

Sandwell Community Caring Trust

Hall Green Care Home

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

The inspection took place on the 24 and 26 March 2015 and was unannounced. At our last inspection on the 7 April 2014 the provider was not fully compliant with the regulations inspected.

Hall Green Care Home is registered to provide accommodation and support for 62 older adults with dementia. On the day of our inspection there were 62 people living in the home and there was a registered manager in post. 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.

We found concerns in April 2014 with how the provider met people’s care and welfare in, their nutritional needs and how they monitored the quality of the service. We asked the provider to send us an action plan outlining how they would make improvements and we considered this when carrying out this inspection.

Summary of findings

Whilst there had been some improvements in the staffing numbers at certain times of the day, we still found that improvements were required during the afternoon shift. The concerns affected the middle floor where people's needs were more complex.

We found that the care and welfare of people and their nutritional needs had improved since our last inspection. The provider had also improved how they monitored the quality of the service. We saw that questionnaires were also now being used to gather people's views and their relatives to improve service quality. However, we found that improvements were still needed in how the environment was kept clean.

Relatives we spoke with told that they felt people were safe living within the home and that staff knew how to keep them safe. The staff we spoke with told us the action they would take to protect people from risk of harm. The staff confirmed they had received the appropriate safeguarding training and the record we saw confirmed this.

We found that the provider was meeting the requirements of the Mental Capacity Act 2005, and where people were people's human rights were being restricted the appropriate approvals had been sought from the supervisory body.

Staff got the appropriate support from their managers when they needed it. They were able to meet with their line manager on a regular basis so they were able to get guidance needed to support people appropriately.

Our observations of people were that they were relaxed and able to interact with staff when they wanted. The relatives we spoke with told us that staff were caring and friendly and that staff always respected people's dignity and privacy.

People's equality and diversity needs were not being met consistently or identified through the care planning process. Staff we spoke with were unable to explain people's needs or had the appropriate knowledge to meet their needs.

Since our last inspection the provider had introduced questionnaires so people and their relatives were able to share their views. Whilst the provider and registered manager carried out audits to monitor the quality of the service, we found that these were not consistently effective to ensure the quality of the service people received.

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?

Some aspects of the service were not always safe.

People's needs were not being met consistently because there were not enough staff at certain times of the day to support them.

People did not always benefit from living in a safe and clean environment because the cleaning systems required improvement.

Requires Improvement



Is the service effective?

The service was effective.

People's rights were supported by staff who understood how to care for them effectively.

People received support with food and fluids to keep them safe and healthy.

Good



Is the service caring?

The service was caring.

People received care from staff who were kind, compassionate and caring and who understood the importance of promoting people's privacy and dignity.

People were able to make choices about how they were supported by staff, and which staff supported them.

Good



Is the service responsive?

The service was not always responsive.

People's equality and diversity was not being consistently assessed or which meant that some people's needs went unmet.

People were able to raise concerns through the provider's complaints process.

People were able to take part in a program of activities and their preferences were recorded but were not always being met.

Requires Improvement



Is the service well-led?

The service was not always well led.

Whilst people felt the management team were open, they did not always benefit from a well-led service because the systems in place to monitor the quality of care were not always effective.

Requires Improvement



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.

Our inspection took place on 24 and 26 March 2015 and was unannounced. The inspection was conducted by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed information we

held about the home, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority (LA). They have responsibility for funding people who used the service and monitoring its quality. They shared their view on the day of the inspection.

On the day of our inspection there were 62 people living in the home. The people living within the home were all unable to share their views verbally. We spoke with four relatives, four members of staff, a health care professional and the father from a nearby church who were visiting the home. We spoke with the registered manager and the deputy manager. We looked at the care files for four people, the recruitment and training records for three members of staff and records used for the management of the service; including staff duty rosters and records used for auditing the quality of the service.

Is the service safe?

