

Bury Metropolitan Borough Council

Bury Council - Falcon & Griffin Extra Care Scheme

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

Falcon and Griffin Extra Care Scheme provides personal care and support to mainly older people, who live within a sheltered housing scheme. The Extra Care Scheme consists of two blocks of one bedroom flats and bungalows. Falcon House has 20 flats and 15 bungalows and Griffin House has 20 flats and 14 bungalows. Whilst the housing is managed by Six Town Housing in Bury, the care is provided by the staff of Bury Metropolitan Borough Council. The buildings are situated in a residential area that is close to bus routes that lead to Bury and to Rochdale.

This was an announced inspection which took place on 08 August 2017. In accordance with our guidance, two working days prior to the inspection we contacted the service and told them of our plans to carry out a comprehensive inspection of the service. This was to ensure a representative of the registered provider was available and able to provide the information we needed when we visited the service.

At the time of the inspection the scheme was providing personal care and support to 18 people. In addition the scheme provides a service whereby they contact all the people in the flats and the bungalows on a twice daily basis via the intercom system. This was to check on people's welfare and safety. We were told that two of the flats were also used as a 'halfway house' to enable an earlier discharge from hospital for people who, although medically fit, still required care and support.

Falcon and Griffin Extra Care Scheme has a registered manager who, due to authorised leave, was not present on the day of the inspection. 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 service was previously inspected in January 2015 when we found the registered provider was meeting all the requirements of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. Staff were able to demonstrate their understanding of the whistle-blowing procedures (the reporting of unsafe and/or poor practice).

We found sufficient suitably trained staff, who were safely recruited, were employed to ensure people received the support they required. We saw that staff received the essential training and support necessary to enable them to do their job effectively and be able to care and support people safely.

The support staff had received medicine management training and we found the system for managing medicines within people's homes was safe.

Appropriate fire and environmental risk assessments had been completed for the communal areas in order to promote the safety of people who used the service, members of staff and visitors. Risks were also assessed in relation to general safety issues within people's own homes. Procedures were in place to deal with any emergency that could affect the provision of care, such as, severe weather and a failure of the electricity and water supply.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care. The deputy manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides legal safeguards for people who may be unable to make their own decisions.

People's care records contained enough information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified, such as the risk of poor mobility and risk of falls. We saw that plans were in place to help reduce or eliminate any identified risk. People were involved in regular reviews of their care to ensure the care and support provided met their needs, preferences and wishes.

People told us they considered staff were kind, had a caring attitude and felt they had the right skills and knowledge to care for them safely and properly. We saw that staff treated people with dignity and respect.

To help ensure that people received safe, effective care and support, systems were in place to monitor the quality of the service provided. Systems were also in place for receiving, handling and responding appropriately to complaints.

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.

Sufficient suitably trained staff who were safely recruited were employed to ensure people received the support they required

Suitable arrangements were in place to help safeguard people from abuse and a safe system of medicines management was in place.

Assessments were undertaken around risks associated with people's health care needs and general safety issues within people's homes.

Is the service effective?

Good ●

The service was effective.

People who used the service felt the staff had the right attitude, skills and experience to meet their needs.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment.

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff. We saw that the staff treated people with dignity and respect.

Staff were aware of the importance of ensuring the privacy and dignity of people was respected and of their obligations to ensure confidentiality of information was maintained.

Is the service responsive?

Good ●

The service was responsive.

The care records contained sufficient information to guide staff on the care and support to be provided. Records showed that people were involved in the planning of the care and support they required.

The registered provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Bury Council - Falcon & Griffin Extra Care Scheme

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which took place on 08 August 2017. In accordance with our guidance, two working days prior to the inspection we contacted the service and told them of our plans to carry out a comprehensive inspection of the service. This was to ensure a representative of the registered provider was available and able to provide the information we needed when we visited the service. The inspection team comprised of one adult social care inspector.

Before the inspection we reviewed the completed provider information return (PIR) that had been sent to us. This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make. We also looked to see if any notifications had been sent to us. A notification is information about important events that affect the service that the provider is legally required to send to us.

