Making Space

Darlington Extra Care Services

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

This inspection took place on 26 February 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

Darlington Extra Care Services provides care to people living in their own flats within four extra care sites across Darlington. The service also provided a rapid response service to offer support to people for a 48 hour period on return from hospital or to prevent admission into hospital. On the day of our inspection there were 113 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected the service in January 2016 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

People told us they felt safe with the staff from Darlington Extra Care Services. We saw that concerns were listened to and acted on straight away by the management team.

The registered manager and team leaders understood their responsibilities with regard to safeguarding and staff had received training in the protection of vulnerable adults.

The provider had an effective recruitment and selection procedure in place. Any staff absences were covered by the provider's own permanent staff or bank employees. People who used the service and their family members said staff usually arrived on time and stayed for the agreed length of time.

Accidents and incidents had been appropriately recorded and risk assessments were in place for people who used the service and staff. The service demonstrated it learnt from accidents, incidents and safeguarding issues and shared this learning with the staff team to drive improvements.

There was a safe system in place for the management of medicines and medicines administration records were completed accurately.

Staff were suitably trained and training was arranged for any due refresher training. Staff received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. We saw that the management team and staff were committed to supporting people to remain in their own homes with support and worked with district nurses, G.P's, occupational therapy, physiotherapists and other specialist services as and when needed.

People who used the service and family members we spoke with were complimentary about the standard of care provided by the staff at Darlington Extra Care Services. People said their privacy and dignity were respected and they enjoyed positive relationships with the care staff.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

People who used the service and family members were aware of how to make a complaint.

Staff told us they were supported by the registered manager and team leaders and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. People and family members told us the management and office staff were approachable.

The service had recently won an award in the Great British Care Awards for best regional care team and one of the team leaders had been awarded a home care front line leader award in 2017.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Darlington Extra Care Services

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 registered 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.

We inspected Darlington Extra Care Services on 26 February 2018. This inspection was unannounced which meant the provider and staff did not know we were visiting. The inspection team consisted of one adult social care 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.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We sent questionnaires to people, relatives and professionals about the service. We received a total of 51 completed questionnaires.

During the inspection we spoke with seven people who used the service and three relatives in their own homes. We also spoke with the registered manager and two team leaders in person. Following our visit to two of the four services, we spoke with another team leader and four support staff via telephone interview. At the service, we looked at seven people's care records, four recruitment records for staff providing

personal care, the training chart and training records, as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe having Darlington Extra Care Services supporting them in their own home. One person told us, "I feel safe and not in any danger at all." A relative we spoke with said, "I feel reassured knowing they are in a safe environment and well cared for."

There was a safe system in place for the management of medicines and medicines administration records [MAR] were completed accurately. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. Medication risk assessments were in place and described the risks associated with people administering their own medicines. One person told us, "I have my tablets all organised and locked away in the cupboard –if I was poorly the carer would give them to me."

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. Safeguarding training was delivered as part of the provider's induction and staff had received refresher training on this topic. When we spoke with a range of staff they were clear about their safeguarding responsibilities and how they could raise concerns.

People who used the service and their relatives told us they felt safe in the presence of staff, and that they were trustworthy and sufficiently skilled to keep them safe. People cited staff followed good infection control practices and staff were aware of the importance of infection control. We saw the provider delivered infection control training during the induction and had ample personal protective equipment [(PPE]) available on site.

We found staffing levels to be sufficient to keep people who used the service safe and no-one we spoke with had reported any missed calls. Some people and staff members told us in completed questionnaires that they felt staff were sometimes rushed at peak times such as breakfast time. Four care staff we interviewed via telephone did not raise any concern about staffing levels. The service was moving to providing waking night cover across all four schemes across Darlington.

