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

Overall summary

Darlington Extra Care provide assistance with personal care, bathing, meal preparation, supervision and assistance with medicines and support to attend social events within the individual schemes. The four housing schemes around Darlington all provide different numbers of flats within each site with 24 hour help for older people being available.

We carried out this unannounced inspection commencing on 18 January 2016. We spoke with staff via telephone on the 19 and 20 January and visited two of the sites and spoke with people using the service and staff on 21 January 2016.

We met with the registered manager who has been in post for over five years and was the registered manager with the previous organisation before Making Space took over the service. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

Currently team leaders were employed at all four of the service's schemes around Darlington and they facilitated the day to day running of the extra care services and liaised with the housing registered provider if needed.

People we spoke with who received personal care felt the staff were knowledgeable, skilled and the care package met their needs. Staff knew the people they were supporting well. People who used the service seemed comfortable with the members of staff who were supporting them. Staff told us people received good care and support.

Staff undertook the management of medicines safely. There were procedures in place to support staff and staff we spoke with told us they were trained and felt confident in medicines management.

People told us they felt confident that should concerns be raised these would be dealt with appropriately. People told us they could contact the manager or staff at the service if they needed to discuss anything. People said they had the opportunity to talk about their opinions of the service during reviews.

The manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

Records we saw confirmed Darlington Extra Care had effective recruitment and selection policies in place which ensured staff members were of good character and had the required skills to perform their work.

Staff we spoke with told us they felt supported and they spoke highly of the training provided by the service. We saw that meetings with staff both individually and collectively were positive and well recorded.

We saw care plans and risk assessments were developed with the person and staff were able to show us that they were clear and easy to follow.

There was a robust quality assurance process carried out by the service and registered provider as well as close monitoring of accidents and incidents. We saw the service had responded to any learning and improvements it needed to make to its service.

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 safe.

Good

We found that there were effective processes in place to make sure people were protected from bullying, harassment, avoidable harm and abuse. Staff took appropriate action to raise and investigate incidents.

The registered provider had procedures and systems in place to ensure there were sufficient numbers of suitable staff were recruited to meet the demands of the service.

Where they provided personal care the registered provider made sure staff had all the necessary skills.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?
The service was effective.

Good

We found the registered provider had taken measures to ensure staff provided effective care and were able to meet people's needs. Staff were trained and supported to deliver the care and support people required.

Staff understood the importance of obtaining people's consent prior to any tasks being undertaken and knew what to do if someone lacked the capacity to make decisions about their care.

Staff were good at identifying if people appeared unwell and ensuring they sought appropriate medical care.

Is the service caring?
The service was caring.

Good

We heard the staff had developed positive relationships with people and were extremely caring and kind.

People told us they were encouraged to express their views and were actively involved in designing their care packages.

Each care package was specifically designed to meet the exact requirements of the person.

Is the service responsive?
The service was responsive.

Good

We found the care packages offered were now more responsive to people's need via the inclusion of social care support.

The service was responding to changing needs by accessing more resources and training around dementia and end of life care.

We found effective processes were in place for listening and learning from people's experiences, their concerns and complaints.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Staff members and people told us the registered manager and team leaders were accessible and supportive.

The service has a robust quality assurance process that focussed on continuous improvement.

The registered manager and provider had ensured the culture of the service was person-centred and safe during a time of transition.

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 checked 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 from 18 January until 21 January 2016. This was an unannounced inspection.

The inspection team consisted of an adult social care inspector and an Expert by Experience who was someone who had experience of providing personal support to older people.

Before the inspection we reviewed all the information we held about the service and we contacted the local authority to find out their views of the service.

The registered provider had completed a registered provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed this with the registered manager during the course of the inspection.

During the inspection we spoke with ten people who used the service. We also spoke with the registered manager, three team leaders and eight care staff.

We spent time talking with people who received personal care. We looked at five of the people's care records, two 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

We spoke with ten people who used the personal care services provided by Darlington Extra Care at the four housing schemes across Darlington. The people who used the personal care services told us that they felt staff delivered safe care. One person said, "I am content here, I love it. I am 100% plus, safe".

All staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence the registered manager and team leaders would respond appropriately to any concerns. Care staff told us; "Safeguarding is about the protection of vulnerable adults and I would have no hesitation in reporting any concerns." Another staff told us; "I'd contact my manager or the team leader and if not them the duty team at the Town Hall or even the police." The team leaders and registered manager told us that abuse and safeguarding was discussed with staff during supervision and staff meetings.

Incidents where safeguarding concerns had been raised in the last 12 months had been thoroughly investigated and action taken to ensure people were protected.

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed e-learning safeguarding training last year as well as training with the local authority safeguarding unit in the last two years. The service had a safeguarding policy that had been recently reviewed. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One staff member said; "The team leaders are always on the end of a phone, the support is much better than it used to be."

Risk assessments had been personalised to each individual and covered areas such as moving and handling. The risk assessments provided staff with the guidance they needed to help people to remain safe.

The five staff files we looked at showed us the registered provider operated an effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups We discussed with the registered manager that the registered provider's policy only stated that one reference should be sought. We discussed that it is appropriate where an applicant had previous care employment, that recent references should also be sought to access peoples' suitability for the role. The team leader at the scheme we were at showed us that they had sought two references for recent recruits and so we asked that the registered manager should feedback to the registered provider that they may wish to review their recruitment policy to give services the scope to request second or third recruitment references. We saw that some information relating to staff recruitment was not available in staff files as it was at the registered provider's main office in Warrington. We saw that the registered manager had requested this from them and we asked them to pursue this so evidence of the correct checks were stored at the registered location.

Through discussions with people and staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. The registered manager told us they had experienced some difficulties with staff sickness recently and this was reflected in the comments we received from people, but we saw the service was actively recruiting for staff and the management were reviewing the impact of staff sickness on service delivery. One person said; "Fairly recently there has been a turnover of staff and this can be unsettling as you do not know who will be coming to do your care but the regular staff are great". Most people we spoke with said they felt staff were under pressure and that there should be more of them. We were given the example from three people that; "Staff come into the flat on a morning to help get me up and make a drink and something to eat but are watching the clock as they are given allocated times for tasks". When we talked to staff they confirmed this but did say there was some flexibility so if problems arose they could extend the time. It was recognised that there were service peaks of activity between 7am and 9am when people wanted to get up. However in both schemes we visited people said call bells were answered very quickly.

We found that all staff had completed recognised safe handling of medication qualifications. From the review of records and discussions with staff, we confirmed staff had undertaken refresher training and competency checks regarding medicines. One staff member told us; "I'm more confident with meds now I have done my level 3 training,"

Good

Is the service safe?

and another gave a similar comment; “I have NVQ 3 and feel confident regarding tablets.” We asked a group of staff what they would do if they accidently dropped a tablet they were supporting someone to take. The staff all knew the correct procedures to follow to report and record this in line with the service’s policy on handling medicines.

We saw there was a comprehensive policy and procedure in place for the management of medicines. The registered provider had recently reviewed this policy and protocol and had ensured all the staff were familiar with it. This medicines protocol was specific to the four schemes in Darlington and so was personalised to the extra care schemes and how they supported people with medicines. We saw the team leaders carried out quarterly audits on medicines and practice and there were action plans in place to show by when and whom improvements were carried out.

The staff we spoke with told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff we spoke with told us they had undertaken training in first aid. We saw records to confirm this training was up to date. Staff also told us about working with the housing scheme registered providers in carrying out fire safety training and drills. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

People told us that staff, “Always wore gloves and an apron” when they visited and staff we spoke with were knowledgeable about wearing personal protective equipment and infection control procedures. Staff told us that each person they provided personal care to had their own supply of gloves and aprons in their flat so staff were not carrying these items between people’s homes. This showed the service reduced the risk of cross contamination where they were able.

Good

Is the service effective?

Our findings

The registered provider sent us contact information for the people who received personal care. We met with ten people who used the personal care service across two of the four Darlington sites, all of whom told us they had confidence in the staff's abilities to provide good care. One lady stated, "I am very comfortable here and the staff care for me well" and another person said; "Staff know my likes and dislikes and we get on well, they are often singing and happy".

