individual needs. We spoke with staff about people's individual care needs and they were able to accurately describe these. People confirmed they were involved in their care planning. One relative told us, "Care is reassessed and we go through the care plan to see if anything is different". Another relative told us, "Mom's care needs vary. We have a discussion about it. They discuss what's going to happen, for example, with night visits". We saw from records that care was regularly assessed. This meant that any changes in people's needs were identified and acted upon.

People received appropriate support with their health needs. People and relatives were complimentary about the way staff reacted when people needed support with their health. One person told us how their independence had improved with the help of staff. They told us, "I owe them such a lot". A visitor told us how staff had helped their relative to recover following a period in hospital. They also told us, "Staff pick up on the need for a GP. The district nurse comes to give her insulin. The district nurses speak to the carers. I'm relaxed as I know mom is in good hands". We saw evidence in records of people seeing other external healthcare professionals, as required. This meant that staff supported people's health needs and recovery from illness.

We looked at people's care records and saw that care plans detailed what people's support needs were for each visit undertaken by staff. Records also showed the length of the visit and the time at which it should commence. These were signed by people to show their understanding and agreement with the support they received. People told us that staff did carry out all the agreed tasks and met their expectations. One person told us, "Occasionally they might come late if someone's had a fall, but otherwise they're on time". This meant that people received the support which had been agreed.

We saw that records detailed aspects of people's values and beliefs, so that staff were aware of these while delivering care. We saw that people were well presented and dressed in an appropriate and individual way. We spoke with staff about how they assured themselves people were comfortable while receiving care from staff of a different gender. Staff gave good examples of how they achieved this, by not only establishing this at

reviews, but by checking each time they provided personal care. One person told us, "They treat you as individuals". This meant that people's values were respected by staff.

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 asked people whether staff administered the correct medication at the correct times to them. People told us that staff ensured they did this. One visitor described how staff made sure they stayed until they could see all medications had been taken safely. A visitor told us of an occasion when staff had acted to ensure their relative did not receive incorrect medication, as a result of an error made by hospital staff. They told us that staff had been thorough in checking the person's medication on their return from hospital and saw that one medication's dosage had been significantly increased. Staff made enquiries and discovered that this was an error. The relative told us, "I hate to think of what the consequences might have been. I sent a letter to ExtraCare praising them". This meant that staff ensured people were protected from the risks associated with medicines.

We looked at people's medication records which showed where staff had recorded people having received their medicines. These included records of when people had received 'as required' medicines such as pain relief medication. We found instances where staff had not completed the 'as required' form on the reverse of the medication administration record (MAR). The administration of the 'as required' medications did, however, appear in the MAR itself. We discussed this with the manager who told us that a new medications policy was shortly being implemented which would change the way staff had to record the administration of 'as required' medications, which would simplify the process in future. Records showed the correct recording of the administration of other medications given.

We looked at the way staff were trained and updated in the safe handling and administration of medication. We saw that staff received training to ensure they were competent to administer medications. We also saw that staff were subject to a set programme of observations by supervisors while delivering medications. This ensured they remained safe and competent to administer medications to people. We spoke with staff about this and they confirmed that they were subject to these supervisions. One visitor was also able to confirm a medication check had been carried out while they had been visiting their relative. We saw records of these checks and saw that appropriate feedback was offered to staff, where necessary. This meant that the provider ensured staff remained skilled and safe in dealing with medication.

Our records showed that the service had reported medication errors to us. We looked at how the service responded to these errors in order to reduce the risk of a reoccurrence. We saw that the service had taken steps to investigate and to address any errors made. This ensured that the risk of medication errors was reduced.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People were complimentary about staff. One person told us, "They deserve a gold medal". People and relatives praised the management team and described them as, "Brilliant". Another person said that staff, "react quickly" to assist. One person told us that they had cause to pull their emergency cord in their flat. They told us staff had responded quickly. People told us that the expected number of staff visited them to deliver care. This meant that people were happy with the number of staff who supported them and their ability to meet their needs.

We spoke with staff, who told us they felt they had no gaps in training. They told us they felt skilled in delivering care and were confident in using relevant equipment, such as equipment to assist people to mobilise. People we spoke with told us they felt staff were skilled and confident in delivering care. One person told us, "They're very good". A visitor told us, "The staff are very caring, very capable". This meant that people received care from staff who were skilled and experienced.

We looked at staff training records. We saw that the provider had determined what areas of training should be mandatory, such as how to assist people to mobilise safely. We saw that the provider kept updated records concerning which staff required update training, in which subject, and by which date. This electronic training record flagged up where an update needed to be scheduled, so that training places could be booked in advance. This meant that updates for staff training were not missed and they remained skilled in important areas of care.

We looked at two staff files and the induction records of a newer member of staff. We saw that new staff had to complete a comprehensive induction package, which included relevant training and a corporate induction. We spoke with staff about their induction process and they described it as appropriate and useful. Staff told us that they had been "buddied" with an experienced member of staff at the start of their employment who helped them to become familiar with people and their needs, as well as the provider's procedures. This meant that staff were introduced into the service in a way which ensured they had the right knowledge to assist people safely.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw the provider had a quality assurance system in place which included methods for monitoring key areas of the service. We saw evidence in records that the quality of service delivered by the staff was monitored. People confirmed that supervisors occasionally observed staff delivering care to ensure it met standards. One person told us, "Management come in and check the care" We saw records of these observations, including feedback to staff and comments from people about the care they received. This meant that staff performance was monitored to ensure they provided safe care which met people's needs.

The provider sought people's opinions of the service they received and took actions to make improvements. We saw minutes of recent Forum meetings were kept in the foyer, so that they were accessible to people and visitors. The most recent minutes showed that the provider has undertaken an organisation wide consultation to understand what issues were important to people. We saw that an action plan of points had been produced. We saw that compliments and complaints forms were clearly displayed in the foyer area. The leaflets were advertised in different formats, such as braille, large print and different languages, and explained the process in clear terms so that it was accessible for people. Some people confirmed that they had completed a survey. We saw that the provider analysis for a survey conducted in 2012. This showed that people were satisfied with the service they received. This meant that the provider sought people's views in different ways and reacted to issues to resolve them.

People told us they had never had cause to complain about the service they received. They told us they knew how to raise issues and found staff and the management were very approachable and they would be happy to approach them directly with issues. One relative told us that they had raised an issue. They told us this was dealt with according to the service's procedure and there had not been a reoccurrence of the same issue. We looked at the complaints policy and saw that it gave clear expectations of how complaints should be progressed. We looked at the complaints log and saw that matters were progressed in line with this policy. This meant that the service followed its own procedure in resolving issues and people were satisfied with the way matters were handled.

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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