We looked at the arrangements that were in place for recording and monitoring accidents and incidents and preventing the risk of re-occurrence. We saw the service had learnt from a recent medicines error where a staff member placed the wrong medicines dosette box in the person's flat and this medicine was administered. The team leader told us they had immediately sought medical advice, and made a safeguarding referral. They then carried out a full investigation, held an emergency staff meeting, reviewed procedures and carried out supervisions with staff to ensure the risk of a repeat event was reduced.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to people's needs, such as taking medicines independently or in relation to moving and handling needs, to enable them to take risks safely.

For fire safety we saw that people had individualised evacuation plans to enable them to safely exit their

home in the event of an emergency. Staff were all trained in fire procedures and the service worked with the housing providers to ensure equipment checks and training was undertaken regularly.

We saw a range of pre-employment checks were in place, such as Disclosure and Barring Service [DBS] checks. The DBS restrict people from working with vulnerable groups where they may present a risk and also provide employers with criminal history information. It also stores and shares criminal history information for when relevant employers request this. Other pre-employment checks included gathering references from previous employers and exploring any gaps in employment. This meant staff were subject to suitability checks prior to working with potentially vulnerable individuals.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People and family members told us, "Yes, I think they are sufficiently trained," and "I am assuming that all the training has been accessed – I do watch when I visit and am always impressed with how efficient everyone is."

People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they began using Darlington Extra Care Services. Care records included a summary of the person's background, medical history and care needs. Records described in detail what was required from staff at each visit and specific requirements with regard to mobility, personal care, medication, meal provision, domestic tasks, shopping and any other additional information.

Staff training needs were regularly monitored by the registered manager meaning people received care and support from staff who benefitted from well-planned training provision. We saw completed induction checklists, staff training files and a matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; fire safety, infection control, medicines and first aid. We also saw specific training had been delivered to meet the needs of people using the service such as dementia, oral health and end of life care. When we spoke with staff they were able to describe the training they had received and how it was relevant to their care roles. One staff member told us, "The end of life training was really interesting. It's such a difficult subject to talk about. It opened up my eyes and has helped me help people plan for the best outcome for them."

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Appraisals were also held annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues. One staff member told us, "It's good to know from the discussion we have that you are doing your job properly, they are useful meetings."

We saw the induction for new staff included shadowing more experienced members of staff. People we spoke with told us new staff were usually introduced to them by experienced staff members who knew them well. New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One staff member who was new to care told us, "The team leader talked me through the setting and what the service was trying to achieve. I was assigned a mentor to shadow and it was when I felt I was ready and I felt confident to support people alone. There were constant meetings to check I was ok and the team leader was always approachable. I felt very supported."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The registered manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. People they supported had varying capacity to make decisions and where they did not; action had been taken by the service to ensure relevant parties were involved in making best interest decisions. There were currently no applications to the Court of Protection. We did discuss with the registered manager to ensure that where a person had Power of Attorney regarding a person's finances or care and welfare that evidence of this was seen and recorded which they confirmed it had been.

In the care files we reviewed we saw people had consented to the care planned. When we spoke with people they confirmed this to be the case. Others confirmed that staff asked for their consent when performing individual aspects of care, such as administering medicines or helping someone with aspects of personal care.

Staff supported people to have meals. With regard to nutrition, we saw each care file had a specific nutrition section and, when we asked people about this aspect of care, they provided positive feedback about staff. One person said, "They always ask about my evening meal which I need help with. They ask me what I would like and get the shopping as well for me."

We saw from the care plans that people were supported to access care from other healthcare professionals and staff had good working relationships with these professionals. The registered manager told us the service worked closely with the district nursing team locally and were regularly asked to provide care for people with complex healthcare needs and end of life care, as the community team were confident in the caring approach of the staff. One healthcare professional fed back to us, "They have provided evidence that they are implementing changes and processes for their clients who are reaching the end of their life. They are also implementing advance care planning and are working towards national GSF [Gold Standards Framework] accreditation." The Gold Standards Framework provides national training, advice and accreditation on palliative care for care services.

