

The Sandwell Community Caring Trust Hall Green Care Home

Inspection report

Hall Green Care Home
107 Hall Green Road
West Bromwich
West Midlands
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Tel: 01215670020

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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

Hall Green Care Home is registered to provide accommodation and personal care for up to 62 people, who are mainly older people with dementia. At the time of our inspection 59 people were using the service. Our inspection was unannounced and took place on 17 March 2016. The service was last inspected on the 26 March 2015 where we found that the provider was meeting the regulations we assessed associated with the Health and Social Care Act 2008.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Medicines were given appropriately and the recording of their distribution was clear and concise. Medicines were kept and disposed of as they should be.

A suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People told us that they were kept safe.

People were able to raise any concerns they had and felt confident they would be acted upon, they understood the complaints procedure that had been given to them.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. Staff interacted with people in a positive manner.

People were supported to take sufficient food and drinks and their health needs were met.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People took part in activities and staff interacted positively with them, spending time to stop and talk. Cultural needs were observed and people felt that staff understood their needs.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision, allowing staff to understand their roles, and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits were undertaken regularly and the provider gave the registered manager support.

Notifications were sent to us as required, so that we could be aware of how any incidents had been responded to.

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 administered safely.

Suitable numbers of staff were on duty with the skills, experience and training in order to meet people's needs.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate level of knowledge and skills to meet people's individual needs.

Staff had a good understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards and how these impacted upon people.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

People were encouraged to be independent.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning of care.

Staff were aware of people's likes, dislikes and abilities.

People knew how to make a complaint and felt confident that the registered manager would deal with any issues raised.

Is the service well-led?

The service was well-led.

People and staff spoke positively about the approachable nature of the registered manager.

The registered manager carried out quality assurance checks regularly in order to develop and improve the service.

Good ●

Hall Green Care Home

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.

This inspection took place on 17 March 2016 and was unannounced. The inspection was carried out by two Inspectors.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with six people who used the service, four relatives, four staff members, the chef, two visiting professionals, the deputy manager and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to six people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, three medication records and a variety of quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care, to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us that they felt safe, with one person saying, "I feel safe and looked after". A relative told us, "They [staff] keep [person's name] very safe. She had a couple of falls from bed and they [staff] ordered her a special bed to suit her needs and we have had no problems since". A second relative said, "I have no concerns whatsoever about safety because of the care that staff give, we couldn't want for anything better". A staff member told us, "I think people feel safe here, because they know that we do everything in our power to keep them safe, we work hard".

A relative told us, "Staff keep [person's name] safe and know them very well and what their risk factors are, they pick things up very quickly if there is a problem, and they [staff] respond quickly. A visiting professional told us, "People are kept safe, if a risk assessment says that they require the support of two people, then two people will assist them". We saw that detailed risk assessments were in place in order to minimise any risk to people's safety. Risk assessments were used to analyse all elements of the person's well-being, including needs such as, medicines taken, moving and handling needs, personal hygiene and personal care and continence. We found that falls prevention was a high priority for staff alongside the assessment of the risk of pressure ulcers. We saw that questions were asked in all of these areas and scores taken to give an overall level of risk, which was then addressed appropriately. Pre-admission assessment documentation also formed part of how risk was assessed with previous needs and requirements noted from the point of admission and staff were able to speak with knowledge on people's needs and the possible risks posed to them.

Staff spoken with demonstrated a good level of knowledge of safeguarding, with one staff member saying, "I understand how abuse comes in many shapes and forms. If I were to see any abuse taking place, such as physical or verbal, I would go to the office to report it immediately". We saw examples of how staff had recorded safeguarding issues and how they had forwarded their concerns onto the appropriate external agencies. We found that accidents and incidents were recorded appropriately and that body maps were used to detail any marks found on people. These were dated and completed correctly. We saw that any learning taken from the analysis of incidents was cascaded to staff in order to guide their practice.

We found that each person living in the home had a specific evacuation plan in place and that staff were familiar with fire exits and knew how to get people to safety. Staff members that we spoke with told us that their main objective in the event of a fire would be to call emergency services and to get people out of the building.

We saw that an appropriate amount of staff were available to support people. One person told us, "Of course it would be nice to have more staff, but I never worry about having to wait for someone to get to me, they are always close by". A relative told us, "Staff are all over this place, lots of them". A staff member told us, "Some days if people are experiencing higher needs the manager will bring in extra bank staff to assist". We saw that the senior carer's station was located in the centre of each floor, so that they were easily accessible and could see what was happening.

Staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. 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. We looked at four recruitment files and saw that all the appropriate checks had been completed correctly.

One person told us, "I get all of my medicines as I need them". We saw that medicines had been given out correctly and that they had been signed for by staff as they were taken or refused. Medicines were stored at a correct temperature and were disposed of appropriately. Where medicines were required "as and when" a protocol was in place for staff to follow. We saw that audits were carried out on medicines regularly to ensure that they were being distributed correctly.

Is the service effective?

Our findings

People told us that staff were knowledgeable, with one person saying, "Anything I need to know I just ask, as they [staff] always know". A relative told us, "Staff are able to answer any questions we have and we feel confident that they are well trained". A staff member shared, "I have done lots of training recently including, manual handling and safeguarding". We saw training certificates in staff member's files and a list of all upcoming training that staff were due to attend.

Staff told us that they felt that their induction was more than adequate, with one staff member telling us, "I feel that my induction wasn't rushed and that managers really wanted me to learn during the process". We saw that staff received supervision every two months and that they felt able to go to the senior management team at any time if needed, with one staff member sharing, "Senior staff and managers are so supportive". Appraisals were also carried out annually and staff told us that they felt able to share their feelings openly during these meetings.

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 for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had a good understanding of the MCA and DoLS. One staff member told us, "DoLS is about acting in a person's best interests, sometimes to keep people safe you have to legally stop them from doing what they want to do". We found that a mental capacity assessment was carried out as part of the initial care plan and if people were found to lack capacity to make their own decisions applications were made to the supervisory body (in this case the local authority for their consideration. We saw an example of how a DoLS application was withdrawn by the registered manager, as she was able to find a less restrictive way to support the person. This involved researching a specific bed that was suitable for the person and allowed them to no longer require bed rails. This was purchased with the local authority being in agreement.

People shared with us that staff asked their consent before carrying out any actions. One person told us, "They [staff] are very polite, they ask you instead of grabbing and pulling like in some places". A relative told us, "They ask people for consent, but they always inform us whenever we are about too". A staff member said, "We never forget that people are people, so of course we get their consent, whether it be verbal or a gesture".

People told us that they enjoyed the food on offer, with one person saying, "We have lovely dinners and you can ask for what you fancy and they try to make sure you have it". A second person said, "I enjoyed the food a lot today. I chose the chicken pie". A relative told us, "[Person's name] likes the meals and has put on weight since being in here. We have seen a drastic improvement". A staff member told us, "Staff are fully aware of people's nutritional needs. If a person is diabetic the chef will make them cakes with sugar

alternatives".

We saw that vegetarians and people requiring ethnic meals were catered for. A communication book was kept in the kitchen and this was updated regularly to include any changes in people's requirements. Although menus were placed on the walls in full view of people, they were not completed in an easier to understand format, such as being pictorial, to support people to make choices. We spoke with the registered manager about this and were informed that it would be adapted immediately.

At lunchtime we saw that people were encouraged to sit at the dining table and assisted to move there. They were given a choice of two meals and were shown what was on each plate. We saw that some people chose to eat at the table whilst others remained in the lounge and their food was brought to them. Where people were being nursed in bed their food was covered and taken to them to eat at the same time as everybody else and staff remained with them to assist them. Meals smelt and looked appetising.

We saw that one person was given their meal, but that they didn't eat it and it was left to go cold. The person was out of sight of staff and so we had to call a staff member and request that the person was assisted. Once the staff member arrived to help the person ate their meal and their pudding. We raised this concern with the registered manager and she told us that staff would be instructed to ensure that they monitored the lounge area more closely at lunchtime to ensure those people not at the table still received support. We saw that throughout the day people received hydration through regular hot drinks and water, which they were offered by staff.

People told us that they were assisted to maintain their health. One person said, "I get all of my medicines and I could see my GP if I needed to". Another person told us, "They [staff] ask if I need a painkiller if my pain is bad". A relative told us, "My relative is as healthy as can be in here and is always tidy and clean, but if they were poorly it would be sorted out straightaway with a doctor's visit". We found that important documents related to people's health, such as doctor's appointments, letters relating to tests and any emergency calls were available in people's care records.

Is the service caring?

Our findings

People told us that they felt well cared for, with one person saying, "The staff are nice and friendly, we have no raised voices here". A second person told us, "I like it here. Sometimes we have a good laugh". A relative told us, "My [relative] knows the name of every carer and they really do care for her. They care about me too and tell me everything about her". A visiting professional shared with us that a person she had just spoken to had told her that he wanted to stay at the home and she told us, "He is improving because of this place". We saw a staff member assist a person to lift their legs onto a stool and they then stopped and had a chat. People and staff looked comfortable in each other's company.

