

The ExtraCare Charitable Trust

Pannel Croft Village

Inspection report

Hospital Street
Birmingham
West Midlands
B19 2YD

Tel: 01213801340
Website: www.extracare.org.uk

Date of inspection visit:
25 June 2019

Date of publication:
10 September 2019

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Panel Croft Village is a community based extra care facility that was providing personal care to 36 people at the time of the inspection. People using the service lived in their own flats in a gated community in the city centre. 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 receive their medicines but improvements were needed to ensure the arrangements in place were more robust. Care staff had received training in how to keep people safe and described the actions they would take when people were at risk of harm. Accidents and incidents were recorded and investigated to prevent them from happening in the future. The provider had a recruitment process in place to ensure only suitable care staff were recruited. There were enough staff to support people.

People were supported by care staff who had undertaken induction training and received on-going regular training to support people's needs. People's nutritional needs were met. People accessed health care when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring. Staff were compassionate and empathetic and had built good relationships with people. People's privacy, dignity and independence were respected by staff. People's equality and diversity needs were respected.

People's support needs were assessed regularly and planned to try to ensure they received the support they needed. People's support was individualised. People were supported to take part in social activities. The provider had a complaints process which people were aware of to share any concerns.

The provider did not have robust governance or auditing systems in place to ensure that medicine errors were learned from effectively. The provider had an improvement plan in place to further improve the quality of the care for people who lived at Panel Croft Village. Management and care staff had on-going training to ensure their learning, skills and knowledge was current to be able to support people.

Rating at last inspection

Rated good (published 23 August 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Pannel Croft Village

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 was carried out by two inspectors and an assistant inspector.

Service and service type

Pannel Croft Village is a community based extra care facility. The Care Quality Commission regulates the care provided. 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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.

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider.

We used all of this information to plan our inspection.

During the inspection

During the inspection process we spoke with seven people, four relatives, twelve members of staff, three healthcare professionals and the registered manager.

We looked at the care and review records for five people who used the service and five staff files. We looked at recruitment and training records. We looked at records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident monitoring, auditing systems and complaints.

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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medication administration records (MARS) had been completed which showed when people had received their medicines. However, records were not always completed accurately for example to confirm people were given enough time between pain relief medicines. The provider could not, therefore, be assured that the medication had been administered as prescribed.
- Care staff received medication training and competency checks to check they were administering medication safely. However, these checks were not always effective as some care staff still made errors despite additional training and competency checks. This placed people at potential risk of harm and indicated that the root cause of the errors had not been clearly rectified.
- One person's medicines were left in pots for them to take later. A medication risk assessment had been undertaken, however improvements were needed to ensure this was robust.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at Pannel Croft Village.
- Care staff knew how to recognise abuse and protect people from harm. Care staff had received training in how to keep people safe and described the actions they would take when people were at risk of harm.
- Accidents and incidents were recorded and investigated to prevent them from happening in the future.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people. However, we found one risk assessment which contained conflicting information and did not give clear guidance to care staff on how to safely support the person using the service.
- Risk assessments were updated regularly.
- People who were identified at risk of falls had been given pendants alarms to call for help if needed.
- The provider had implemented a new electronic rota system to ensure people received their visits as scheduled.

Staffing and recruitment

- There were enough care staff to support people. One person told us, "Staff come very quickly."
- There were recruitment processes in place and we saw evidence of recruitment checks taking place before care staff were appointed. This ensured suitable staff were appointed to support people.

Preventing and controlling infection

- Personal protective equipment was readily available for care staff to use. One care staff member told us, "I wear gloves, foot protection and an apron."
- Care staff supported people following good infection control practices to ensure they could protect against the spread of infection.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things go wrong. For example, the provider had recently appointed a new recruitment co-ordinator to ensure they had enough regular staff to reduce the need to use agency staff. This provided better continuity for people using the service to enable them to be supported by people who knew their care needs well.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 (DoLS) 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

We checked whether the service was working within the principles of the MCA.

- We saw evidence of mental capacity assessments in people's files and best interest decisions were recorded when needed.
- Where people had power of attorney in place, this was recorded in people's files to evidence who was able to make certain decisions on behalf of a person who may lack capacity.
- People we spoke with told us how care staff would always ask for consent before supporting them and that care staff were respectful.
- Care staff received MCA training and had a good understanding of the Act. One care staff member told us, "It is about people's ability to make informed choices."

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

- The provider carried out assessments so they could be sure they could support people how they wanted to be supported. People using the service were involved in the assessment of their care and the outcomes they would like to achieve were clear.

Staff support: induction, training, skills and experience

- Care staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings. One care staff told us,

""The training is really thorough. They listen to ideas for extra training".

- Care staff received regular supervisions and appraisals with their manager.
- Care staff were given opportunities to review their individual work and development needs.
- Care staff received regular on-going training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy diet.
- Care staff knew people's specific dietary requirements.
- There was a restaurant and bistro located within the public areas of the housing facility for people to access if they so wished.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies as needed to promote people's health. Records confirmed this.
- One health professional told us, "Any actions that need following up have been actioned."

