Kaleidoscope Plus Group

Nicholl Grange

Inspection report

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West Bromwich
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Our inspection took place on 3 November 2015. The inspection was carried out by one inspector. We started our inspection early in the morning so that we could meet and speak with the people who lived there and staff in case they were out of the home later.

The provider is registered to accommodate and deliver personal care to a maximum of 14 adults who lived with a mental health condition and/or associated needs. At the time of our inspection 13 people lived at the home.

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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicine systems relating to people self-medicating were not always managed to a safe standard.

Staffing levels were not determined as a result of a full assessment. Therefore, the provider could not ensure that people's needs would be consistently met.

All people we spoke with felt safe. Systems were in place and staff were aware of what they should do to protect people from the risk of abuse.

Summary of findings

Staff knew what Deprivation of Liberty Safeguarding (DoLS) meant and what they should do if they identified any DoLS issues.

Staff felt that the training and support they received ensured that they had the skills and knowledge to provide safe and appropriate support to the people who lived there.

People felt it was a good place and that they were happy there. People were enabled and supported to be as independent as possible regarding all activities of daily living.

People felt that the staff were helpful and kind. Interactions between staff and the people who lived there were positive in that staff were respectful, polite and helpful.

People received care in line with their best interests. Advocacy services were secured when there was a need to ensure that people were given the opportunity to make informed decisions.

Complaints systems were available for people to use. People felt that they could state their concerns or dissatisfaction and issues would be looked into.

People felt that the quality of service was good. The management of the service was stable. The registered manager knew when they needed to send us notifications about incidents that occurred. Audits were undertaken to determine if changes or improvements were needed. However, these had not fully included all aspects of medicine safety.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always consistently safe.

Staffing levels were not determined as a result of a full assessment. Therefore, the provider could not ensure that people's needs would be consistently met.

Medicine systems relating to people who were self medicating were not always managed to a safe standard. Some medicine was not locked away and checking processes were not documented.

Systems were in place to protect people and minimise the risk of them being abused.

Is the service effective?

Good

The service was effective.

People and staff felt that the service provided was good.

Staff felt appropriately trained and supported to enable them to carry out their job roles.

Referrals were made to appropriate health and social care professionals in response to concerns and changing needs.

Is the service caring?

Good

The service was caring.

People felt that the staff were kind and caring. Staff were polite to people and gave them their attention.

People felt that their dignity and privacy were maintained.

People's independence regarding their daily living activities was promoted.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed regularly and care plans were updated where there was a change to their needs, wishes and preferences.

People were encouraged to engage in or participate in activities and work that promoted their independence and met their needs.

Is the service well-led?

Good

The service was well-led.

The registered manager knew they were legally accountable on a day to day basis to provide a service that met people's needs and kept them safe.

Summary of findings

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

Processes were in place for staff to report any concerns regarding bad practice which staff were aware of and told us that they would not hesitate to use.

Nicholl Grange

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 took place on 3 November 2015. The inspection was carried out by one inspector. We started our inspection early in the morning so that we could meet and speak with the people who lived there and staff in case they were out of the home later.

We 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 notifications that the provider had sent to us. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection and corroborate our inspection findings.

We spoke with five people who lived at the home and one relative. We also spoke with four staff and the registered manager. We spent time in communal areas observing daily routines and the interactions between staff and the people who lived there. We looked at the care files and medicine records for two people and staff training records. We also looked at complaints systems and the audit processes the provider had in place to monitor the service.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us that they were happy for staff to hold and manage their medicines. A person said, "I like the staff to look after my tablets". People told us that where staff had responsibility for their medicine it was always given at the right time. A person said, "I always have my tablets when I should".

Some people managed their own medicines. We found that processes were in place for people who wished to manage their own medicines. These processes included risk assessments, observation of the person taking their medicine and then monitoring. This was to ensure that people were able and safe to look after and administer their medicines. However, although the staff told us that they checked to make sure that people were taking their medicine as they should, to prevent a risk of them not taking their medicine properly there was no record of this. With their full agreement a person showed us where they stored their medicine in their bedroom. We saw that their medicine was not secured in a lockable facility to prevent the risk of it being accessed by unauthorised people. We asked the registered manager about this who did not know why the medicine was not secured in a lockable facility.

Where medicines were managed by, and given to people by staff, we saw that were stored safely in locked cupboards. No controlled medicines had been prescribed at the time of our inspection. However, if they were, it would not have been possible for them to be stored safely. We saw that the cupboard for storing controlled medicines (if any were prescribed in the future) was not 'rag bolted' to the wall as is the requirement for this type of medicine to prevent it being accessed by unauthorised people. The registered manager told us that they would rectify this.

