The ExtraCare Charitable Trust

ExtraCare Charitable Trust Reeve Court Village

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was announced and took place on 7, 9 and 10 June 2016.

Reeve Court Village is a care at home service provided by Extra Care Charitable Trust. Reeve Court is situated on the outskirts of St Helens, Merseyside. The service is an Extra Care Housing Scheme which is registered as a domiciliary care agency providing personal care to some of the people living at the complex.

During our inspection the registered manager was present. 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.

The feedback we received from people was consistently good. People that used the service expressed satisfaction and spoke highly of the registered manager. One person said "I cannot speak highly enough of everyone at Reeve Court".

People were supported to take their medicines by staff who were appropriately trained. People received care and support from staff that knew them very well, and had the knowledge and skills to meet people's individual needs. People told us staff always treated them well and promoted their choices regarding their care, support and the activities they participated in. People and their relatives spoke very positively about staff, their comments included, "I have had consistently good support over the last three years" and "The staff are well trained and highly skilled".

Staff were trained in safeguarding adults and understood fully how to recognise and report any abuse. The service had policies and procedures in place that informed staff of how to keep people safe and these were followed.

Staffing ratios were in place to meet people's assessed needs and were responsive to people's changing needs and preferences. This enabled people to make full use of all of the facilities the complex had to offer, to go out on trips, both as a group and individually, and to experience attentive support.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which helped the registered provider determine whether they were suitable to work with vulnerable adults, before they started their employment. Staff completed a comprehensive induction programme which included competency assessments.

Risks associated with people's care needs were anticipated, identified and monitored. Staff managed risk effectively and supported people's decisions, so they had as much control and independence as possible. This ensured people's safety was maintained.

Care plans and risk assessments provided staff with clear direction and guidance as to how to meet people's individual needs. People said they were fully involved in the development of their care plans. This meant people received person centred care in a way that was meaningful to them.

People knew how to raise concerns and make complaints. People and their relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily.

There was a management structure within the service which provided clear lines of responsibility and accountability. There was a positive culture within the service, the management team provided strong leadership and led by example. Staff said "I feel well supported by the company and think all staff are recognised and valued" and "We all work well as a team and value each others skills and knowledge".

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Members of the management team were visible in the service and regularly visited people and sought their views about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had an understanding of how to recognise and report any signs of abuse.

Procedures and processes were in place to help ensure that people received their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the right competencies, knowledge and skills to meet their individual needs.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act 2005. People were involved in decisions about their care and support.

People were supported with their health and dietary needs.

Is the service caring?

Good

The service was caring.

Staff built relationships with people who used the service and were given ample time to meet people's needs.

People were supported by staff that were focused on promoting and maintaining their independence.

Staff respected people's dignity and maintained their privacy.

Is the service responsive?

Good

The service was responsive.

Care records were personalised and focused on a person's whole life. Staff had a good understanding of how people wanted to be supported.

People were empowered by staff to be involved in identifying their choices and preferences, and have as much control and independence as possible.

People were actively encouraged to give their views and raise concerns or complaints as part of driving improvements.

Is the service well-led?

Good

The service was well led.

Management were approachable and had clear values that were understood by staff and put into practice.

Staff demonstrated that they were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care. New ideas were promoted and implemented to provide a quality service.

ExtraCare Charitable Trust Reeve Court Village

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.

The inspection was announced and took place on 7, 9 and 10 June 2016. The inspection team consisted of one adult social care inspector.

We gave the registered provider 24 hours notice to ensure people were available for us to speak to.

At our last inspection in January 2014, the registered provider met all the regulations we looked at.

The service provides care and domiciliary support for older people and people with a disability who live in their own apartment within the complex. There are 206 one and two bedroom apartments and bungalows. At the time of our visit 54 people were receiving support with personal care. Some people that live at Reeve Court Village did not receive any support and were living independently.

During our inspection the registered manager was present. 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.

Before the inspection the provider completed 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. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events

which the service is required to send us by law. We contacted the local authority safeguarding and quality monitoring teams who did not identify any areas of concern.

We spent time observing the interaction between people who were supported by the service and staff.

We looked at some areas of the complex, including some people's homes, communal areas, and office accommodation.