We also contacted the local authority commissioning team and the Six Town Housing to seek their views on how they felt the service was run. The information we received is included in the 'Caring and 'Well-led' section of this report.

We visited the service on the 08 August 2017 and spoke with six people who used the service, the deputy manager, a registered manager from another Bury Metropolitan Borough Council service who was overseeing the running of the service, a senior support worker and two support workers. We also looked at two care records, two medicine administration records and records about the how the service was managed; these included environmental and fire risk assessments, staff training and

supervision records, quality assurance audits, and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. Comments made included; "Yes they are all very nice" and "I trust them with everything they do for me."

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training records showed that all staff had received training in the protection of adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse.

We saw the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with were familiar with the policy and knew how to escalate concerns within the service. They also knew they could contact people outside the service if they felt their concerns would not be listened to.

A discussion with the deputy manager, support staff and the people who used the service showed that sufficient numbers of staff were employed to ensure people received the support they required. People we spoke with told us the staff were reliable. Comments made included; "They don't actually do anything for me but they check on me every day to make sure I am OK" and "They are like clockwork."

The staff team consisted of eight support staff plus the deputy manager, one senior support staff member and one domestic cleaner. We were told that the night time hours were covered by a support worker employed by an outside agency. It was explained to us that the night staff employed were regular workers who knew people well and received the same mandatory training as the contracted staff. We were shown the 'on call' rota that was in place in the event of an emergency or advice being required.

We did not look at the staff recruitment files during this visit. This was because the staff recruitment system had been inspected in February 2017 at Bury Town Hall. During that inspection we saw that the staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The safe staff recruitment procedure helped to protect the health and safety of people who use the service.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in the person's individual care records in their home and in a central file in the main office; ensuring they were easily accessible in the event of an emergency.

We also saw procedures were in place for dealing with any emergencies that could arise, such as utility failures, severe weather and other emergencies that could affect the provision of care. These were contained

in the business continuity plan that we were given access to.

Records showed that staff had received training in fire safety awareness and we found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers.

We were shown the fire risk assessment that was in place. This had been commissioned by Six Town Housing and was undertaken in July 2016. The outcome of the risk assessments for the service was classed as low and the likelihood of fire occurring and potential severity of harm was classed at the lowest level and rated as trivial. We looked at the action plan for the identified low risks and saw that the majority of improvements had been made. The remaining actions were being monitored and we were told they were to be discussed at the Health and Safety Committee meeting on 12 September 2017.

We saw that the doors to the buildings were kept locked at all times and visitors had to ring to gain entry. This helped to keep people safe by ensuring the risk of entry into the buildings by unauthorised persons was reduced. We saw that staff were provided with a photographic identity badge that had to be worn at all times. Identity badges are used to keep people safe by helping to prevent unauthorised people from entering their homes.

People who used the service had access to an internal intercom system to enable them to contact staff. Some people wore pendants or wrist strap alarms to alert staff in an emergency.

Records showed that risk assessments were in place in relation to assessing whether people had problems with certain aspects of their health, such as a need for support with moving and handling or having a history of falls. Staff had written down what action they would need to take to reduce or eliminate any identified risk.

We saw that assessments were also undertaken around the general safety issues within people's homes; such as lighting, security and electrical and fire safety.

We looked to see how staff managed people's medicines. We saw that arrangements were in place to ensure people received their medicines safely and as prescribed. We were shown the policy and procedure in relation to the safe management of medicines that all staff had access to. The support staff confirmed they had received medicine management training. Staff training records also confirmed that this information was correct. We also saw that competency assessments were undertaken before staff began administering medicines without supervision.

Information in people's care plans showed what support they required for the administration of their medicines and where their medicines were to be stored. The care plans we looked at contained the person's medication administration record, a record of where and when topical (skin) creams were to be applied and information was available in each person's care plan to guide staff when they had to administer medicines that had been prescribed as 'when required'.

We were shown the infection control policy that was in place. It provided instructions for staff on processes such as hand hygiene, personal protective clothing, waste disposal and the management of outbreaks of infections. The care staff told us they had undertaken infection control and food hygiene training and they were provided with protective clothing, such as disposable gloves and aprons when they needed to deliver personal care to people. We were told there was a designated lead person who was responsible for the infection prevention and control management.

