

**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: 18 July 2013

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2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The ExtraCare Charitable Trust
Registered Manager	Mrs. Diane Whitehead
Overview of the service	<p>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.</p>
Type of service	Extra Care housing services
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Personal care</p> <p>Treatment of disease, disorder or injury</p>

## 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
<b>Summary of this inspection:</b>	
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
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## 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, carried out a visit on 18 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members.

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### What people told us and what we found

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All the people we spoke with told us that they were treated with respect. They also told us that their opinions were sought so that they were involved in decisions and that they had choice. Their comments included: "they (the staff) open the wardrobe and I choose what I want to wear", "I am treated with dignity and respect" and "I choose how I am supported".

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 care I receive is first class", "the quality of care is good and efficient", "they (the staff) understand that little things mean a lot", "the two managers are very good", "my keyworker is brilliant" and "we couldn't be looked after any better".

We spoke with one relative who was very satisfied with the quality of care their family member had received. They commented: "they (the staff) have transformed his (family member) quality of life".

All the people we spoke with told us that they "felt safe" and that they had no worries or concerns. All the staff spoken with were clear about what their roles and responsibilities were and the action they would take if they saw or suspected any abuse.

Staff spoken with told us that they were supported. Staff were provided with relevant training to maintain and update their skills and knowledge.

The service had a system in place to regularly assess and monitor the quality of service that people received.

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.

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### Reasons for our judgement

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During the inspection we spoke with six people living at the Brunswick Gardens who received personal care support. All the people we spoke with told us that they were treated with respect. They also told us that their opinions were sought so that they were involved in decisions and that they had choice. Their comments included: "they (the staff) open the wardrobe and I choose what I want to wear". "I am treated with dignity and respect" and "I choose how I am supported".

We spoke with one relative who told us that their family member was treated with dignity and respect. Although they were not involved in their family member's care planning their sibling was.

We spoke with four members of staff who were able to describe how they maintained people's privacy and dignity. The examples included ensuring doors and curtains were closed, people were appropriately covered and calling people by their preferred name. Staff described how people they supported used different communication methods to indicate choice which included gestures, verbal noises, eye contact, facial expression, physical reaction and hand signals.

We saw that there was a range of information available in the reception area of the village which included: the July activities newsletter, information from the blind society and leaflets asking people to tell the service how they were doing. We looked at the street gathering meeting minutes for the last three months. The topics discussed with people living at the service included: the following: activities, confidentiality and guidance from the fire officer. We also looked at the minutes of the resident's forum dated December 2012 which had included an introduction to the new organisation structure. This demonstrated that people's views and experiences were taken in to account in the way the service was provided and delivered.

**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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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 care I receive is first class", "the quality of care is good and efficient", "they (the staff) understand that little things mean a lot", "the two managers are very good", "my keyworker is brilliant" and "we couldn't be looked after any better". People also described how they adapted to living at the village. One person commented: "it's all funny at the beginning but it starts getting better every week".

We spoke with one relative who was very satisfied with the quality of care their family member had received. They commented: "they (the staff) have transformed his (family member) quality of life".

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 July newsletter. 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 wellbeing drop in. We also saw that the service provided a range of activities where people paid a fee to participate.

We looked at three people's care records. They contained a range of information that covered all aspects of health and personal care. The information included: personal hygiene, mobility, allergies and medical conditions. We also looked at people's daily records and we saw that staff had recorded details of the person's wellbeing and the tasks they had completed. We saw that the tasks recorded reflected those in the person's care plan. We found that people's care plans and risk assessments had been reviewed regularly and responsively. The registered manager and home care manager told us that the provider was currently piloting a new care plan recording system. They told us that when the pilot was completed, feedback would be gathered to enable further improvements to be made.

Staff spoken with told us that they had an opportunity to read people's care plans before they started supporting them. One staff member told us that they had shadowed another member of staff for several weeks when they started working at the service and they had been introduced to people before they started supporting them on their own.

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 or were suffering from depression. 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.

People told us that when they had called for assistance using the alarm cord in their room or used the pendant they wore they had received assistance from staff within a reasonable amount of time. We observed during the inspection that people with restricted mobility were able to reach the alarm cord and/or a pendant to call for assistance.



**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 a family member or staff.

All the staff spoken with were clear about what their roles and responsibilities were and the action they would take if they saw or suspected any abuse. Staff spoken with told us that they had received safeguarding training. We checked the service's training matrix and we looked at four staff training files. We found that staff had received training in safeguarding and that there was a process in place to highlight when refresher training was due. Staff were also able to describe the service's whistle blowing procedure.

We looked at the service's safeguarding file and we saw that there was a copy of the provider's safeguarding policy and procedure. We saw that there was a clear process in place to record safeguarding concerns.

The registered manager told us that staff did not handle people's money and if people needed assistance in this area an external support company was appointed. We looked at the service's professional boundaries code of conduct document and we saw it included guidance on gift giving and receiving and loans of money or goods.

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

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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 are met by competent staff.

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## **Reasons for our judgement**

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All the staff spoken with told us that they enjoyed working at the service. Their comments included: "I love working here, I like the concept of the place, it is nothing like a nursing home" and "I love my job, and I like making a difference to people's lives". Staff spoken with told us that they felt supported by their line manager and senior managers of the service. Their comments included: "staff really support each other", "there is always a team leader to talk to for support" and "management are very approachable and supportive".

We looked at a five staff files and the service's appraisal recording sheet and we saw that all staff had received an annual appraisal unless they were on or returning from maternity leave. We also saw there was a schedule of staff observation checks in place.

We spoke with the service's enrichment opportunities programme worker. They told us that they had provided dementia timeline training to staff. They described how they supported staff to improve their communication when they were supporting a person with dementia. Staff spoken with told us how the training had improved their understanding of dementia and improved the way they supported people. One staff member commented; "The dementia timeline training made you think differently and support differently".

We looked at the services training matrix and we found that the service had a process in place to identify when staff refresher training was due. We looked at four staff training records and we saw that staff had received comprehensive induction training when they had started working at the service. The training had included the following: medication, moving and handling, food safety, infection control and safeguarding. We saw that there was a rolling programme of training in place and that staff had received refresher training.

## 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

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### Our judgement

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The provider was meeting this standard.

People were protected from the risk of inappropriate or unsafe care because the provider did have an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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We saw that the service had processes in place to assess and monitor the quality of service provision.

We saw that the service had a self-auditing system of quality management which included auditing the following: staff files, complaints, safeguarding records, medication and care plans. The registered manager showed us the online safeguarding and complaints record which was monitored by the provider's quality team. We also looked at the service's medication audits for June 2013 and we saw that any issues identified had resulted in action being completed. The registered manager showed us a draft of the new medication audit tool. We saw that the provider was in the process of developing a very comprehensive medication audit process. The registered manager told us that the service had key performance indicators to reach and that their performance was monitored by the provider's quality team. They also told us that the customer services manager regularly visited the service to monitor the quality of the service provision.

## 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.

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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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