The ExtraCare Charitable Trust

ExtraCare Charitable Trust New Oscott Village

Inspection report

New Oscott Village
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 2 June and was announced. At our last inspection in May 2014 the service was complaint with the regulations we looked at.

The service provided domiciliary care to 71 people in their own homes and there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The provider kept people safe from the risk of harm. Staff knew how to recognise signs of abuse and who to raise concerns with. People had assessments which identified actions staff needed to take to protect people from risks associated with their specific conditions.

People were supported by the number of staff identified as necessary in their care plans to keep them safe. There were robust recruitment and induction processes to ensure new members of staff were suitable to support the people who used the service.

Staff supported people to administer their medication safely. Staff knew how to support people to take their medicines however they did not always record if people had taken their medication as prescribed. Care records did not always contain information about how staff were to support people to take "as required" medications.

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. Staff had regular supervisions in order to review and test their knowledge about how to meet people's care needs.

The manager and staff we spoke with were knowledgeable of and acted in line with the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing personal care.

When necessary, people were supported to eat and drink and access other health care professionals in order to maintain their health.

People had positive relationships with the staff who supported them and spoke about them with affection. The provider sought out and respected people's views about the care they received. Staff promoted and upheld people's privacy and dignity.

The provider was responsive to people's needs and changing views. People were supported by staff they said they liked and care was delivered in line with their wishes. People could raise concerns and the provider responded appropriately.

People were confident in how the service was led and the manager's abilities. The provider had established processes for monitoring and improving the quality of the care people received. The provider had identified concerns with how people were supported to take their medication and had taken action to investigate and prevent similar incidences from reoccurring.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Staff did not maintain accurate records to identify if people had received their medication as prescribed. There was not always guidance available about how staff were to supported people with "as required" medicines.

The risks to people's health were managed in line with their care plans.

There were enough staff to keep people safe from the risks associated with their specific conditions.

Requires Improvement

Is the service effective?

The service was effective. The provider had ensured that staff had the skills and knowledge needed to meet people's specific care needs.

The provider respected people's rights to consent to treatment and supported people in line with the Mental Capacity Act 2005.

People were supported to eat and drink and access other health care professionals in order to maintain their health.

Good

Is the service caring?

The service was caring. People spoke affectionately about the staff who supported them.

The provider actively sought people's views of the care they received.

Staff respected people's privacy and dignity.

Good

Is the service responsive?

The service was responsive. Care plans were regularly reviewed and updated in response to people's expressed wishes.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Good

Is the service well-led?

The service was well led. People expressed confidence in the management team and staff enjoyed working at the service.

There were processes in place to assess and monitor the quality of the service.

The provider did not identify when people were not supported to manage their medication effectively.

Good

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Detailed findings

Background to this inspection

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

This inspection took place on 2 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them.

The inspection team consisted of two inspectors, a pharmacist inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had detailed knowledge and understanding of the care needs of elderly people.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with five people in their own homes and with four other people by telephone. We also spoke with the relatives of three other people who used the service. We spoke to the registered manager, care manager, a care co-ordinator and five members of care staff. We also spoke with two health care professionals who provided care to people who use the service. We looked at records including five people's care plans, three staff files and staff training records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with said they felt the service kept them safe. One person told us, "I am safe with the carers and the care agency." Three relatives we spoke with also said they felt people were kept safe. A relative told us, "My mother is old and she is safe. In her apartment there is a cord she can pull [if help is required]."

People told us they were confident that staff knew how to keep them safe and protect them from harm. A person told us, "They know how to help me in the shower and get me out of bed." Another person said, "They are always asking me how I am." Staff we spoke with were aware of how to protect people from the risk of harm and how to raise concerns with appropriate parties when necessary.

The provider managed risks to people in order to protect them from harm. One person told us, "If I am in pain, I just press my buzzer and staff come and see me right away." People who used the service had met with staff and produced risk assessments about how they needed to be supported to be kept safe. Two health care professionals told us that staff contacted them promptly and would follow their guidance to reduce the risk of harm to people who used the service. Four members of staff we spoke to were able to demonstrate that they managed the risks to people in line with their assessments.

The provider helped to manage the risks to people's freedom and liberty. People told us they could request that call times were changed in order to fit around their specific needs. There were processes in place which supported people to express these rights such as involvement in care planning and a complaints procedure. People were provided with details of other external agencies they could approach for support if they felt the provider was restricting their rights and freedom.

There were enough staff to keep people safe and meet their needs. People confirmed that they were always supported by the number of staff identified as necessary in their care plans to keep them safe. A person told us, "I have different carers and I know all of them." People also told us that they were usually supported by the same staff however three people told us that this was less common at weekends. The care manager told us that they had recently employed additional care staff and now relied less on agency or bank staff at the weekend. A review of staff rotas showed that staffing levels were consistent.

