

# Sandwell Metropolitan Borough Council Holly Grange Extra Care Housing

## Inspection report

Mallin Street  
Smethwick  
West Midlands  
B66 1QY

Tel: 08453527842  
Website: [www.sandwell.gov.uk](http://www.sandwell.gov.uk)

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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

Our inspection was unannounced and took place on 3 January 2017.

At our last inspection of 1 February 2016 although the issues we identified did not warrant a breach of regulation we identified that some improvement was required. The issues included aspects of medicine management and the non-reporting of potential harm. At this inspection we found that improvements had been made.

The provider is registered to provide personal care to adults. People who used the service received their support and care in their own flats within the extra care housing complex. On the day of our inspection 22 people received personal care and support.

The manager was registered with us as is required by law and was present on the day. 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.

People were supported with their medicines and took them as they had been prescribed by their doctor. Processes were in place to prevent people from the risks of accidents and injuries. The registered manager and staff had taken action to protect people from harm and abuse. There were enough staff available to meet people's needs and to keep them safe.

Staff felt that the induction training they had received and the support they had on a day to day basis was good. Staff also felt that the supervision sessions offered ensured they did their job safely and in the way that people preferred. Training records confirmed that staff had received, or had secured, the training they required to meet people's needs and to keep them safe. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They knew that regarding extra care services any DoLS referral would have to be made to and approved by the court of protection. Staff supported people to have sufficient diet and fluids to prevent them experiencing ill health due to malnutrition and dehydration. People received assessment and treatment when needed from a range of health care professionals which helped to promote their health and well-being.

People were supported and cared for by staff who were kind and caring. Staff supported people to be as independent as possible. People were encouraged and supported to undertake daily tasks and attend to their own personal hygiene needs.

People were enabled to make decisions about their care and were involved in how their care was planned and delivered. Staff supported people to keep in contact with their family as this was important to them. Complaints processes were in place for people and their relatives to access if they were dissatisfied with any

aspect of the service provision.

People told us that they felt that the quality of service was good. Quality monitoring of the service and feedback processes ensured that the service provided was of a good standard and met people's needs. The provider had informed of recent incidents that they were required by law to report.

## 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.

Medicines were managed safely as they were available to people as they had been prescribed by their doctor.

People who used the service felt safe and secure.

People and staff felt that risks to people's safety were well managed.

### Is the service effective?

Good ●

The service was effective.

People received effective care and support in the way that they preferred.

Staff ensured that people were not unlawfully restricted and received their care and support in line with their best interests.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

### Is the service caring?

Good ●

The service was caring.

People confirmed that the staff were kind and caring and that the staff listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills was encouraged.

People's relatives could visit them at any time.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed regularly and their care plans were

produced and updated with their involvement.

People felt that staff were responsive to their preferences regarding daily wishes and needs.

Complaints procedures were in place for people and their relatives to access if they had the need to.

**Is the service well-led?**

The service was well-led.

People and staff told us that the management of the service was open and inclusive.

The provider notified us of all issues that they were required to.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

**Good** ●

# Holly Grange Extra Care Housing

## **Detailed findings**

### Background to this inspection

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

Our inspection was unannounced and took place on 3 January 2017. The inspection was carried out by one inspector.

We asked the local authority for their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with eight people who used the service, four care staff and the registered manager. We looked at two people's care records and medicine records, three staff member's recruitment records and the staff training records. We looked at systems in place to monitor the quality and management of the service including provider feedback forms that had been completed by people who used the service. We observed staff interacting with people during the lunchtime meal.

## Is the service safe?

### Our findings

A person said, "I only have a few tablets so I like to do my own and I do". Other people we spoke with told us that they also managed their tablets with the support of staff and that they were happy with that arrangement. A person said, "The staffs help me take my tablets as my hands are shaky". Other people told us that they were glad that staff helped them with their tablets.

A staff member told us, "Medicines are better than they were". Since our previous inspection of 1 February 2016 improvements had been made regarding medicine management. The registered manager told us that staff had received in-depth training about medicines and that they and other senior care staff had received medicine competency training that other staff would also attend in the future. The registered manager said, "We undertake observations on staff dealing with medicines but the competency assessments will be in more detail".

