

Sandwell Metropolitan Borough Council

Manifoldia Grange Extra

Care Service

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

About the service

Manifoldia Grange Extra Care Service provides support and personal care to adults. The service is registered to and managed by Sandwell Council. People who used the service received their support and care in their own flats within the extra care complex. At the time of our inspection 33 people received personal care and Support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported to stay safe in their own flats. People received consistent care from longstanding staff who had worked with them for several years. Staff followed people's usual care routines and supported people with any potential risks to their safety. Staff were recruited in a safe way and people felt there were enough staff to meet their needs. People were supported to take their medicines as they had been prescribed. People were supported to live in a clean and hygienic environment.

People described the support they had as effective. Staff received induction, training and the support they needed to do their job safely and provide support in the way that people preferred.

People were enabled to make decisions about how their care was planned and delivered. People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured that people's privacy and dignity was maintained. Staff supported people to have drinks and meals that they enjoyed.

People were cared for and supported by staff who were kind and caring. Staff supported people to be as independent as possible. People were encouraged and supported to undertake self care tasks and maintain their skills.

The service was responsive to people's needs. Care and support was planned and delivered in a personalised way. Where people had specific health conditions, further detail was needed so that records accurately reflected how people's needs were met. People enjoyed a range of social activities and were supported to access local community amenities. Complaints processes were in place for people and their relatives to access if they were dissatisfied with the service.

People, relatives and staff had confidence in the management team and the service. People told us the quality of the service was good and that the management were approachable and helpful.

The provider monitored the quality of the service via regular audits. Since our last inspection they had made several improvements to different aspects of the service, such as regular supervision for staff and refresher training. Audits were carried out to identify areas for improvement and people's views on the service were sought and showed their satisfaction with the service they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was Good (published 16th November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Manifoldia Grange Extra Care Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert-by-experience had experience in caring for people who used regulated services.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. At the time of the inspection the service was supporting 33 people with personal care.

Inspection activity started on 15 July 2019 and ended on 17 July 2019. We visited the extra care housing

facility on 15 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We sought feedback from commissioning organisations who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with 17 people, 4 relatives, 7 care staff and the registered manager. We reviewed the records for four people being supported by the service, staff rotas, supervision schedule, records of competency checks, the providers survey results, and audits of the quality of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from harm. Staff had received safeguarding training and had a good understanding of abuse and how to report any concerns.
- People who used the service told us they felt safe with staff who supported them. One person said, "I feel very safe with the staff; they are good to me, good people". Another person said, "If I was worried I would talk to manager, or staff. I am not scared or frightened".
- The provider had a safeguarding policy which staff were familiar with.
- The provider had taken action to refer concerns about people's safety to the appropriate external agencies. This had ensured action was taken to protect people from potential harm or abuse.

Assessing risk, safety monitoring and management

- People's safety was maintained by staff and people told us they had confidence in staff because they supported them safely.
- Risks to the safety of people had been identified in relation to their support needs as well as their home environment. Staff were well informed of how to manage risks such as the support people needed when taking a shower, managing hot water temperatures and the use of mobility aids.
- People had been provided with pendants so that they could seek help in an emergency. Staff had taken effective action when people had fallen. For example, a single bed had been replaced by a double bed and the person had not experienced falls since.
- Staff received training in safe moving and handling techniques to assist people with their mobility.

Staffing and recruitment

- People were very happy with the staff who supported them and told us this had been consistent for several years. A person said, "They [staff] are all excellent, such lovely people willing to help". A relative told us, "Staff are wonderful, they have made such a difference and I have peace of mind".
- People had regular call schedules and people told us they had their support when they needed it.
- Staff told us, "We have longstanding staff and trusted relationships with people, we know their needs well".
- The provider had followed safe recruitment procedures and sought relevant checks on staff prior to appointment.

Using medicines safely

- People confirmed that they were supported to take their medicines at the correct time. A person said, "They [the staff] have never missed my medication".

- The provider had safe arrangements in place to administer and store people's medicines. Checks were made on medicines to ensure these were managed safely and that staff administered these safely.

Preventing and controlling infection

- Staff had received food hygiene training to handle food safely when supporting people with meals.
- Staff had received infection control training and confirmed they were provided with personal protective equipment, (PPE) to carry out care tasks. People we spoke with confirmed that staff wore gloves and aprons and maintained hygiene in their home.