We were told that people felt listened to by staff, with one person saying, "I can tell staff if I am unhappy about anything and they always put it right and listen". A relative told us, "They [staff] listen and they understand [relative's] needs, they seem to instinctively know what she wants when she wants it, so there isn't any upset or confusion". Another relative said, "[Person's name] doesn't want to be in any home at all, so staff talk to them and help them understand that they are safe and cared for".

People told us that staff communicated effectively with them and one person told us, "Staff talk to me in a way that I understand. I can't hear them very well and they know this and adapt the way they speak to me". We saw how a person who spoke no English had a communication card and staff had tried to learn basic words in the person's language to help communication. Staff demonstrated that they could communicate with each other effectively during detailed discussions held at each handover of shift.

People told us that they were able to make their own decisions. One person told us, "I make my own choices, like what I want to wear, what I like to eat, and my clothing. I have my own belongings in my room too". A second person told us, "I can make my own decisions, but they [staff] really help me and look after me". A relative told us, "I always ask if [relative] has chosen her own clothing, she always tells me very proudly that she has". We saw that one person chose to smoke and staff accompanied them into the garden whenever they wanted to go out, as that was their preference.

People told us that they were encouraged to be as independent as possible. One person told us, "I do what I can for myself and it is a big place, so I can walk around on my own and look out of the big windows". A staff member told us, "It is better that people retain skills, rather than us do everything and assist them to lose them". Where people required support with advocacy we found that people usually spoke to their social workers, however staff were aware of some external links to advocacy services that they could request on people's behalf if the need arose.

We saw that people were treated with dignity and respect and one person shared with us, "They [staff] close my curtains when they dress me, it's very private". A second person said, "I am looked after with great respect". A relative told us, "They [staff] really respect privacy and dignity and they are always discrete and always polite with [person's name], even when she's often not polite to them". Another relative told us, "If she spills any food on her clothes she will be changed right away, she is never left in a mess". A staff member said, "Everyone deserves dignity, especially in their own home. We work hard for this building to be like home".

People told us that they enjoyed having visitors and one person said, "I have visitors and they are always made very welcome by staff". A relative shared with us, "Staff are wonderful and are very supportive of families they understand if we have busy jobs and how hard it can be to make time to visit, so they always reassure us that they are looked after when we aren't there". We saw that each person's door had family photos or photos of things that were special to them to enable them to retain links to their past.

Is the service responsive?

Our findings

People told us that they had been involved in compiling their care plan where they had been able to. One person said, "They try to include us, but a lot of us are too old to want to bother". A family member told us, "They try and get people's input, but if it proves difficult families can assist too". We saw that care plans included people's likes and dislikes, routine and any prompts needed alongside physical and medical needs. Any changes were updated when they occurred or at least monthly and staff were able to demonstrate to us that they were aware of any such changes.

People were able to take part in a program of activities and their preferences were recorded. One person said, "I enjoy the activities that we do. We ask for the animal man and they get him in". We saw that people enjoyed activities like dancing to music and we witnessed a very happy scene where people were familiar with the dance taking place. Other examples included arts and crafts and pampering sessions. A demonstration of how people's preferences were met was where the registered manager had contacted a local transport provider and requested to buy a genuine bus stop, for a person who often looked for one. We were told it is now a big hit with that person and many others and has pride of place in the garden. A staff member told us, "We talk to people about their hobbies, but they aren't always able to do what they used to do, so we understand their limits and it's the little things that matter".

Activities we saw included people being encouraged to chat together. The home had a very friendly and inclusive atmosphere and this was expanded upon by a staff member who told us, "Many local people live in this home and they knew each other through churches and the community prior to moving in, so many people get into small groups and go around the home to visit others who are not so mobile". We saw people walking the corridors and stopping for a chat with each other.

We also saw that for those who did not want to participate there were quieter areas, where staff came to sit and chat with people instead. We spoke with some people who chose to do more sedentary activities and a number of people told us that their favourite pass time of the day was to look out of the big open windows looking down onto the town and shopping area below. One person told us, "I like to sit and watch the cars go by, it's better than watching the television and it's always busy". We saw staff bring chairs for people who were stood at the window looking out.