Our findings

We last inspected this service in April 2014 we found that breaches in Regulations 22 and in Regulation 15 of the Health Social Care Act 2008. This was because there were not sufficient number of staff to support people with their care and areas of the home required some refurbishment to make it a more pleasant living environment for people. We asked the provider to send us an action plan outlining how they would make improvements. The provider told us they had increased the amount of staff available on the morning and the evening shifts and were recruiting more staff, and that the identified carpets and furnishings had been replaced.

Whilst there had been some improvements in the staffing numbers at certain times of the day, we still found that improvements were required during the afternoon shift. Overall people had no concerns about the staffing on two of the units, there were concerns raised about the middle floor where people's needs were often complex. One professional felt there was not enough staff on the middle floor where people were more vulnerable. Staff we spoke with told us there were enough staff during the peak times now but between 1pm and 6pm staff levels had not been increased and there were not enough staff. One member of staff said, "If we need two staff to support someone outside the peak times, there were not enough staff left on the floor". Whilst we did not see any direct impact on how people's care was provided during our observations, the manager acknowledged that this required a review to ensure that the staffing levels were appropriate to meet people's needs particularly during this time of the day.

We found that improvements had been made to the environment of the home. The carpets in the corridors and lounge areas had been replaced. We heard from visitors and relatives how this had improved for people. However, we found that the cleaning schedules still required some improvement. For example, we found that a number of the chairs needed cleaning and the dining areas would have benefitted from tidying after mealtimes. This would ensure that people continue to live in a pleasant environment. We spoke to professionals who were visiting the home. One professional we spoke with said, "I am concerned about the cleanliness of the home". We discussed our findings with the registered manager who acknowledged that improvements were still required within this area.

Relatives we spoke with told us that people were safe within the home. Staff we spoke with knew how to keep people safe and gave examples of what signs they would look for which may indicate that someone was being abused. They continued by explaining the action they would take if such situations were to happen to reduce the risk and keep people safe. Staff also told us they had received the appropriate safeguarding training and records we saw confirmed this. The provider had a safeguarding procedure in place that outlined for staff what to do if people were at risk of being abused.

We saw that risk assessments were in place to ensure staff knew how to manage each situation. The staff we spoke with told us how they used this information to support people to keep them safe. For example, one member of staff explained how they used the risk assessment to keep a person's specific health care needs under review. They told us how they would respond if the person became unwell. This matched what we saw in the care records.

The provider had an appropriate medicines procedure in place to support how medicines were managed and administered by staff. The provider gave us information about this before our inspection in the provider information return (PIR). One relative we spoke with said, "I have seen staff sit with [my relative] to ensure the medicines were taken". Staff we spoke with told us they had received medicine training before they were able to administer medicines. For example, staff were able to explain the process for safely administering medicines to people when they were prescribed 'as and when' by the doctor. They regularly monitored the use of this medication to ensure that it was effective. Medicines were appropriately stored, and during our observations we saw staff recorded that medicines had been given once the person had taken them. This was in line with the provider's policy.

Staff we spoke with told us about the recruitment processes they went through prior to commencing employment in the home. They understood that these were needed to ensure that they were suitable to work with the people who lived there. They gave example examples of how they were required to complete a Disclosure and Barring Service (DBS) check before they were appointed. This check was carried out to ensure that staff were able to work and they would not put people at risk of harm. We looked at three staff records which showed that the

Is the service safe?

provider had a recruitment process in place to ensure staff had the appropriate skills, experience and knowledge to be recruited. Appropriate references were also being sought as part of the recruitment process.

Is the service effective?

Our findings

We last inspected this service in April 2014 where we found that Regulation 14 of the Health and Care Act 2008 had been breached. At this time we found that appropriate advice and support were not being sought from health care professionals and that records did not always accurately provide an up to date picture of the support given. We asked the provider to send us an action plan outlining how they would make improvements. At this inspection we found that improvements had been made to how people's nutrition was being monitored.