We saw that storage was available where it was required in people's flats to prevent unauthorised people accessing the medicines. We saw that processes were used for ordering and returning unused medicine to the pharmacy. This meant that an excess stock of unwanted medicine would not build up, and that people's medicine would be available for them to take as they had been prescribed.

We found that medicines left over from the previous month or months had been carried over onto the current records. This meant that there was always a record of the exact amount of medicine available and an audit trail for staff to follow if a medicine error occurred. We counted two people's medicines to confirm if the number of tablets available balanced correctly against their medicine records and found that they did.

A person told us, "I have not been abused in anyway". Another person told us, "A person who lived here shouted at me once. I reported it and it has not happened again". Other people we spoke with told us that they had no concerns regarding abuse or neglect. Minutes highlighted that safeguarding was an agenda item at all meetings held for people who used the service. They described what abuse was and told people that they should report any issues of concern. Staff we spoke with confirmed that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. A staff member said, "If there are concerns of any sort all staff know that they must report". The registered manager had reported a number of concerns including those relating to medicines to the local authority safeguarding team. This showed that action had been taken to minimise the potential for abuse and help keep people safe.

A person said, "I kept falling over at home and I was on the floor for hours. I was not safe. Here, there are staff around at all times and they call on me a number of times a day. I feel very safe here". Another person told us, "I am safe here. I have got a pendant alarm so that I can call staff if I am unsteady or unwell". Other people also told us that they felt safe. Staff we spoke with all told us that they felt that people were safe. We saw that risk assessments had been completed regarding the risk of falls. The registered manager maintained detailed records of falls and accidents and they monitored incidents, falls and accidents. We saw that a monthly falls analysis had been undertaken to determine patterns or trends to prevent future

falls. As with our previous inspection of 1 February 2016 records and staff we spoke with confirmed, that referrals had been made to occupational therapy and physiotherapy professionals for advice and guidance on how to prevent people from falling.

A person said, "There are always staff when I need them". Another person told us, "There are enough staff. They always come to me when they should and when I call them at other times". All other people we spoke with also told us that there were enough staff to keep them safe. Staff we spoke with told us that they felt that there was enough staff to provide support and keep people safe. We observed that staff were available during the day to supervise and support people. The registered manager told us, and staff confirmed that they covered each other during holiday time. The registered manager also told us that agency staff were used to cover staff sickness or staff holiday leave. The registered manager confirmed that it was always the same agency staff member that they used and this was confirmed by staff we spoke with. This should ensure that people would be supported at all times by staff that were familiar to them and knew their needs.

A staff member told us, "Checks must be completed before new staff can start work". Records that we looked at confirmed that before staff started to work all of the required checks had been carried out that included one with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. These actions helped to ensure that only suitable staff was employed.

## Is the service effective?

### Our findings

A person said, "It is very good here". Another person told us, "I have been here for many years. The care and support is good. If it was not I would not live here". A staff member said, "The people who live here are very well looked after". Another staff member told us, "I have worked other places before and I know that here people are very well looked after". Provider feedback forms and compliment letters also confirmed that people and their relatives found the service effective. One comment read, "I am very pleased with the care". Another read, "I am happy here. Exceptional care".

A staff member said, "All new staff or those who have moved from other departments [owned by the provider] have induction training. It is good training". Another staff member told us, "Induction training includes mandatory training, being introduced to people and shadowing other staff. The registered manager told us that the provider had introduced the Care Certificate and that they had attended training regarding this. The Care Certificate is an identified set of induction standards to equip new staff with the knowledge they need to provide safe and compassionate care.

A staff member said "The manager and seniors support the staff well". Other staff we spoke with told us how they were supported on a daily basis that included on call arrangements for weekend advice. Staff told us that they had regular formal supervision sessions and an annual appraisal. Records that we looked at confirmed this.

A person told us, "The staff are well trained and do what they should". All staff we spoke with told us that they had received the training they needed to meet people's needs and to keep them safe. The registered manager had updated training records and secured some refresher training for staff. They showed us records to confirm this.

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. The application procedures where personal care is being provided must be made to the Court of Protection. The registered manager and staff had knowledge of the principles of the MCA.