Two members of staff who had recently joined the service told us they had undergone a thorough recruitment process and felt supported in their new roles. Records confirmed that the provider conducted checks to ensure that new members of staff were suitable to support the people who used the service.

All the people we spoke with said they were happy with how they were supported to take their medication. People told us that staff would help them to contact their pharmacists when necessary to ensure their prescribed medications were always available. Staff were able to explain the specific support people needed in order to administer their medication safely. We noted that staff had not always recorded when they had supported people to take their medications and therefore it was not possible for the provider to identify if people had taken their medication as prescribed. The provider told us that recent audits had identified these omissions and we saw a plan of actions they had implemented in order to ensure they could identify if people had taken their medications as prescribed.

People told us that staff acted promptly to help them take medications when required. Some people's records did not contain guidance for staff about how they were to be supported to administer as required medications or where creams were to be applied. However staff we spoke to expressed confidence in supporting people with these medications, one member of staff told us, "If there is no guidance, I would not give it and call the team leader."

Good

Is the service effective?

Our findings

All the people we spoke with said they were happy with the care they received. People told us that the service met their needs and supported their wellbeing. One person told us, "I would give full marks to the service." Another person told us, "I am quite happy, as they make my bed, give me a shower and are on time."

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. A person who used the service told us, "The carers are trained to look after me." Another person said, "All the carers seem to be well trained." We spoke with four care assistants who all said they received regular training and additional training as people's care needs changed. The provider's training records confirmed this. Two people who had recently started working with the service said their induction had prepared them to fulfil their roles and responsibilities. Staff confirmed they had regular supervisions in order to express their views about the service and identify how best to meet the needs of the people who use the service. Staff told us and records showed that staff attended hand over meetings when starting a shift in order to ensure they were aware of people's current care needs. Some members of staff were key workers to people so they could provide guidance and advice to other staff members about the person's specific care needs.

People told us that staff would seek their consent to provide care in line with their rights and current legislation. One person said, "They seek permission and ask, 'What can we do'," Another person said, "They give me a shower and talk through the process." This enabled people to say how they wanted their care to be provided.

The manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. The registered manager had conducted assessments of people's capacity to make every day decisions. When people lacked capacity the manager had arranged for best interest decision meetings to take place with other people who had an interest in the person's welfare.

People told us that the provider regularly approached them to review their care plans and confirmed that staff delivered care in line with their agreed plans. One person said, "We have to sign to say we agree what is in them [the care plans]." Another person said, "We look at the care plan, make notes and comments." Four members of staff we spoke with could explain how they supported people in line with their care plans. People's wishes were respected by staff.

Some people were being supported by staff to eat and drink enough to keep them well. One person said, "They make me a cup of tea when I want." Another person said, "If I want a lie in, they will come back later and make my breakfast."

Staff we spoke with could explain what people liked to eat and we saw that when necessary the provider had sought advice in order to promote people's nutritional wellbeing. When necessary staff recorded peoples' weight to monitor that they were receiving adequate nutrition. This ensured that people were supported to eat and drink enough to remain.

People told us and records showed that people had access to other health care professionals when necessary to maintain their health. One person told us, "If I am poorly, they [care staff] will call the doctor." Two health care professionals we spoke to said that they were contacted promptly when people became unwell. We saw several examples when the provider had approached other health care providers in order to obtain mobility aids for people who used the service. People were supported to receive ongoing healthcare.

Good

Is the service caring?

Our findings

All the people who used the service and the relatives we spoke with said staff were respectful of their wishes and feelings. A person who used the service told us, “The staff are kind and caring. They listen if people are unhappy.”

People who used the service told us they had developed positive relationships with the staff who supported them and spoke about them with affection. One person told us, “I am very happy with the girls.” Another person said, “[Carer’s name] is very good. I look forward to them visiting.”

Two people however said they had not always been supported by consistent staff who knew them but this had now improved. People were supported by key workers, whose role was to provide guidance to other members of staff about the person’s specific care needs, however not all people knew who their key worker was.

Staff we spoke to could explain the likes and dislikes of the people they supported and how they helped them to keep in touch with family and friends. Several members of staff told us they would often pay additional ad-hoc visits, with permission, to people and check if there was anything they needed. A person who used the service said, “They do more than they should.”