We also spent time looking at records, which included the care records for five people. These included support plans, risk assessments and daily monitoring records. We looked at the recruitment, supervision and appraisal records of five members of staff, a full staff training matrix and other records relating to the management of the home.
We spoke with three members of support staff, an activities co-ordinator, the well being nurse, the dementia care specialist and three people living at the complex and being supported by the service. We contacted three relatives by telephone following the inspection.

Good

Is the service safe?

Our findings

Everyone one we spoke to said they felt safe living at the complex and in the care and support of Reeve Court Village staff. One person said "I feel totally safe and secure", another said "I feel very, very safe. The staff are wonderful and I get on with them all without exception". One person described what they would do if they were worried about anything and said "I know all the staff would help resolve any issue or worry I had and I feel comfortable approaching the manager and he would always go the extra mile".

A safeguarding policy was available and all staff were required to read this as part of their induction programme and to reread it annually. All staff had undertaken safeguarding training and were knowledgeable in recognising signs of potential abuse. Staff were familiar with the relevant reporting procedures and knew who to contact in the local authority with any concerns. Staff understood how to appropriately protect people and keep people safe from harm. One staff member told us that they have reported concerns in the past regarding potential safeguarding concerns. They said "I would not hesitate to highlight concerns to the manager regarding other staff or people's relatives to keep people safe from harm". The registered manager knew their responsibilities regarding safeguarding alerts. All safeguarding issues had been fully investigated and appropriate action taken to minimise future reoccurrence.

Risk assessments were carried out to identify risks to people who used the service and to the staff supporting them. The risk assessments undertaken included environmental risk assessments, an 'ability' risk assessment which overviewed all areas of people's lives including mobility, physical ability, sensory and daily living skills. Some people had restricted mobility and staff were given information to ensure they could support people to remain as independent as possible. Moving and handling risk assessments were undertaken when required. Specific risk assessments were in place for essential equipment which included wheelchairs, profiling beds and hoists. Records showed the registered provider demonstrated a clear process for the management of risk without restricting or limiting people's independence. Risk assessments were reviewed and updated regularly to ensure staff always had the most up to date information to support people.

There were sufficient staff available to keep people safe. Staffing levels were set dependent on the number of people requiring a service and their individual needs. Staffing rota's showed that there were the correct amount of staff available at all times to meet people's needs. There was a robust recruitment procedure in place. Checks were completed to confirm all staff were suitable to work with vulnerable people. We looked at the recruitment records for five members of staff which confirmed that appropriate checks had been undertaken including a Disclosure and Barring check (DBS), references and proof of identity. DBS checks are carried out to check on people's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults. People receiving a service were actively involved in the recruitment of staff.

People were protected by staff who understood how to respond to emergencies or unforeseen events. People and staff had telephone numbers for an on call manager who was available 24 hours a day, seven days a week. This ensured a member of the management team was always contactable to provide advice

and support. Everyone being supported by the service had a Personal Emergency Evacuation Plan (PEEP) in place, which outlined to staff the level of support people would require in the event of an emergency.

People were happy with the support they received in relation to the management of their medicines. One person said "My medication is always given on time and staff have never missed it". A relative told us "I can go to work each day without worrying that [Name] is safe and if they taking their medication correctly". Records showed medicines were managed safely by the service. There were assessments in place which reflected the level of support people required for managing their medication. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. The registered provider had a system in place to regularly monitor and audit the administration, storage and documentation of medicines. There was a clear system in place for the management of medication errors which included actions to be taken by the member of staff and registered manager. Records showed that all support staff had undertaken medication training and that assessments had been carried out to ensure they were competent. As a result people being supported by the service received medicines that met their assessed needs in a safe manner.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records were clearly written and they demonstrated that appropriate actions had been taken. This minimised future risk and reduced the likelihood of reoccurrence. The registered provider undertook regular audits of accidents and incidents to identify any trends or avoidable risks. The registered manager held a bi monthly falls group meeting which reviewed falls within the complex and put risk management and support systems in place to keep people safe.

Good

Is the service effective?

Our findings

People told us that they were supported by well trained and competent staff. Comments included "All the staff are well trained and skilled at their jobs", "Staff know what they are doing and do everything well" and Staff are good at what they do and know what they are doing". Several people told us staff went the extra mile to support them in many ways which they said made a big difference to the quality of their lives.