A person told us, "I go out on my own whenever I want to. I have been out today. There are no restrictions here". Another person said, "We can come and go as we wish". People we spoke with told us that the staff asked for their consent before starting care or support tasks. A staff member said, "We always ask people before doing anything". The registered manager and staff we spoke with knew of their responsibilities regarding DoLS. They knew that regarding extra care housing services any DoLS referral would have to be made to and approved by the Court of Protection. The registered manager had previously referred one person for assessment for a DoLS approval to promote their safety and wellbeing. This showed that the

provider knew their legal obligation to ensure that people did not have their right to freedom and movement unlawfully restricted.

A person told us, "The staff call the doctor if I need to see one". Another person said, "I have my feet done often". As with our previous inspection staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's, the dietician, occupational and speech and language therapists. This ensured that the people who used the service received the health care support and checks that they required.

A person told us, "I make my breakfast and tea. I have a hot midday meal in the dining room. So I always have enough to eat and drink". Another person said, "They [the staff] noticed I did not weigh much and got me the drinks [build up drinks prescribed by a doctor]". The registered manager told us that where there were concerns referrals were made for health care professionals to assess. This was confirmed by staff we spoke with. As with our previous inspection we observed the lunch time meal in a communal dining room. We saw that it was a pleasant relaxed event. People had choices of what they wanted to eat. We saw that staff were available to assist and/or encourage people to eat and drink.

## Is the service caring?

### Our findings

A person said, "The staff are all very nice, kind and considerate". Another person said, "The staff are lovely". A provider feedback form completed by a person read, "All staff are caring and kind". A compliments card written by a relative read, "Thank you for the help and kindness you have shown mum and our family". We saw that staff interactions with people were positive. Staff greeted people on an individual basis and asked how they were. We saw that staff took time to listen to what people said. We saw that people looked comfortable and were smiling when talking with the staff. As with our previous inspection we found that there was a positive atmosphere within the service. It was warm and welcoming. We observed that people who used the service had good relationships. One person returned from being away from the service and people looked so happy that they were back, as did the person. The person's well-being was asked about and people told them how glad they were that they had returned.

A person said, "The staff are polite. They always knock my door before entering my flat". Another person told us, "The staff speak to me in a respectful and dignified way. We saw a staff member knocking a person's door and awaiting a response before they entered the flat. As with our previous inspection staff we spoke with gave us an account of how they promoted people's privacy and dignity. They gave examples of ensuring people's privacy when supporting them with their personal care and ensuring that doors and curtains were closed.

A person told us that they always chose the clothes they wanted to wear each day. We saw that people wore clothing that reflected their gender and was appropriate for the weather. The registered manager told us that a hairdresser visited once a week but would also visit more often to meet people's hair care needs. This was confirmed by people we spoke with. This highlighted that staff supported people to maintain their individuality and to promote people's self-esteem.

A person told us, "I do most things myself. That is what I want, to remain as independent for as long as I can". Another person said, "I do most things myself and like it that way". Staff we spoke with confirmed that they encouraged people to do things for themselves and offered prompting and support to do so. As with our previous inspection we observed that some people went out independently to undertake personal tasks such as banking and shopping. This highlighted that action had been taken to maintain people's independence.

A person told us, "My family can come and see me at any time". Another person said, "My family come to see me every day". The staff we spoke with told us they welcomed people's visitors and that they could visit when they wanted to.

We saw that information was available giving people contact details for independent advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us that no one at the present time had the input of an advocate but they had been used previously.

## Is the service responsive?

### Our findings

A person said, "I visited here to see if I would like it and I do". Another person told us, "My family came to look around here first. They liked it and then I came to look as well. I like it here". A person said, "I had to fill in forms and questions were asked so that they [the staff] knew all about me". Records that we looked at and the registered manager confirmed that all people were invited to visit and an assessment of their needs undertaken prior to them being offered a placement. This would determine the suitability of the placement and ensure that people's needs could be met in the way they required.

A person said, "The staff get us things if we develop trouble walking". Another person told us, "The staff come to me more often if I am poorly". The registered manager told us how support provided had been re-arranged to respond people's changing needs. This included securing assessments from social workers to increase the care and support where people's health had deteriorated and changing call times if people had appointments. This was confirmed by people we spoke with and records that we looked at. This highlighted that the registered manager and staff had responded to people's needs and offered a flexible service.