We found that the system for preparing meals had been changed to ensure people could have a freshly cooked meal of their choice even if their decision was changed at the point of being given their meal. Staff we spoke with told us that kitchen staff now knew what people's meal choices were, whether they had specific dietary needs or were on supplements. The provider had in place specific diabetic plans to support staff in meeting people's nutritional needs.

We found that where appropriate, people's nutrition was being monitored by way of regular screening which was recorded. Where this information required action, staff told us what they did to ensure that people got the right amount of food and fluid to keep them healthy. They explained how referrals were made to health care professionals where concerns about people's nutrition were noted. We observed people being offered a range of drinks throughout the day. Staff told us that they promoted regular snacks in between meals and we saw that fruits and snacks were available in communal areas so people could access them when they wanted. Menus were displayed so that people knew what meal choices were on offer, but the format was not consistent across the home.

Staff we spoke with explained how consent was gained by them knowing people. Gestures body language and some people communicating by nodding their heads were ways in which consent was given. All the people living within the home were not able to verbally consent, but staff were able to gain consent by using a range of methods. Where people could not consent relatives told us that they were involved

in decisions about the care received where their relative did not have capacity. Staff we spoke with told us they had received training in dementia awareness so they had the understanding and knowledge to support people appropriately.

We found that the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being implemented appropriately. Staff we spoke with had all received the appropriate training and were able to explain what it meant for people living within the home. The manager told us that where necessary, they had made applications to the supervisory body where they had identified that people were being deprived of their liberty to keep them safe. Staff we spoke with were aware of these authorisations and knew the conditions for which people were having their liberty restricted. The local authority representative who was present on the day told us that the registered manager and staff were proactive in managing MCA and identifying concerns around DoLS.

Staff told us that they received regular support from their manager. They described how they would be able to raise things with the manager about their own development needs and how the manager provided them with support to do their job effectively. We saw that staff received regular training in a range of topics which the provider considered important. For example, the training for dementia had helped staff understand the importance of non-verbal communication and gestures. Staff confirmed that they were provided with an induction program; this was part of the information provided through the PIR form. Staff also told us they had the opportunity to shadow more experienced staff before being expected to support people on their own.

Relatives told us that people were able to access health care professionals when needed. One relative said, "People are able to see their doctor when needed". Staff told us how they would also access other professionals to support people for example how they made referrals where they identified that people had eating or drinking difficulties. Records showed that medical health files were used to record when people saw health care professionals. For example, their doctor, dentist or optician.

Is the service caring?

Our findings

A relative said, “Staff are very friendly always greet you and you are made to feel welcome”. Another relative said, “Staff are very kind to [relative name] we are very happy with the home”. A health care professional said, “Staff are wonderful, nothing is too much trouble”. One relative told us that on mother’s day staff went out of their way to make female residents, who had no visitors on the day feel extra special, so they did not miss out while other residents had their relatives visiting. The relative said, “This showed the staff were caring and considerate”. Our observations were that staff were all friendly toward people.

Staff were visible and interacting with people and checking that they were okay and if they needed anything. Staff were seen sitting and chatting with people on a one to one basis and generally showing people friendship and even sharing a joke together. People were relaxed and lived in an environment where they were contented around the staff who supported them. Senior staff we spoke with had a good understanding of the people they supported and were able to explain and answer questions about people which showed us they knew the people they were supporting. One relative told us the care was better than okay. They went on to say, “We are really lucky [relative’s name] is in a place where she is cared for so well”. The atmosphere within the home was one of people living in a relaxed manner.

We observed that someone wanted to go to their bedroom and the staff offered the support to enable them to do this. Staff used their knowledge of people to ensure that they were involved in important decisions about their care. Relatives we spoke with told us that staff kept them informed of their relative’s progress on a regular basis. They were also able to share their views on how their relative was being supported.

Our observations showed that people were able to make decisions about the care they received. We saw staff consistently check with people before supporting them. On one occasion we saw staff ask someone if they wanted to go upstairs and take part in the activity that was planned. The person was able to demonstrate through their gestures that they did not want to take part, and staff was therefore able to know the person’s wishes.