From our discussions with staff and review of staff files we found people had obtained appropriate qualifications and experience to meet the requirements of their role. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to this and their training was up to date. Several staff members told us they had recently had training in oral health for older people and this had been 'really interesting'. One staff who had worked at the service for many years said; "I've learnt stuff recently with the training that I didn't know, like links to poor oral health and heart failure." We found staff had completed mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as working with people who were at the end of their life and dementia care.

We saw induction processes were in place to support newly recruited staff. Staff completed this prior to commencing work. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff. One relatively new staff member told us; "The induction was good and helpful and people were really welcoming. The other staff were really good at explaining things to me."

Staff we spoke with told us they received regular supervision sessions. ". This included the support staff, team leaders and the registered manager. One staff member said; "We have them once a month, I've got one this Thursday." Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The team leader in one scheme provided a plan for 2016, which showed that staff would receive regular supervision sessions and an appraisal. One staff told us; "I have them once a month as I am still on my probation. It goes through things that have happened and my learning and I find them really helpful."

Staff had regular observations of their practice and these were recorded. One of the team leaders explained that they also observed staff in other schemes every three months which they felt was good practice. We saw new staff on a probationary period had well documented meetings with clear expectations given to them of the job role and detailed recordings of the support given to them by the service to meet these expectations.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 to ensure relevant parties were involved in making best interest decisions.

We saw consent was sought and specifically recorded in each care plan, covering decisions such as key holding and sharing information. People's consent was reviewed with the person every three months which was good practice. The service had also ensured that people's care plan and risk assessment were agreed and signed with them and support was sourced from services such as advocates and interpreters to ensure this took place.

Staff supported people to have meals. This was in the form of preparing foods purchased by the person or family when they visited or were supporting people. One person told us; "There is usually a main meal or a jacket potato or omelette. If you do not want what is on the menu you need to let the cook know by 11am so something else can be arranged. Sandwiches can be done for you after 2pm". The service was not bound to provide meals (this was done by an external provider) but provided support for people to attend mealtimes or take meals to people.

Good

Is the service effective?

The service was not responsible for monitoring whether people's weights were within normal ranges but would raise concerns with visiting healthcare professionals such as district nurses or with the person's G.P when needed. The registered manager told us; "We have very good relationships with the district nurses who have been very supportive of people staying in their homes for as long as they are able with our support."

Some people raised a contractual issue where people felt it wrong to have to pay for a service which they felt should be included in their fees e.g. we were told having a meal delivered to a flat meant having to pay for 15 minutes of care time for each delivery i.e. main course and also for desert. One person said; "You may as well do without as it costs so much for a meal to be brought to your flat". We fed this back to the registered manager who stated they would discuss this with everyone for whom this may be a concern so that issues regarding fees were clear.

We saw records to confirm staff liaised with visiting healthcare professionals such as the district nurses and took instruction from these staff. Staff followed clear instructions left by the district nurse about how and where to apply them. We found staff reviewed care records regularly and included any new district nurse instructions in the care records. Staff told us; "We always ask people if they feel unwell or if anything is wrong. We write this in their records and on the message sheet. We ensure we tell a team leader and we will get in touch with their G.P." This meant that people who used the service were supported to obtain the health care that they needed.

People we spoke with told us staff were considerate and really interested in ensuring they remained well, so encouraged them to have regular health checks. Staff told us; "We have people with dementia and we monitor them and involve the doctor or liaison nurse if we think anything is wrong or is changing." People told us, "They check on us and will ring our family or doctor if anything is wrong."

Good

Is the service caring?

Our findings

People we spoke with said they felt staff were very caring and considerate. One person said; "I have never regretted moving here in any shape or form. I am well looked after and have my privacy and dignity".

We were told by people about how the team leader had visited to check that they were receiving exactly the type of support they needed. We found a range of support could be offered, which could mean staff visited once a day or popped in several times a day to assist with personal care tasks, social support or completed domestic tasks.

One person said, "I love the staff who are very pleasant and polite. They look after me well and ensure my privacy and dignity". Another person told us they need a hoist for moving and 'the staff explain what they are going to do and are very careful'.