The provider supported people to be involved in developing their care plans and expressing how they wanted their care to be delivered. People who used the service told us that they regularly met with staff to ensure they were happy with their proposed care plans. One person told us, “I am very happy with my care, if not I could say something.” All the people we spoke with said that staff respected their choices and delivered care in line with their wishes. When necessary the provider had taken additional action, such as involving family members and other health care professionals, to speak up on people’s behalf. The provider sought out and respected people’s views about the care they received.

The service promoted people’s privacy and dignity. Staff respected the people who used the service. One person told us, “Service users are not humiliated. Staff are tolerant and understand my needs.” A person told us that they could speak with staff in private and felt the conversation would remain confidential. One person told us how staff maintained their dignity while delivering personal care and another person explained how staff would help chose an outfit to wear each day by presenting them with a selection of clothes.

Staff we spoke with told us they would knock and introduce themselves before entering a person’s home and people who used the service confirmed this. We saw the provider had a dignity and respect policy and staff confirmed that this was explained when they started working at the service and discussed at regular meetings.

Good

Is the service responsive?

Our findings

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed. One person told us, “They are very good at what they do.” Another person said, “They regularly assess my needs.”

The provider responded according to people’s care needs. A person who used the service told us, “I vary my shower time which is fine by them.” Several people told us that they were supported by staff of the requested gender and who they said they liked. People told us that the provider helped them to access other health care services promptly when needed and two health care professionals we spoke to confirmed this. We saw that the provider had taken action to support people to access mobility aids in order to promote their desire to be independent.

People told us and records confirmed that they were regularly involved in reviewing their care plans. We saw that records were updated to reflect people’s views. They contained details of people’s life histories and who they wanted to maintain relationships with. Staff we spoke were aware of people’s preferences and gave us examples of how they supported people in line with these wishes.

The provider had systems in place to support people to express their views about the service and ensure that they learnt from people’s experiences. People told us that staff were approachable and felt comfortable to raise concerns without fear of retribution. On person told us, “I can speak to the staff at any time.” Another person said, “The head of care is excellent. If there are issues it’s dealt with by the whole team. I get feedback.” Another person said, “We raise any concerns we have. We get a reply there and then or soon afterwards.”

The provider had a complaints process and there had been one formal complaint received about the care a person received. We noted that this had been managed promptly in accordance with the policy and the provider had agreed with the complainant what action was required to prevent a similar incident from occurring. We saw that provider had checked several months after the complaint to confirm the person was happy with the service. People we spoke with were aware of the provider’s process and felt concerns were sorted out quickly without the need to resort to the formal process. Two people gave us examples of how the provider had responded to their concerns and we noted this was prompt and resolved to their satisfaction.

Good

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and expressed no concerns with how it was managed. People told us, "I like the new manager, we have plenty of banter." Staff told us they enjoyed working at the service and felt it was operating effectively. A member of staff told us, "Managers will ask you to do things. Not tell you."

People told us the manager actively encouraged them to express their views about the service and felt involved in directing how the service was developed. One person told us, "They visit me once a month and we go through things." The manager had promoted open communication about the service and people felt comfortable to express their views. On person told us, "The office is very good, you can always contact them and they will call you if they need to." Staff we spoke to said the management team was approachable. One person told us, "We will get help when we want it, we can talk anytime." The provider had developed an open culture.

The service had a clear leadership structure which staff understood. The service had a registered manager who understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. The provider had a process in place to review its compliance against current health and social care regulations. This helped the provider to meet their legal obligations.

The provider had established processes for monitoring and improving the quality of the care people received. People told us they would be happy to raise concerns directly with the manager and were confident they would take the appropriate action. The manager regularly met with people who used the service and there were service user group meetings at which people could express their views about the service. We saw that the provider kept records of these meetings and when necessary had identified actions required to improve the service. The manger monitored their progress against these actions to ensure the quality of the service had improved.

Staff told us that they had regular supervisions and staff meetings in order to express values and beliefs in how to support the needs of the people who used the service. Staff we spoke with provided examples of actions the provider had taken in response to their comments, including the provision of additional training in people's specific conditions. We saw that the provider conducted observational audits of how staff provided care to people in their homes and when necessary had taken action in order to improve the quality of the care provided by specific staff.

The manager told us and records confirmed that there were systems in place to review people's care records to ensure people received care which meet their needs. We looked at the care records for five people and saw that they had been regularly reviewed and people had signed to say they agreed with how the proposed care would be delivered. The systems in place were not wholly effective and the processes had failed to identify that some people's medication records were not up to date or been fully completed.

The provider demonstrated an innovative approach to supporting people who lived with dementia and employed a person who specialised in supporting people with this condition. Their role including assessing people's specific dementia care needs and maintaining links with specialised organisations in order to support staff to deliver recognised best practice.