Records showed that all staff had undertaken an induction programme and on-going training to develop their knowledge and skills. Staff told us this gave them the skills, knowledge and confidence to meet people's needs. Newly appointed staff, completed the new care certificate. The care certificate is a set of minimum standards that social care and health workers work with in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Staff shadowed experienced staff until they demonstrated they were competent in their role. One member of staff commented, "I enjoyed my induction and it was very good and I felt I could do my job properly". Records demonstrated review meetings had taken place throughout the induction period to ensure the staff member was completing all actions and also felt supported. As a result people were supported by staff who had the knowledge and skills required to meet their needs.

Staff said they were fully supported by the registered manager and that there were good opportunities for on-going training and further development. There was a programme in place to ensure staff received relevant training for their role and that all refresher mandatory training was kept up to date. Some staff had undertaken training to become trainers for the registered provider. One person told us "I really enjoy being a trainer and I feel valued by the registered provider for undertaking this role".

Staff were supported to achieve nationally recognised vocational qualifications. The service had established links with external providers that provided courses for their staff. The service had their own assessors to support staff to achieve these qualifications. This enabled and encouraged staff to take part in training designed to help them improve their knowledge. It also helped staff to develop a clear understanding of their specific roles and responsibilities and have their achievements acknowledged. Each year all staff were encouraged to undertake an additional qualification to support the work they were undertaking. Last year all staff completed a Qualifications and Credit Framework (QCF) unit on Dementia Care. This meant staff developed the skills to support people safely and meet their individual needs.

Staff received supervision and bi annual appraisals from the management team. Supervision consisted of individual one to one meetings as well as monthly team meetings. This gave staff an opportunity to discuss their performance and identify any further training or skills development they required.

People were happy with the support they had from staff to eat and drink. One person said "Staff always ask me what I would like to eat and cook my food fresh and how I like it". Another person said "Staff always leave me with hot and/or cold drinks at every call. They remind me to keep drinking particularly in hot weather". Records showed that staff were preparing special diets for people to meet their individual needs including people living with diabetes and people requiring pureed foods and thickened drinks. The support

people received was dependent on their individual assessed needs. Staff were observed promoting independence and choice at mealtimes. Food and fluid intake charts were completed by support staff where people had been identified of being at risk of malnutrition and/or dehydration. Support staff confirmed they would always check a person was comfortable and had sufficient drinks and snacks before they left the call.

People's care records evidenced support they had received from support staff to access healthcare appointments. These included access to GPs, district nurses, occupational therapists and other healthcare professionals based on individual needs. The service employed a well being nurse who held a daily clinic offering blood pressure checks, advice on healthy living and diet. The well being nurse also held awareness days for people living at the complex and staff. Topics covered recently included Dementia, Diabetes and Parkinson's disease. The nurse undertook health and well being assessments regularly with people's consent. People being supported by the service told us they were encouraged to put forward ideas for groups and awareness topics. One person said "I go to the weight management clinic every week and it has really helped me".

The service employs a locksmith (Dementia Specialist) to work with people living with dementia or mental health difficulties. They are called Locksmiths because they help to find the key, unlock people's potential and unpick issues in their present experience of life. They develop meaningful activities, individually or as part of a group. A cooking class was run by the Locksmith which helped people who had lost the ability to bake to choose a savoury or sweet dish to be taken home for their dinner. They explained how they used different recipes to get the best results as well as having a sing-along. The atmosphere was very positive and inclusive.

We checked how the service followed the principles of the Mental Capacity Act and its associated code of practice (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were aware of their roles and responsibilities in relation to the MCA, and put this into practice on a daily basis to help ensure people's human and legal rights were respected. Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people's best interests. The registered provider demonstrated clearly that capacity assessments and best interest decisions had taken place. The MCA and Deprivation of Liberty Safeguards (DoLS) were included in the training programme that all staff were required to participate in.

DoLS were in place for those people who needed them, and the service was meeting the requirements outlined within the MCA in relation to this. These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the Court of Protection and are necessary to protect the person from harm. There was no-one subject to a DoLS at the time of our inspection.

People confirmed that they had consented to receiving care and support within their homes. They told us support staff and members of the management team regularly checked they were happy with the service. People with capacity had signed to say they had participated in the completion of their care plans.

Good

Is the service caring?

Our findings

Everyone that we spoke with, without exception told us they were treated with compassion and kindness by the support staff. They said positive relationships had been developed with all staff members. One person said "The care I receive is fantastic, all the staff are brilliant and very caring". A relative said "The care has always been excellent".