Records we looked at, the registered manager and all staff we spoke with confirmed that only staff who had been trained and deemed as competent to do so, were allowed to manage and administer medicine. Some people's medicine records highlighted that they had been prescribed medicine on an 'as required' basis. We saw that there were care plans in place to instruct the staff when the medicine should be given. This assured people that their medicine would be given when it was needed and would not be given when it was not needed.

We looked in detail at the medicine administration records for two people. We counted their medicine against the number highlighted on the medicine records and found that they balanced correctly. We saw that the registered manager regularly checked the medicine administration records to confirm that they had been properly maintained. Records of medicines administered by staff confirmed that people had received their medicines as they had been prescribed by their doctor to promote and maintain their good health.

People we spoke with told us in their view there were enough staff. A person told us, "There are staff when we need them". Another person said, "There are always staff here even at night if we need them". There had been a restructuring and we were told that staffing numbers had been reduced. Although there had been no impacts on people regarding the reduction of staff, by speaking with the registered manager and looking at the staff rota we found that of late when staff took leave their shift was not covered. When this happened there was only one support worker to go with people into the community, or to offer support and spend time with people. We asked the registered manager what assessment they carried out to decide if the shifts of staff on leave needed to be covered. The registered manager told us that they did not carry out any assessment to ensure the staffing numbers were correct. However, the registered manager assured us that they would get extra staff if a person became unwell, or if a person needed staff to support them with an appointment.

There were processes in place that the registered manager and staff understood, in order to protect the people who lived there from abuse. A person said, "No abuse. I think the staff are nice". We found that processes were in place to protect the people who lived there from harm and abuse. Our observations showed that the people who lived there were comfortable in the presence of staff. All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. Staff told us that they felt confident that they could raise concerns about people with the registered manager and that they would be acted upon. Over the last 12 months the registered manager had reported a concern regarding a situation where a person had been placing themselves at risk of abuse. They had referred to the local authority safeguarding team for guidance who had looked into the

Requires improvement

Is the service safe?

issues and given advice which had been followed by the staff. We saw that people's money was kept safely and records were maintained to confirm money deposits and money spent. We checked two people's money against the records and found that it balanced correctly.

A person said, "I am safe here". Another person told us, "My bedroom and everything else is safe". A relative told us that they felt that their family member was safe. All staff we spoke with told us in their view people who used the service were safe. No person had needs that required moving and handling, all people could mobilise independently. All staff we spoke with was fully aware of people's risks and how they should be monitored. A staff member said, "People who live here are safe. We are aware of people's risks and are mindful of them".

We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury. The registered manager, when needed, had referred safety concerns to appropriate external professionals which included the fire service and had followed their advice given. We randomly looked at a number of service certificates. These showed that equipment was in good working order. People told us and meeting minutes confirmed that people had been asked not to smoke in their rooms as this could place everyone in the home at risk. Staff and people who lived at the home confirmed that they had been involved in fire drills so that they would be aware of what to do if there was a fire.

The provider had a recruitment process in place. We found that no new staff had been employed at the home for some years. Staff we spoke with confirmed that when they started to work years previously those recruitment processes had been carried out. The registered manager told us that before new staff started to work references would be obtained and that checks would be carried out 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. The processes in place would prevent unsuitable staff being employed and minimise any risk of harm to the people who lived there.

Good

Is the service effective?

Our findings

People who lived at the home told us that in their view the service provided was effective. One person said, "It is good here. I was somewhere else before and it was not good". A relative said, "They [Their family member] is better here than where they were before". Another person said, "I have lived here for a long time I think it is good here. All staff we spoke with told us in their view they provided a good service to people. One staff member said, "Put it this way, if a relative of mine needed care I would not be concerned if they were here".

Staff told us that they had the knowledge to look after people appropriately and safely. One person said, "The staff all know what they have to do". All staff we spoke with confirmed that they had received a variety of training and that they felt competent to carry out their role. Staff we spoke with told us that they received both formal and informal day to day supervision support and guidance. We saw from records that one to one supervisions had taken place, but some not often. The registered manager told us that they were aware of this and were taking action to ensure that staff supervision was undertaken more frequently.

Deprivation of Liberty Safeguarding (DoLS) is a legal framework that may need to be applied to people in care settings who lack capacity and may need to be deprived of their liberty in their own best interests to protect them from harm and/or injury. The registered manager and staff had received DoLS training and knew of their responsibilities regarding (DoLS).