Many people we spoke with told us about the 'deputy manager's stag do'. This was held at the home, so that everybody living there could attend, instead of just hearing about it afterwards. They enjoyed the karaoke greatly and staff told us that people still spoke of it regularly. We saw a photograph album of a recent special wedding anniversary party that took part in the room of a person confined to bed. Family were invited and the day was made extra special with banners, a cake and a toast to the couple.

We found that equality and diversity issues were considered for each person. One person told us, "They ask about our religion and if we need anything special to eat". We found that ethnic meals were cooked on request by the chef and the registered manager told us that the priest who visits the home could be joined by other religious counterparts should the need arise. All of the staff we spoke with understood people's

need to be able to identify with their own background and culture.

One person told us, "I know who to complain to, it's him [pointing to deputy manager]. He would always listen". Another person said, "I am a little unsure of the complaints procedure, but this is because I haven't had to use it before. I think we were given information some time ago". A relative told us, "The slightest thing I go to staff about and they sort it all and never get fed up". We saw that in each person's file there was a 'complaints pyramid', which detailed the procedure in a semi-pictorial format. Complaints made were followed up with a letter by the registered manager or deputy manager. An investigation took place, which was then followed by the response to the complainant. We found that most complaints were related to specific areas of personal care and were addressed appropriately. We saw that notice boards in corridors had details of the complaints procedure alongside a suggestion and comments section and this was in an easy to read format.

People and their relatives told us how they had completed questionnaires asking for their opinions about the service, but that they would like more in-depth feedback following analysis of the responses. The registered manager informed us that this would be carried out next time questionnaires were completed.

Is the service well-led?

Our findings

People told us about the open and supportive nature of the registered manager and the deputy manager. One person said, "I know the deputy manager very well he always stops and speaks, I could tell him anything and he would help me". A second person shared, "The manager [name] and the staff have been brilliant since the day I moved in they really care for me. I wouldn't say it was great if it wasn't". A relative told us, "[Name] the manager really helped me when my [relative] was ill, through all the steps of what care was best, on until the death and funeral arrangements. It would have been so much harder without her". A staff member told us, "The managers are very open and caring towards staff. I am very lucky to work here. We are a great team who trust each other and do a good job. The managers help us to help people".

We saw that the registered manager had forged links with the local community and that a nearby school often sent children to visit, with a particular favourite time for people being when the children annually arrived with a Christmas tree for the home. One person told us, "It's lovely to see the kids". The registered manager said, "It is great to be part of the community and we are looking to do more".

We were told that communication within the home was effective with one person saying, "They let us know what is happening. I knew that the dirty carpets and furniture were being replaced, but not when and then one day it happened". A relative told us, "Staff and managers are so easy to talk to. I believe that they do not keep things from us and that we know what they know". A professional we spoke with told us, "This is a brilliant place and the communication between the registered manager and the local authority is great". The registered manager told us, "We keep people informed of things happening, any changes to the place or to their care".

We saw that detailed handovers took place to enable staff to share information and that regular staff meetings enabled issues to be raised or information to be given. Meetings also took place on a monthly basis, with people being reminded and notices on the board. Family members told us that they felt that they could speak with the registered manager at any time or attend the meetings with their loved ones.

Staff told us that they were aware of the home's whistle blowing policy and that they would whistle blow if they felt the need to. One member of staff told us, "We are given the tools to use to whistle-blow and I know that I certainly would". A second staff member told us, "Our managers remind us that whistleblowing is a responsibility that we have towards those we care for".

People and staff told us that they regularly saw the registered manager and deputy manager out on the floor and that they took an interest in people. A Staff member told us, "This place is run effectively and the managers come onto the floor whenever we need them". We found that the atmosphere in the home was relaxed and calm and it was evident that people knew each other and positive relationships had been formed.

We saw that a plan had been devised by the registered manager to ensure that the quality of service provided was monitored on an on-going basis. We viewed quality assurance files that detailed a weekly

management check, where issues such as physical needs, staff turnover/training, nutrition, medicine management, safeguarding and user experience, amongst other areas were looked at closely. In addition to those checks the provider visited monthly to review the care plans alongside the registered manager's weekly review. We found that quality assurance was a priority for the registered manager and that checks were made upon the quality of the care provided, with staff checks being a regular occurrence. The register manager shared with us that a recent spot check at night had resulted in no concerns and staff confirmed that checks regularly took place.

We received all notifications of incidents and accidents as we should and this allowed us to see how effectively staff responded to people's needs. We saw that the CQC rating was displayed as required and that the provider's website gave a link to the CQC rating report.