Positive, caring relationships had been developed with people. The registered manager was motivated and passionate about making a positive difference to people's lives. Staff demonstrated enthusiasm for their role and to promote people's independence wherever possible. Staff used language that offered choice including "Shall we go to the restaurant?", "Would you like to join in this afternoons activity and can I support you to go there? And "Is it okay if I prepare your meal now?".

Staff spoken with had a genuine concern for people's wellbeing. Staff commented that the relationships they had with people helped them recognise any changes and they were able to respond quickly to these. A staff member commented that they were working with a person with deteriorating mental health. They described what had been put in place to keep this person safe but also ensure they retained as much independence as possible. Staff also described the support they had given to a person that had lost their false teeth. This person was very unhappy as they could not find their teeth and would not leave their home. They could not eat properly and was very distressed. The staff searched the home and could not find them. They thought they may have been put out in the rubbish so they opened rubbish bags and eventually found them wrapped in tissue.

Support staff were respectful of people's privacy and dignity. One person said "The staff always give me privacy and show consideration for my dignity. They keep me covered up after my shower and prior to them supporting me to dress. They don't open the curtains until after I am fully dressed and decent". Another person said "I like the staff to come in to my flat using the key swipe card. They always knock and wait for me to answer before entering". Support staff told us they provided people with privacy when undertaking aspects of personal care, but they also ensured they remained nearby to maintain a person's safety. An example would be if someone was at a risk of falling.

Everyone working within Reeve Court Village had undertaken customer service training. Support staff told us that they were reminded that they are guests within people's own homes as well as the complex. There was a very warm and friendly atmosphere within the complex. Interactions between staff and people were warm, appropriate and friendly. One person said "I never have to be lonely anymore. There is always someone happy to pass the time of day with me. I feel the staff genuinely care about me which means a lot". A relative said "If staff are assisting mum while I visit they always offer mum and I privacy to speak or will say they can come back in a little while". Records showed that monitoring and observation of staff included customer service, privacy and dignity as well as the following of the care plan at each call. Comments made by people at these visits included "I am very happy with my care, everyone is very kind" and "I am pleased with all my care".

People were supported to express their views and were fully involved in the development of their care plans. One person said "I was fully involved in my care plan and have signed to agree to it's contents. All the staff that support me understand my needs. New staff read the care plan fully before they start working with me". People told us they were fully involved in their reviews and had also signed their care plans. This meant people were valued and treated as individuals with an opinion. The registered manager had regular contact with every person receiving support from the service. Everyone we spoke with referred to the registered manager by name and confirmed he maintained regular contact with them.

The service offered end of life care and had policies and procedures in place for this. The staff had undertaken appropriate training for this role.
Compliments received by the service included "Best decision I have ever made was to move to Reeve Court Village", "Thank you for the care and compassion shown and given to my mum", "Thank you to all the staff who looked after [Name] so well especially in her last few weeks" and "We as a family are so relieved to know [Name] is being looked after so well. You're all amazing. We constantly sing your praises".

Good

Is the service responsive?

Our findings

People received consistent personalised care and support. An initial assessment was carried out prior to the person being supported by the service to ensure that the service was able to meet people's needs. The person, relatives and professionals were actively involved in the process. Information was gathered of the person's life story to date through the assessment document.

A relative told us that the registered manager had responded promptly to the changing needs of their mother. The person's mental health had deteriorated over a period of time and concerns had been raised regarding the person's ongoing safety by staff and relatives. The registered manager had requested a multi disciplinary meeting to discuss keeping the person safe and living in her own home.

People and their relatives, where appropriate, were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. One person said "The service is flexible to allow for earlier and later calls if I am going out on trips or to medical appointments". This ensured that people had choice and control over the delivery of their care.

Each person had a plan that reflected their needs, choices and preferences, and gave guidance to staff on how to make sure personalised care was provided. People told us they felt in control of their care plan and that it reflected their choices. Review meetings were held regularly and identified changes in care and support needs. Any changes were discussed with the person and any chosen relative as required. Changes were clearly documented and the information cascaded to support staff. This ensured continuity of support and that all staff remained up to date.