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

- People were supported to access healthcare appointments and records in people's files confirmed this. One care staff member said, "We will support residents with their medical appointments if they want us to."
- The provider had a well-being advisor to support people using the service to access healthcare services.

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, rated good.

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 told us they were supported by kind and caring staff. One person told us, [Name of care staff] is good and kind to me, [name of care staff] deserves whatever honours can be put on them."
- We found people's equality and diversity needs were respected and care staff received training in equality and diversity. One care staff said, "You need to respect the importance of people's differences."
- One of the managers was a member of the equality and diversity group within the charity LGBT plus and had created a residents' community charter to embrace people's wider diversity.
- We saw staff knew people well. People interacted easily with staff and were comfortable around them. One staff member told us, "I know what people using the service like and don't like. For example, one person likes their pillow tucked under their duvet when I make their bed."

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

- People and their families were involved in care planning and their views and wishes respected.
- Regular meetings were held for people using the service in order to gain their views and notices were displayed on the communal notice board.
- Regular care staff meetings were held in order for care staff to share their views.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. One family member confirmed, "Definitely treated with dignity and respect, no doubts about that at all." One care staff member told us, "I am in their home, so I am respectful of that."
- People were encouraged to maintain their independence and do as much as they could for themselves. One care staff member said, "Ask people using the service how they want to be cared for. Use care plans as guidance and try to maintain people's independence, for example; encourage them to wash themselves".

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, rated good.

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

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly.
- One care staff member told us, "People using the service are at the centre of everything we do."
- The service supported people to take part in various activities both inside and outside the housing scheme to prevent social isolation.
- There was a compliments board displayed in the main office. One compliment read, "Thank you for all the care and support you gave our mum and dad."

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.

- The registered manager was aware of the accessible information standard. The registered manager had a display on AIS in one of the main communal areas informing people using the service how they could access information, for example, using easy read format documents. There was also an iPad available in reception for people to use to record their views on the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns.
- During the inspection we saw three complaints that had been raised and addressed following the provider's complaints process. The outcomes were clearly recorded and used as learning. For example, one member of staff had been given additional training.
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management. One staff member said, "We can talk to the managers at any time."

End of life care and support

- There was no one at the service currently receiving end of life care. However, the provider was planning to introduce end of life care plans for people using the service in order that people who wished to express their wishes and views at the end of their lives could do so.

- Care staff had received bereavement training.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have effective systems in place to ensure people received their medication as prescribed and to effectively learn from medicines errors.
- The provider's medication incident reporting system was not robust. The system identified medication errors but failed to address and rectify errors effectively in order to prevent re-occurrence. This was putting people at potential risk of harm.
- The provider had a policy in place when medicines were made available for people to take later and risk assessments were in place. However, risk assessments were not robust and required improvement.
- The provider's systems to supervise care staff to ensure they were administering medication safely was ineffective. We identified care staff who had made several medication errors and although they had been re-trained and received competency checks, they were still making errors and still administering medication. The provider had not, therefore, addressed the cause of the medication errors effectively to resolve the ongoing concerns identified.
- Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
- The registered manager and provider understood their legal requirements within the law to notify us of all safeguarding incidents.
- People we talked to spoke highly of the service. One person said, "I never want to go anywhere different. A health professional told us, "It is a place I feel comfortable in."
- Staff felt supported by the management team. One staff member said, "Management are approachable, they listen to us."
- The registered manager understood their responsibilities under the duty of candour and was open and honest about some of the concerns we raised during the inspection and how they were going to address these concerns.
- Care staff received regular supervisions and appraisals. Care staff confirmed this and we saw evidence of this in records we checked.
- The registered manager carried out regular audits and reviews on the service to identify areas of the service that were working well and areas of the service that needed improving.

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

characteristics

- The provider held a client drop in session in the village hall for people to gain people's views and opinions of the service.
- The provider had a life-style manager to support people using the service to take part in activities and make use of facilities within the extra care village.
- People living with dementia were encouraged to engage in meaningful activities led by the "Locksmith" within the extra care village. This helped promote activities for people living with dementia and helped prevent social isolation.

Continuous learning and improving care

- The provider had an improvement plan in place to further improve the quality of the care for people who lived at Pannel Croft Village. For example, the provider had ensured staff received training in General Data Protection Regulation and had implemented a clear desk policy in order to comply with the new regulations and protect people's personal information.
- Management and care staff had on-going training to ensure their learning, skills and knowledge was current to be able to support people "including the Gold Standard Framework for Retirement Villages."

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was confirmed by people we spoke with and evidenced on people's care files.
- The registered manager had worked with outside health professionals to undertake specialised training to give care staff the skills and knowledge they needed to support people's specific needs. For example, staff had recently completed training with the stroke association.