People told us and staff confirmed that people gave their consent before care and support was delivered. People knew that they had the right to refuse care and support. A person said, "Staff always ask my permission before they do anything". One person told us that they had refused an influenza injection. They said, "I did not want it, so I did not have it and I was not made to".

People and staff we spoke with told us non-restrictive practice was promoted. All of the people went out of the home on their own when they wanted to. A person who lived there said, "We are encouraged by staff to go out independently and we all do". During our inspection we heard a person ask staff to ring a taxi for them as they were going out into the community. The staff rang for a taxi and the person went out. All staff we spoke with told us that no person's daily routine or preferred lifestyle was unlawfully restricted. We saw that assessments had been undertaken to determine people's mental capacity. Staff told us that if they determined that a person lacked capacity they would involve social and/or healthcare professionals to ensure that any decisions made would be in the persons best interest.

Healthcare services were accessed on a regular or as needed basis. A person said, "I see the doctor if I am unwell". Staff told us that when there was a need they made referrals to external healthcare professionals for assessment and to prevent a condition worsening. One staff member said, "We have good links with health workers as well as the local mental health team. People here don't have to wait long to be seen". Records confirmed referrals were made by staff to initiate multi-disciplinary meetings if they had concerns that a person's mental health condition may be deteriorating. This showed that processes were in place to promote good health and manage deterioration of people's mental health conditions.

People who lived at the home were encouraged to be independent concerning their own food shopping, preparation and cooking. People we spoke with told us that they could cook and eat at times that suited them. One person said, "I get my own meals. The staff help me sometimes if I need them to". At breakfast and lunch time we saw people prepare their meals in the kitchen. We saw that care plans highlighted what people liked to eat and did not like. We also saw that care plans encouraged people to eat a healthy diet to prevent health risks. We saw that fresh fruit was available for people to help themselves to. We saw that information regarding healthy eating was available in the dining room for staff and people to read.

Good

Is the service caring?

Our findings

All of the people we spoke with told us that the staff were, "Caring," "Friendly," and "Helpful". A person said, "The staff are good. They help me". We observed staff interactions with the people who lived at the home and saw that staff greeted people and asked them how they were. We saw that people responded to this by engaging with staff. All people looked content and calm.

People we spoke with confirmed that staff promoted their dignity and privacy. One person said, "I have a key to my room and staff do not go in there unless they ask me". We observed that people who lived there used keys to open and lock their bedroom doors. Another person told us, "I do all my own personal care which is best". Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors were closed when people were using the toilet. Our observations showed that staff were polite and respectful to people in the way they spoke and engaged with them. Staff had asked people how they wished to be addressed and this had been recorded on people's care files. We heard staff addressing people by their preferred name.

We found that people's independence was promoted. The aim of the service provided was to improve or stabilise people's mental and/or physical health conditions and to give them the support they required to achieve this. Staff supported people to enhance their daily living skills regarding cooking, cleaning, doing their laundry, finance management, and making and attending health appointments. A person said, "I like doing things we are encouraged to go shopping, cook and do our laundry. I like it as we all need to be able to do those things". Another person told us, "I clean it and look after my room myself". During our inspection some people went to out into the community to attend personal tasks or attend appointments independently.

A person we spoke with said, "The staff go with me if I want to help me get new clothes. I choose them." Staff confirmed that they supported people to go clothes shopping and people selected what they wanted to wear each day to express their individuality. All staff we spoke with gave us a good account of people's individual needs regarding their appearance.

A staff member told us, "We must not share people's confidential information or anything else outside of work". All staff know that people's confidential records must be locked away at all times". We saw the provider's confidentiality policy. Staff we spoke with told us that they read this when they started to work at the home. Staff we spoke with told us that they knew that they should not discuss people's circumstances with anyone else unless there was a need to protect their health and welfare (such as social workers or the person's GP).

People we spoke with told us that contact with their family was important to them. A person said, "I like to see my family they can visit when they want to but I go and see them as well". A relative told us, "I can visit at any time".

People who lived at the home had a variety of needs which may require a range of support mechanisms. We saw that information was available to inform people how they could access an advocate to provide independent advice or support. People we spoke with knew that the information was available.

Good

Is the service responsive?

Our findings

A relative told us, “We both [They and their family member] came and looked around and spent time here before they [Their family member] moved in”. A staff member said, “A possible new person is spending time here. That is to see if they like it here and if we can meet their needs”. Before people were offered a place at the home they were given the opportunity to visit, have a meal and trial the home by spending a night or couple of days there. This gave the provider and the person the opportunity to determine that the person’s needs could be met in the way that they wanted them to be and plan their support in a personalised way.