When we talked to staff they could tell us about the care needs of individuals, and most had worked in the schemes for a number of years. One staff member said; "I do know people well. I have built relationships with them, I enjoy it." We observed staff interacting well with people and humour and kindness being exchanged. 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 very positive relationships. During the course of our visit to one scheme, people popped into the office for a quick chat or a query and it was evident that they were comfortable and encouraged to do this.

People told us they were encouraged to do things for themselves to maintain as much independence as possible e.g. walking to the dining room, using the lift themselves, making a cup of tea. People told us; "Staff will ask if it is ok to do something which is nice as I feel I still have some control," and another said "Staff watch me in my kitchen to make sure I am ok but it is good to keep going". One staff member told us; "People can do things but some days they don't feel like it and so you respect that. You need to be careful not to do too much for people to help them keep their skills." Another staff member told us; "We try and keep people independent and give them freedom."

We reviewed five sets of care records and saw people had signed to say they agreed with the care packages. The people we spoke with were readily able to discuss what type of support they received and how they had gone through with staff exactly what their needs were and how these were best supported. We also saw that for one person whose first language was not English that the service had sought an interpreter to ensure that every document within their plan of care was explained to them.

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. Staff said; "We make sure that people's dignity is respected. We do this by keeping people covered, closing doors, reassuring people when they get undressed and never forcing people to do anything."

Care staff told us they tended to be allocated the same people in a keyworker system, which meant they could build very good working relationships.

The service had also recently supported people with end of life care working together with healthcare professionals. Staff told us about training and the support they had to do this. One staff member told us; "We were able to give people choice, keep them comfortable and make sure their spiritual beliefs were respected. We made sure we carried out their wishes." We saw compliment cards from relatives who were highly praising of the staff team enabling their relative to be supported in their own home at the end of their life.

Good

Is the service responsive?

Our findings

The team leader outlined the care assessment process and we confirmed from the review of care records that this mirrored what had been outlined to us. As part of the assessment process comprehensive information had been collated with regard to the person's identified support needs and associated areas of risk. We saw this information had been used to develop a care plan, which directed staff in the delivery of the support, and relevant risk assessments.

The team leader told us that following the assessment they wrote the care plan which described how people wished to be supported. We found that care plans were very person-centred, reviewed and updated on a regular basis. Staff told us that each person had a one page profile in their care plan. This is a document that highlights people's needs, communication methods and wishes in an easy read quick way. There were guidelines in place for each visit made to the person which ensured staff knew how care and support should be delivered. Staff told us; "The care plans are really detailed and have people's day to day routines, you can read them and go straight in and support people."

The format of the care plans was consistent and had sections titled; "What do I need", "What needs to happen," and "How this will happen". All care records were held at the office in files, on the computer and in the person's own home, we saw these were held securely and were structured and well maintained. We saw care records were regularly reviewed and amended where necessary to reflect the current and changing needs of the person. Staff ensured that they documented via a form to record the person's wishes in regard to contact and involvement with family, friends and carers for example whether they wanted their family to attend reviews or to be informed about their health or wellbeing. This showed the service respected people's wishes in terms of involvement of other people in their lives.

We saw that the service had adapted since our last visit to provide people with social support if they requested it and staff said they found this had been a very positive move. The service had also developed its dementia care with additional training and the introduction of "Dementia Space," a programme being rolled out to all staff and beginning with two of the team leaders being 'dementia associates' for the four Darlington schemes. A team leader was also due to attend a four day course in dementia mapping. Dementia mapping is an established approach to achieving and embedding person-centred care for people with dementia, recognised by the National Institute for Health and Clinical Excellence. We were also told that two of the team leaders had attended a 'Help Yourself to Health' course and was promoting better nutrition and gentle exercise within the schemes. This showed the service was adapting and changing the way it planned and delivered its service to meet the changing needs of the people now using it.

The people who used the service we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service. We saw that each person had a copy of the complaint procedure in their care file in their own home and other information was displayed in communal areas of the services that we visited. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the management team. Every person receiving the service had several "Have Your Say" feedback forms in their care plan in their home.