A person told us, "The staff have always involved me in what's in my file [care plan]. I agree with it. There is a copy in my flat too". Another person said, "I have a say about my care plans. I know what they say and have signed them as I am happy with them. Provider feedback forms that we looked at highlighted that people had been involved in their care planning and confirmed that staff knew them well. We looked at two people's care plans and found that they included the people's needs. When we spoke with staff and asked them questions about individual people they gave us a good account of their needs and risks. The registered manager and staff told us that they were implementing new care plan formats. A staff member said, "The new care plans are better. They are more precise and personalised".

As with our previous inspection people told us and records that we looked at highlighted that people had the opportunity to meet their religious needs. We saw that it was displayed in the service when the next church service would be held. The registered manager and records confirmed that input was secured from different denominations to meet people's religious beliefs.

A person said, "I don't, and have never had a complaint but if I did I would be happy to speak with any staff member". Another person told us, "No complaints at all. I'm sure they would be sorted if I did". A compliment form completed by a relative read, "I was responded to quickly and effectively to when I raised an issue". We saw that a complaints procedure was available in the premises for people to read and access. It gave contact details for the local authority and other agencies they could approach for support to make a complaint. The majority of people had all confirmed in the provider feedback form that they completed that they knew how to complain. We saw in meeting minutes that how to complain was a standing agenda item. People were informed of how to complain and encouraged to do so if they were unhappy about anything. This showed that systems were in place for people to access if they were not satisfied with any part of the service they received. The complaints log and audits highlighted that no complaints had been received from our previous inspection. This was confirmed by the registered manager.

## Is the service well-led?

### Our findings

Providers are required legally to inform us of incidents that affect a person's care and welfare. Since our previous inspection improvements had been made as the registered manager had informed us and the local authority safeguarding team of concerns and incidents had occurred. It is also a legal requirement that the current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was also displayed within the service.

In 2016 the provider had asked the local authority contract monitoring team to determine how the service was performing and if there were any changes they needed to make. The contract monitoring teams findings overall were positive but had identified some areas that required improvement. The registered manager had listened and worked on the areas to improve as they had in relation to our last inspection findings. We saw that the provider undertook a range of audits to ensure that the quality of the service was good and met people's needs. We saw that care plans, health and safety issues, and kitchen compliance was audited regularly. We found that audits had been undertaken regarding medicine management to promote safety and that corrective action had been taken where shortfalls had been identified.

The provider had a leadership structure that staff understood. There was a registered manager in post as is required by law who was supported by their line manager and senior care staff.

We found that a positive culture was promoted within the service that was transparent and inclusive. A provider feedback form completed by a person described the registered manager as, "Approachable". All people we spoke with knew who the registered manager was. A person told us that the registered manager was very good. Another said, "The manager is kind". As with us previous inspection we saw that the registered manager was visible within the service, engaging with and speaking with people. We saw that people were comfortable to approach the registered manager and speak with them.

Provider feedback forms completed by people and relatives highlighted that the staff team did a good job and were well-led. One feedback form read, "I think the carer's [staff] do a very good job". Another read, "Keep up the good work". A staff member said, "The manager is very supportive and understanding. She [the registered manager] listens to us". Another staff member described the registered manager as being, "Firm but fair". All other staff we spoke with also said that they felt supported by the management team and felt able to approach the registered manager with any issues. Staff told us and records confirmed that regular staff meetings took place.

A person said, "We have meetings often to discuss things and to raise any issues or ask for things". Another person told us, "We fill in forms to give our thoughts on the service". We found that the provider had processes in place to determine people's satisfaction with the service that included meetings for people and provider feedback forms. The registered manager had listened to what people had asked for in the meetings and in provider feedback forms that relatives and people had completed. Some people had asked for more activities. Provider feedback forms and compliments forms completed by people highlighted how much they had enjoyed recently implemented activity sessions especially the pantomimes. The registered

manager had also listened to people when they had requested that communal areas be re-decorated. The registered manager told us that they had gone through processes of approval from senior managers to get the costing and work approved and hoped that the re-decoration would commence in the next few months.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. A staff member said, "I know what whistle blowing is. It is to report bad practice. I would not worry if I had to report anything" This highlighted that processes were in place that staff knew they should follow if they had concerns about any bad treatment of people who used the service.