Learning lessons when things go wrong

- The provider had a system in place to monitor any accidents or incidents for any trends that could be used to reduce future occurrences. There had not been any accidents or incidents to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were involved in identifying their needs and how they wished to receive care and support. A relative told us how they were pleased in how their family members needs had been met. They said, "She is in the exercise class now. Staff walk with her. She does use a wheelchair when outside. I am happy with the set up here".
- Assessments of people's needs included advice from other professionals. For example, psychiatrists, district nurses, speech and language, so that people's needs were fully assessed and plans put in place to meet these.
- People receiving support said staff knew them well and how to best to meet their needs. They said this allowed them to continue to experience good outcomes and a good quality of life. A person said, "Staff support me in and out of the shower, make me a drink, they know how to assist me".
- Relatives were confident their family member was well supported. One relative said, "I can't knock them (staff). Staff are really good to us, they go out of their way to help Mum. The staff here are understanding. They have helped me as well".

Staff support: induction, training, skills and experience

- There was a longstanding experienced staff team who had supported some of the same people for more than 20 years. There had been no staff turnover where staff needed an induction.
- Staff had received the training they needed to support people effectively.
- Staff had consistent support and an annual appraisal of their performance. They were highly motivated and told us they were extremely happy with the support they received. One staff member said, "It's a wonderful organisation; very supportive with regular supervision and training, we've worked together for years".
- Competency checks were carried out to ensure staff worked to the required standards and records confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People we spoke with told us that they were supported to have the food and drinks they liked in sufficient quantities.
- People [or their family/friends] purchased their own food and drinks and cooked their own meals.
- A choice of cooked meals was available in the communal dining room. People spoke positively about the quality of the meals and told us they enjoyed the food.

- We saw that staff were available to assist and encourage people to eat and drink. This showed that staff knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness. A staff member said, "A few people are at risk of losing weight so we supervise them more at meal times". Staff also told us and records confirmed that where there were concerns about people weight referrals were made to the person's doctor or dietician.
- Staff were clear on their role and responsibilities in relation to raising concerns about poor nutrition, dehydration, or health needs. They told us they would share this in the first instance with the person, their family and external professionals.

Supporting people to live healthier lives, access healthcare services and support

- People maintained responsibility for accessing healthcare services. However, staff knew how to contact healthcare services in an emergency. For example, if there had been an accident. Staff supported people to access healthcare appointments such as opticians or consultants where they needed this support. People were confident they would have assistance if they needed, to contact health services. A relative told us, "They (staff) respond straight away where health is concerned and contact us (family) if needed".

Ensuring consent to care and treatment in line with law and guidance

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- People being supported confirmed they made their own decisions and staff sought consent before assisting them.
- Staff understood the principles of the MCA. They said if they noted any deterioration in people's capacity they would share with the family carer to involve relevant professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about how staff provided personal care. One person told us, "When I was in hospital they told you the time you had to turn off the TV but here I can watch it for as long as I want. I can then buzz them to help me to get into bed. I know it's only a little thing but it's important to me".
- People's diversity was respected, we heard examples of where staff had responded to such needs in a compassionate way, such as taking time to explain events to people who might have dementia and forget.
- Staff had received training in equality and diversity and from people's positive comments, staff clearly reflected this in their care practice. For example, respecting people's autonomy. A relative told us, "Mum has realised she needs more support and help with personal care. Whilst they do some things for her, staff are now taking a step back to help improve her independence".

Supporting people to express their views and be involved in making decisions about their care

- People told us they were offered choices and made their own decisions. A person said, "I have a routine and staff respect that and support me".
- We heard from people how they had regular meetings to discuss aspects of the service and felt informed about changes.
- People and their relatives had been involved in reviewing any changes to their support. One person said, "I am free to go out as I like. At first they did want to know, (when I went out), when I was in rehabilitation part, but I'm in an ordinary flat now".