Is the service effective?

Our findings

People we spoke with told us they received the support they needed when they needed it. They told us they considered staff had the right attitude, skills and knowledge to care for them safely and properly.

We looked to see how staff were supported to develop their knowledge and skills. We were shown the induction programme that newly appointed staff had to undertake on commencement of their employment. Induction programmes help staff understand what is expected of them and what needs to be done to ensure the safety of the people who used the service, staff and visitors.

We were told that all staff, regardless of their previous training and qualifications had to undertake the Care Certificate. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare staff, particularly those new to care work, in carrying out their role and responsibilities effectively.

We were told that induction was an on-going process over three months, longer if necessary and that staff were fully supervised until their competency to undertake their role had been assessed. Staff we spoke with confirmed this information was correct.

We looked at the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people who used the service. A discussion with the staff showed they had a good understanding of the needs of the people they were looking after.

We were shown the report book that was made available to staff on each shift. Staff documented in this book any specific incidents or changes in a person's circumstances or health.

The records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff discuss their progress and any learning and development needs they may have and also raise good practice ideas. The support staff we spoke with confirmed that they had regular supervision sessions; normally every six to eight weeks.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to a deprivation of liberty safeguard (DoLS).

From our discussions with people, our observations and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support. We saw how staff requested people's consent before attending to their needs. We saw evidence of written consent in the care records that we looked at.

The deputy manager demonstrated their understanding of the action they would need to take should they have concerns regarding an individual's capacity to make a particular decision or give consent. The deputy manager told us that if people were not able to consent then a 'best interest' meeting would be held on their behalf. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome for the person using the service.

The deputy manager told us that staff did not undertake any shopping for people and that many of the people who used the service either shopped for themselves, had family who shopped for them or shopped 'on line', especially with regards to food. We were told that staff did not cook food for people who used the service but they supported them to prepare their meals or cook their meals; usually in the microwave.

People we spoke with told us they had access to health and social care professionals. One person who used the service told us about their visits to hospital and another told us about the support they received from a specialist nurse. Another person told us about their recent involvement with a social worker.

The layout of the buildings ensured that all areas were accessible for people whose mobility was limited. People's flats were situated on the ground and first floors and access to the first floor was via the passenger lift. There were communal lounges on both floors with a kitchen area attached to the ground floor lounges. The corridors were wide and well lit to enable safe movement with wheelchairs or mobility frames.

Is the service caring?

Our findings

We received complimentary feedback about the caring attitude of the staff. Comments people made included; "They are lovely. Always cheery and helpful" and " You can't knock them. All very nice."

Comments received from the satisfaction surveys sent out in July 2017 included; "Staff are always cheerful and friendly and are always there when you need help and assistance", "We are very pleased with what you do for us. If we need anything we only have to ask" and "I have no complaints at all. Superb quality."

One comment from a professional who worked for Six Town Housing was, "I would like to say that the staff do a wonderful job there and I genuinely receive many remarks how people feel so comfortable and are so happy living in Falcon and Griffin. The staff go above and beyond to make new tenants feel comfortable and are very caring, and this has shown with the short stay tenants deciding that they want to remain at Falcon and Griffin as they have settled so well."

Staff told us that the importance of ensuring the privacy and dignity of people was emphasised throughout their induction and their training. The training records we looked at showed that staff had received training in equality and diversity, dignity in care and person centred care. A discussion with the deputy manager showed they were not presently supporting any people from an ethnic, cultural or religious minority group.

We asked the deputy manager if they had links with any dementia care services. We were told that people who used the service who were living with dementia were able to access the Jubilee Centre in Bury. The centre is able to give practical and emotional support to people with dementia, their families and staff supporting them.

We saw that staff knocked on people's doors before they entered. When staff spoke with people on the intercom we noted that it was friendly and respectful. When we sat in one of the lounges talking to people we saw there was plenty of friendly banter between the people who used the service and the staff. Staff we spoke with were able to show us that they knew the people they supported very well.