People we spoke with told us that they felt that staff knew them and their needs well. Records that we looked at had information about people’s lives, family, likes and dislikes. This provided staff with the information they needed about people’s preferences and histories to give them some understanding of their needs. All staff we spoke with were able to give a good account of people’s individual needs and preferences. A staff member said, “We have a ‘handover’ every day during which we are told of any changes and what appointments people may need to attend".

All people we spoke with told us that staff consulted them about their care and support, preferred routines and changes to their condition. A person said, “The staff do involve me in things and ask me what I want”. Another person said, “They do talk to me and involve me in making choices”. A relative told us, “The staff do involve me”. Records we looked at and staff we spoke with confirmed that people were involved in their care planning and that reassessment of people’s needs was completed regularly especially when there were changes in their circumstances or condition. This showed that staff knew the importance of providing personalised care to people to ensure that they were supported appropriately and in the way they wanted to be.

People told us that staff supported them to follow their individual interests and pastimes. One person told us that they liked eating out and going shopping. Staff we spoke with and records that we looked at confirmed that the person ate out and went shopping regularly. In-house activities were to promote independence and life skills. We saw that a computer with internet access was available for people to use. We saw that people used this during our inspection. People who wanted to went on holiday with the support of staff. A number of people went on holiday this year and told us that they had enjoyed the experience. Two people went to work during the week. We spoke to one of those people told us how much they enjoyed their work. A third person had enrolled to do voluntary work and told us that they were looking forward to starting this.

Staff knew it was important to people that they were supported to continue their preferred religious observance if they wanted to. A person told us that they liked to attend a religious service occasionally. Other people told us that they did not want to practice or follow any religious ceremonies and this was honoured by the staff.

We saw that a complaints process was in place. It was included in the ‘Service User Guide’ document. Apart from this we did not see a copy in the premises for people to refer to. The registered manager told us that they would address this. However, people told us that they were aware of the complaints process. A person said, “I would speak to the manager. She would sort it”. Another person said, “If I made a complaint I know it would be looked at”.

Records we looked at and people and staff we spoke with all confirmed that the provider used a range of methods to involve people in the running of the service and for them to voice their views if they wanted to. A person said, “We have meetings which are good”.

Good

Is the service well-led?

Our findings

The provider had a clear leadership structure which staff understood. A manager was in post and was registered with us as is the legal requirement and was supported on a day to day basis by shift leaders. All people we spoke with knew who the registered manager was. We found that the registered manager had a very good knowledge about the people who lived at the home. We saw that the registered manager was visible within the home spending time in communal areas. During this time we saw that they spoke with, and interacted with, people who were happy to speak with her. We saw them smiling. A person said, "The manager is good".

Providers are required by law to notify us about events and incidents that occur these are called notifications. The registered provider had sent us notifications when incidents occurred to meet this requirement. Incidents and accidents that took place within the home were recorded appropriately following the providers procedures. The registered manager monitored these for trends so appropriate action could be taken to reduce any risks to people. The staff we spoke with were able to explain the action they took to prevent accidents and incidents and risks to the people who lived there.

We found that support systems were in place for staff. Staff told us that the management team were very supportive. One staff member said, "There is always someone we can go to if we need advice". All staff we spoke with confirmed that if they needed support outside of business hours there was a person on call they could telephone. The registered manager told us that the provider nominated a senior manager to visit the home. This was to give support to the registered manager and staff.

People told us of examples where staff had listened and acted. People who lived at the home wanted a computer with internet access. Staff had supported people to secure this equipment. One person said, "It is good having the computer".

An advocacy service had undertaken questionnaires with people who lived at the home. The registered manager was aware of the feedback from completed questionnaires and told us about areas that need improvement. Most feedback from the completed questionnaires was positive and showed that the people who lived at the home were satisfied with the service.

All staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "If I had any concerns at all, which I do not have, I would report them straight away". Another staff member said, "We have policies and procedures regarding whistle blowing. I am sure that if there were any concerns all staff here would not hesitate to report them". This showed that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.

We found by speaking to staff and looking at records that systems were in place to ensure that staff were working as they should do at all times. The registered manager undertook audits regularly regarding the safe keeping of people's money, general record keeping and care planning. However, we identified medicine safety issues relating to when people managed their own medicine that should have been identified and rectified but were not. We discussed these with the registered manager who understood some improvement was needed and assured us that they would address the issues.