Respecting and promoting people's privacy, dignity and independence

- Staff had received training and understood how they should respect people's privacy, dignity and independence. One person told us, "They used to help me get into bed because I couldn't lift my legs up but I can do it myself now".
- People confirmed that their independence was promoted; they continued to do the things they wanted to do with staff support. For example, attending personal appointments.
- People were very happy with the weekly trip to local shopping centres. They explained how this helped them to buy their food supplies and enjoy the experience of shopping independently. Transport for this was provided by the service and helped to promote people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned and personal to the individual. People and their relatives were involved in planning the support they wanted and said that support was arranged around their needs. A relative told us, "There is a day centre mum used before being in hospital and staff have arranged for this to continue".
- Feedback from people and their relatives clearly showed they were happy with the arrangements that met with their specific needs. For example, people continued to follow their own routine in relation to their likes, interests and commitments. A person told us, "I feel well now, the weldest I have been. Previously I was in and out of hospital; I am better, I have no worries about cooking and cleaning so I am a lot better now. I am (learning) to accept people doing (things) for me".
- Staff had a good understanding of providing personalised care. A staff member said, "We support people in the way they want". Whilst people's needs were known by staff, care plans did not always contain detailed guidance on how to meet these needs, for example health conditions such as epilepsy. The registered manager told us they were reviewing this format.
- People told us they were supported with doing the things they enjoyed. One person told us, "There's lots of activities, we go out every day". We saw a range of planned and spontaneous activities took place. These included, garden planting and looking after the greenhouse, a monthly trip to a local church who had adapted their service for the people living at Manifoldia Grange, 'Tea, Talk and Toast chat', gentle exercise and a Black Country Quiz. We observed people were very engaged and animated with lots of shared laughter. The communal area was decorated to celebrate the Black Country day reminding people of their culture and heritage. .

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People confirmed their communication needs were met. For example, they had regular visits from the management team to discuss any issues, reflect on their care package and give feedback on their experiences.
- We saw staff supported people to use their communication aids such as hearing aids and glasses. We also saw staff supported people with information by leaving hand written notices as an aide memoir. For example, "(Named relative) will visit you on Monday".
- Information could be provided in different formats to suit people's communication needs.
- The registered manager was not fully aware of the requirements of this legislation, but told us they would

record people's communication needs and how these were addressed.

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure and were confident if they had any concerns they would be managed appropriately. A person said, "I have never had a complaint". Another person said, "I had a repair that needed doing and they responded straight away".
- The provider had a system in place to manage complaints, there had been none made about this service.

End of life care and support

- The provider did not provide end of life care. The registered manager advised people's preferences and choices were explored and would be respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the way the service was managed and everyone felt they could speak to the registered manager. One person said, "He is a good manager. He came to see me in hospital. A gentleman, a nice bloke. I would recommend here".
- People and their relatives had been involved in developing their support package and told us this was focused on their needs.
- Staff spoke positively about the registered manager and the support they received. Since our last inspection the registered manager had ensured that staff had regular supervisions and refresher training. Staff told us the registered manager worked in an open and inclusive manner and they felt fully supported in their role. A staff member said, "The service focuses on the person, they get good care and the manager is very supportive". Another staff member said, "Manager is always there for you; very supportive, good teamwork and gets things done".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of and understood the requirements of the duty of candour. They had access to guidance and understood the need to be open and honest and provide an apology when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager carried out spot checks on staff to ensure they were working to the required standards. Quality monitoring checks had improved since our last inspection. These were carried out on aspects of the service providing effective oversight.
- New care plans had been introduced and did provide personalised details. However, some further detail was needed in relations to people's health conditions and how these should be managed. For example, where people had epilepsy or used blood thinners, the action required by care staff to meet their needs and to protect them from harm was not always clear. We did find however that care staff understood people's needs well, although this wasn't always reflected in care records.
- Staff were well supported, had access to training and were highly motivated. They had a clear understanding of their role.
- Staff were aware of the whistle blowing policy and how to use this to raise concerns about care practices.

- The provider had displayed the last inspection rating.
- The provider understood their responsibilities to notify us of incidents. There had been no incidents that required notifying to us.
- There was a clear management structure in place and people clearly knew the registered manager well, and spontaneously spoke about him in positive terms.
- People, relatives and staff all commented very positively about how the service was run. A staff member said, "It's a lovely service, we have worked here a long time and provide good consistent care".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had continued to seek people's views about the service. We saw feedback was positive and people were happy with the way their support was arranged, the caring nature of staff and the way the service was run.

Continuous learning and improving care

- The provider had systems in place to ensure staff had opportunities for continuous learning.
- The registered manager attended regular local conferences to keep them up to date with best practice.

Working in partnership with others

- The provider worked in partnership with a number of other agencies such as health and social care professionals to support people's needs.