Several people told us they had raised minor issues with staff and these were sorted straight away. One person said; "My friends and I have made it known we like to sit together at lunch so we can chat. I am not sure if this went down well but this is what we want to do and it happened".

The ten people we spoke with were confident to give an opinion on issues that affected them and they told us staff did listen to them.

One staff member told us; "I would ask the person if they had a problem and try and resolve it with them. I would make sure I informed the team leader too."

We saw that where complaints were made the registered manager had thoroughly investigated and resolved them with a clear outcome recorded and any learning or action points raised and discussed with the whole staff team. This showed the service listened to feedback and responded to complaints in a positive and learning manner.

Good

Is the service well-led?

Our findings

The service was previously delivered by the local authority and this transitioned in the last two years to a new registered provider. At our last visit, this was just being planned and staff and people expressed concerns over how this change would happen and what the future would hold. Staff we spoke with on this visit said; "It has got better, we are able to do more for people and things like the training have been really good, we are all more supported now." From discussions with staff, management and people we found that the management team at the schemes had proactively dealt with the concerns and transitional issues from changing from one registered provider to another.

People spoke highly of the registered manager and team leaders. They told us they thought the service was well led. One staff member said; "I have helped doing Christmas decorations and the party in my own time, I wouldn't have done that before but the team work is so much better."

The registered manager discussed the process they used for checking if people were happy with the service and showed us the system. We saw they had regularly contacted people to check that the service was meeting their needs and had a system in place to make sure each person was contacted formally at least bi-monthly.

The registered provider had used questionnaires in 2015 for both people using the service and the staff team and we saw that the results of these had been analysed, discussed and used for service improvement. The schemes also had a more individual improvement plan called "Making It Real." This was a tool to use with people who used the service to understand how they experienced the service and how they can work together to improve how services work. We saw that people were asked what was not working for them and how the service could help them. We saw the service had worked with other partners to enable one person to be able to leave their spouse whilst they attended appointments, knowing their spouse was safe at home. This was action planned so that equipment, family and sitting services were all brought together to resolve this issue. This showed the service worked with people and other stakeholders to improve people's quality of life.

The service had a clear management structure in place, which was currently being led by the registered manager and four team leaders; one in each scheme. The team leaders had very detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care that was responsive to their needs. Staff told us the team leaders were open, accessible and approachable. One staff member said; "I enjoy working here and my manager is very easy to talk to."

The registered manager told us about their values of person centred care which were clearly communicated to staff. They discussed how with the registered provider they had been able to review the provision and made changes to the way the service was run. They told us they felt the service was 'more flexible' now.

We found that the management team had a good understanding of the principles of good quality assurance. They recognised best practice and developed the service to improve outcomes for people such as the social support now available and increased training for staff in relation to conditions for older people such as dementia. The management team had identified areas for improvement from their quality assurance audit programme. For example they had asked; "Are people, and those that matter to them, involved in planning, decision making and management of their end of life care?" Their recorded action from this was to develop the use of Advanced Statements involving people, families and their representatives. This showed the service was striving to improve the quality of the service it delivered.

Staff at all the schemes spoke of good team work and that they supported each other within each scheme and across the whole of Darlington schemes. A staff group we spoke with told us; "We are close knit but we would go to other schemes if they needed us." They had a programme for team meetings in each scheme and we saw how the minutes were shared with everyone including people who could not attend. Team leaders also told us how they met regularly with the registered manager and they had good peer support to share issues and problem solve together and share practice and issues between each of the four sites.

The registered manager told us of quality audits and feedback checks that were carried out from their regional manager across all four schemes. We saw audits for each scheme site on medication systems, care plans, health and safety and infection control, amongst others. We saw records of audits undertaken and the action plans that had been generated from them. Any accidents and incidents

Good

Is the service well-led?

were monitored electronically to ensure that the team leaders in each scheme and the registered manager were aware of each incident and any trends were identified. We saw that each incident was individually reviewed and a lessons learnt record held. These were detailed and comprehensive showing the service reflected and learnt from untoward events.

Throughout the year the service had notified the Care Quality Commission of any events it was legally required to inform us of.