A discussion with the deputy manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

The deputy manager told us that although 'end of life' care was provided by community nurses and specialist palliative care services, some of the support staff had undertaken 'end of life' training to enable them to support people during this stage of their life.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. Staff told us their induction training included a topic on maintaining confidentiality of information. We saw that people's care records, apart from being kept in their home, were

kept securely in the main office that was kept locked when not in use.

Is the service responsive?

Our findings

The care records we looked at showed that assessments were undertaken prior to the person being admitted to the Extra Care Scheme. This was to ensure the placement was the correct one for their needs. The care records showed that information gathered during the assessment was used to develop the person's care plan.

We saw there was a central file with summarised care plans in place in the main office. Detailed care records were kept in people's own homes. We looked at two detailed care records. They contained enough information to guide staff on the care and support to be provided. They showed that people were involved in the planning of the care and support they required. We saw that, following each visit, staff wrote in the care records what care and support had been provided.

Records showed people routinely had a review of their care within six weeks of the support being provided. A review was then routinely undertaken annually; more often if there had been a change in the person's condition.

We asked what activities were provided for people who used the service. We were told that people had the opportunity to meet with each other in the communal lounges. On the day of the inspection we sat with five people whilst they undertook exercises to music. They all took part and seemed to enjoy the session. People told us they had a Friday 'fish and chip dinner' which they enjoyed. They also had a brunch club every week. This they paid for themselves.

People told us they wished they could have more activities going on. They told us they had to organise things themselves although staff did help and encourage them when it came to seasonal celebrations, such as Easter and Christmas. It was clear that, despite not living in residential care, people's expectations were that the staff should provide more activities for them. One person did say however, "I know we are not a residential home where things are provided, but it would be nice if we could have more things to do. We get bored."

We asked the deputy manager to tell us how, in the event of a person being transferred as an emergency to hospital, information about the person was relayed to the receiving service. We were told that only a copy of the medication administration record was sent with the person. We were told that information about the next of kin and the events surrounding the reason for the transfer were given verbally to the ambulance personnel. We did discuss that it would be good practice to provide some written information about the circumstances of the emergency and also relevant personal details. This would help to ensure continuity of care. The deputy manager agreed to discuss this with senior management.

We saw people were provided with clear information about the procedure in place for handling complaints. A copy of the complaints procedure was contained within the service user guide that was kept in each person's home. The procedure explained to people how to complain, who to complain to, and the times it would take for a response. We saw that a log was kept of any complaints made and the action taken to

remedy the issues.

Is the service well-led?

Our findings

The registered manager, due to authorised leave, was not present on the day of the inspection. The service was being managed by a deputy manager and 'overseen' by a registered manager from another Bury Metropolitan Borough Council service.

During the inspection we contacted the local authority commissioning team to seek their views on how they felt the service operated. We were informed that there were no concerns. We also contacted a member of the Six Town Housing department. They told us, "I think as two separate services we have a brilliant working relationship and I know the void properties have become less in the past 12 months due to the team effort and work that has been put in by the staff."

We saw that people who used the service were given a Statement of Purpose and a Service User Guide. These documents explained the aims, objectives and structure of the service; in addition to information about the facilities and services that were provided.

Our conversations with the staff showed they felt included and consulted with. Staff spoke positively about working at the service. They told us they felt valued and that management were very supportive. Comments made included; "It is organised to a 'T'. The deputy manager is approachable and professional" and "The support we get is brilliant. We are 100% supported. Absolutely spot on."

The deputy manager told us that management meetings took place weekly and that staff meetings took place every month, Staff we spoke with confirmed that this information was correct. We were also told that regular meetings were held for the people who used the service. The people we spoke with confirmed that this information was correct.

We asked the deputy manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown the quality assurance system that was in place. This showed that regular checks were undertaken on all aspects of the running of the service such as; medication, infection control, care plans and staff personnel files. We also saw that the service had policies and procedures in place to support staff to carry out their roles.

We asked the deputy manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told that satisfaction surveys were given out to people who used the service every six months. We looked at some of the responses received in July 2017. They were very positive about the staff and the support provided.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered provider. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and

awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the previously awarded rating was displayed on the Bury Metropolitan Borough Council website and displayed conspicuously in the building.