The service had worked to improve the communal environment at each unit. At Rosemary Court, the service had developed a dementia friendly space with a room providing items such as doll therapy that people could access if they so wished.

Good

Is the service caring?

Our findings

People who used the service and their relatives gave consistently positive feedback about the caring attitudes of staff. Comments included, "The care is here is amazing I have been here 10 years plus so I have loads of experience and never in all that time have I not felt cared for." And "Yes, the carers are great."

We asked people about whether they felt care staff were able to achieve a balance between completing the tasks they needed to and still treating them with patience. Whilst a small number of people felt staff were sometimes rushed and were overly focussed on tasks rather than them, a significant majority of people provided positive feedback, for example one person said, "The carers are like friends almost, I feel we can talk to them about anything which is great, puts everyone at ease."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. Everyone we spoke with had information about the service included in their care file, so that they could access it at any time and people were aware of how to contact the office if needed. One person told us, "I would go to the main office downstairs and have a chat if I needed anything or to raise something".

The registered manager and team leaders were aware of the benefits of providing a continuity of care to people who used the service. People who used the service and their relatives agreed that, they could generally depend on a continuity of care from the same carers. One person said, "Always on time and never lets me down not always the same carer but that is fine by me."

People told us staff had helped to improve their quality of life. One person had said via the service's own feedback form, "I arrived in a very poor state, I was isolated and housebound. My health has improved enormously and given me a boost and I am now going out and down for lunch. I can't thank the staff enough for giving me another lease of life and boosting my confidence."

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. One person told us, "They all maintain an individual's dignity as much as possible at all times just by being aware of how awkward it is sometimes means they realise." Relatives we spoke with confirmed the care staff always made their relative feel comfortable and not embarrassed. No personal care or support was delivered if visitors were present.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. One staff member told us, "I always ensure doors are closed and keep people relaxed and offer them reassurance. Sometimes it helps to have some humour too."

We asked staff how they promoted people's independence. One staff member told us, "We encourage people to do as much as they can for themselves. Even suggesting we make a cup of tea together. If people

can't manage then we take over but it's about keeping things as normal as everyone has them."

The registered manager, team leaders and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form strong therapeutic relationships. We listened to the team leader providing reassurance throughout our visit when one person who was anxious repeatedly came to the office.

Good

Is the service responsive?

Our findings

Every person who used the service, whom we spoke with and their relatives felt their needs were well met and that their preferences were acted upon. One relative we spoke with said, "We were involved in writing the care plan, and are constantly kept in the loop about his care which is great."

People who used the service and staff confirmed they took part in regular reviews. We saw evidence of the provider changing the support people received based on their needs, as well as liaising with external professionals to ensure people's changing needs were properly supported. We saw examples where staff had sought advice from district nurses and occupational therapists regarding medicines and the use of moving and handling equipment. The service also regularly liaised with GPs, social workers and the Speech and Language Therapy (SALT) team. We found the relevant care plans and risk assessments had been updated accordingly.

The care plans were concise and included a summary of the person's background, medical history and care needs. Records described in detail what was required from staff at each visit and specific requirements with regard to mobility, personal care, medication, meal provision, domestic tasks, shopping and any other additional information. We discussed with the registered manager that daily reports completed by staff were often very task focussed with entries such as 'meds given' and 'meds given and taken' so there was no record of the person's well-being. They stated they would review this with the management team and implement checks on daily records so they better reflected the holistic support provided.

The management team were responsible for reviewing and updating care plans and assessments, and there was evidence that people, their relatives and external professionals all had input into this. One staff we spoke with said, "I find the care plans really useful, I often double check them so I don't assume what someone's needs are. I also check with the person and ask them."

The provider had a complaints policy in place, which was made available to people through notices, meetings and service user guides. Everyone we spoke with was aware of how to make a complaint and confident they could do so if necessary. One person said, "If I needed to complain I would go to the main office downstairs and have a chat," and another said, "Only had a few problems since coming here - that was about laundry going missing but that is now sorted."