People were protected from the risk of social isolation. Staff recognised the importance of companionship and maintaining relationships with those who mattered to them. The service offered a weekly coffee morning at the complex. There was a fashion show taking place during our visit and people being supported by the service were encouraged to be models and participate. People living within the complex were offered many activities to engage in. These included computer courses, crafts, sewing, woodworking, gardening as well as volunteering opportunities. The volunteers were offered opportunities on a regular or adhoc basis to meet their individual circumstances. Roles included working on the reception desk, serving in the grocery shop, befriending people and administration duties. People said they really valued the opportunities available. One person said "I enjoy helping others even though I need help myself". The registered provider offered day trips as well as holidays for people receiving support to reduce social isolation. One person told us she was looking forward to visiting Llandudno as well as going on an activity holiday with the service.

Daily records were completed and reflected on the requirements of the care plan. Records completed by staff included references to medication, activities, sleep pattern, arrival and leaving time and other information specific to the individual person. This information was used at the person's review for discussion and future planning as well as care plan development. All daily records reviewed were fully completed and signed.

People were actively encouraged to give their views and raise concerns or complaints. The registered manager held a manager's drop in surgery every Wednesday morning. People said he encouraged them to feed back about the care they were recieving or raise any concerns they had. They said he would also visit people in their own homes to seek feedback about the service or address any issues that were raised. People and their relatives knew who to contact if they needed to raise a concern or make a complaint. People told us "If there is anything wrong the manager will always sort it" and "I am confident the manager would sort any complaint if I had one".
We reviewed three complaints that had been received within the last 12 months. The details were clearly logged and an investigation had been undertaken by the registered manager. The complainants had been contacted and a thorough response sent. The documentation included actions completed as well as outcomes and learning from the process.

The service viewed concerns and complaints as part of driving improvements. We saw the complaints process was included within information given to people when they started to receive care and support. Care staff understood that people receiving a service should be able to raise concerns and have them addressed promptly. All staff said they shared all concerns with the manager and this information is used to reflect on practice and drive service improvements.

Good

Is the service well-led?

Our findings

The registered manager had a strong visible presence throughout the service and actively sought and acted upon the views of people. Without exception everyone spoken with spoke very highly of the registered manager. One person said "The manager is just the best, he is such a wonderful man. Absolutely fantastic". Another person said "The manager is brilliant. He always gives everyone time".

Everyone we spoke with including people being supported by the service, staff and relatives said the registered manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported. There were clear lines of responsibility and accountability within the management structure. The service employed the registered manager, a head of care and five team leaders as well as the support staff. The registered manager had been registered with the Care Quality Commission since 2013. The management team met regularly to review the service and discuss areas for development and improvement.

Through review of the staff rotas and discussion with people being supported by the service, relatives and staff it was clear the registered provider had ensured enough staff were available at all times for people's individual needs to be met. One person said "I have regular staff and they are always on time and stay the full time". The registered provider demonstrated they had sufficient resources available to ensure the smooth running of the service.

People, their relatives and staff all described the management of the service to be approachable, open and supportive. Comments included, "All opinions are welcomed and valued. Healthy debate is encouraged", "Brilliant company, love the ethos and can do attitude" and "The manager and all the staff are friendly, welcoming and always approachable. They are like extended family". Staff were motivated and passionate about making a difference to people's lives. Staff said about working for the registered provider "I feel actively encouraged and supported to develop" and "The team are friendly and supportive". There was a positive culture throughout the service that was reflected by everyone we spoke to.

The registered provider regularly invited feedback by asking people to complete a questionnaire. Feedback from people, friends and relatives as well as healthcare professionals was sought in order to enhance the service. We saw the provider collated the results of the questionnaire and used this for future service improvement and development. Records showed the registered manager actively sought and acted on the views of others and placed a strong emphasis on continually striving to improve. All people spoken with praised staff and described the service as going above and beyond any expectations.

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff reflected positively about the service. Comments included, "This is the best company I have ever worked for", "This is a vocation, not just a job. I love it" and "We are encouraged and supported to progress".

The registered provider undertook weekly and monthly audits which included medication, accidents and

incidents, support plans and daily records in line with the organisations policies and procedures. All audits clearly identified actions required and were fully updated following the completion of any actions. All audit information was collated and a full analysis undertaken to identify trends in order to improve the quality of the service provided.

Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service. The service had notified the Care Quality Commission (CQC) promptly of all significant events which had occurred in line with their legal obligations.