We found where complaints had been made they had been reviewed and responded to in line with the complaints policy, with the registered manager providing comprehensive responses and sharing any learning with the whole staff team via staff meetings. This demonstrated the provider ensured it used such complaints as an opportunity for learning.

The provider used questionnaires called Have Your Say forms as a means of routinely gathering feedback from people who used the service and staff. People we spoke with and their relatives told us they were involved in their care. One person said, "My care plan is dealt with by my daughter not me - I have heard of it but don't take any notice to be honest." Another person said, "I know everything about my care plan and

look forward to the review meetings - my son may be with me - it is something I want and need to do – it is for me after all."

The service had worked to promote social and leisure opportunities for people within the schemes with a sweet shop in one of the schemes and activities such as Christmas card making and craft sessions. One of the new team leaders told us, "We sent out a survey to find out what people wanted to do so we could increase participation and people responded with a cinema afternoon so we are on sorting that."

The service was working towards the Gold Standards Framework accreditation, a national organisation providing training and guidelines for end of life care. Staff we spoke with were positive about end of life training they had accessed through a local college and the service was promoting advanced care plans with people so they could help people record their decisions and preferences at this time. One of the schemes had also held a 'Death Cafe', an opportunity for people and relatives to talk openly about death, dying and their wishes. One GP had written a thank you letter to the service stating, "You were all very caring and nothing was too much trouble.....there was very little disruption to her that would have caused undue anxiety."

Good

Is the service well-led?

Our findings

At the time of our inspection a registered manager was in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager was qualified, competent and experienced to manage the service effectively. The registered manager was based at the main office location and worked across all four extra care schemes.

The registered manager was supported by and worked with the four team leaders from each extra care scheme. We found the management team to have a strong understanding of the policies and procedures of the service, as well as the ethos, as set out in the statement of purpose. Two of the four schemes had undertaken leadership changes since our last visit and we saw that systems and staff morale and improved. One of the team leaders told us, "There were some challenges we have had to overcome however I feel that the team are now working as a team to provide personalised care to the individuals here."

As a result of the improved leadership, the care team had won the regional final in the Great British Care Awards and were looking forward to attending the final in Birmingham in a few weeks' time. Two of the team leaders we spoke with had been supported to undertake their Level 5 leadership award and told us they felt they had been supported to develop personally and professionally by the provider.

People who used the service provided positive feedback about the registered manager, and how the service was run generally. Comments included, "I often just pop into the office and say hello - I am always made to feel welcome," and "I know the manager and all the staff and they know me so, if I need to ask about something it is easy and not a big deal - the open door policy is so nice."

We looked at the arrangements in place for quality assurance and governance. The provider had a structured approach to governance and quality assurance. The service carried out a quarterly audit and were about to commence peer led reviews between each of the four schemes. Any areas for improvement were recorded in an action plan. Any accidents and incidents that involved staff and/ or people who used the service were monitored to ensure any trends were identified. The registered manager told us how they reviewed all aspects of the service and addressed any elements where they felt improvements could be made.

The service had also recently implemented surveys about the quality of life people experienced living at each scheme and people also had access to Have Your Say forms which they used to raise an issue, concern or give thanks about the scheme. One person we spoke with said, "The bottom line is I trust them and they haven't let me down."

Staff members we spoke with said they were kept informed about matters that affected the service by the management team. They told us regular staff meetings took place and that they were encouraged to share their views. We saw records to confirm this. Staff we spoke with told us the registered manager and team leaders were approachable and they felt supported in their roles. One staff member said, "I feel very supported here," and another staff member said, "We are settled here now with a good team leader, she's

excellent and if I am feeling upset, she'll think nothing of giving me a cuddle, that's her caring."

In line with the requirements of the Care Quality Commission (Registration) Regulations 2009, we found the provider reported deaths and other incidents to the Commission appropriately. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.