Staff explained how they ensured that people’s dignity and privacy was respected. We saw how staff supported someone with a blanket clothing to ensure that their dignity was maintained whilst relaxing in one of the lounges. One member of staff said, “As part of the assessment process, people are able to say whether they want male or female staff to support”. We saw that these choices were respected by the staff team. We heard from relatives about how people’s privacy and dignity was respected.

Is the service responsive?

Our findings

We identified a number of people with a range of cultural needs. When we spoke with some of the staff they lacked an understanding of how to respond to individual people's cultural needs. We heard how one person was reliant on their relative to deliver their meals because of their specific cultural requirements. We were told that when the relative could not provide meals, the person did not get their preferred meal choices. The assessment process did not identify people's equality and diversity needs. One relative we spoke with told us their relative's cultural needs were not being met in the way they wanted. The manager acknowledged that this was only identified where a family member raised it as an issue. The manager also told us action would be taken to improve how people's equality and diversity needs were met.

All the relatives we spoke with told us they were involved in the assessment and care planning process. They confirmed that the support their relative needed was discussed, agreed and regularly reviewed. Staff we spoke with confirmed that reviews were carried out and they involved relatives. Records we saw were personalised and showed how people wanted their care delivered. One relative said, "I am invited to attend reviews about [relative's name]".

The manager had developed a programme of activities which people who choose to could participate in. On the afternoon we saw people singing and dancing to a singer who attended the home weekly as part of a program of activities. People enjoyed and sing along and laughed and

danced. We saw one person sitting and enjoying a jigsaw which was one of their identified preferences. We saw that staff were responsive to people's needs and actively tried to encourage people's participation in a range of activities that would promote their well-being. The manager explained the actions they had taken since the last inspection to improve how staff used activities to make people's lives more enjoyable. She acknowledged that more work was required to promote and ensure that people's individual hobbies and interests were being supported.

The provider had a system in place for monitoring complaints and taking the appropriate action to improve the service people received. Relatives we spoke with confirmed they had been given a copy of the process and knew how to complain. One relative said, "I would speak with the manager, who is very approachable". Staff we spoke with understood the process and who would deal with complaints. We found that complaints were recorded so the provider could monitor how complaints were handled and check for trends.

We found from the last inspection that questionnaires were not being used. Relatives we spoke with told us they had received a questionnaire since we last inspected the service. Records we saw confirmed that a questionnaire had been sent out since we last inspected the service. The manager told us that the information received was being analysed but where concerns were identified an action plan would be put in place to work through the concerns.

Is the service well-led?

Our findings

We last inspected this service in April 2014. We found that the provider did not have effective systems in place to monitor the quality of the service provided and was in breach of Regulation 10 of the Health and Social Care Act 2008. We asked the provider to send us an action plan outlining how they would make improvements. Whilst improvements were made to the systems, these systems were not effective. We found concerns with the effectiveness of these audits. Staffing levels at certain times of the day were not sufficient to keep people safe and this was not being checked consistently. We found that cleaning schedules still required improvements and were not being audited effectively to ensure where people lived was clean and pleasant.

We found that there was a registered manager in post as is required to meet legislation. We found that the atmosphere within the home was friendly and homely. Relatives we spoke with told us they were able to visit the home whenever they wanted and they were made to feel welcome.

Relatives and staff we spoke with told us the manager was available around the home on a consistent basis. Staff confirmed the manager was supportive to them when needed.

Relatives, professional and staff we spoke with all told us the home was very well run by the manager. When the manager was not available there was a deputy manager in post to cover the home. Staff we spoke with knew the management structure and who was in charge of the home on any given occasion.

We found that the local commissioning team was working closely with the home by visiting on a regular basis to support the home to maintain a high standard of care to people.

We found that the provider had a whistleblowing policy in place to enable staff to raise concerns they may have with the service people received anonymously. Staff we spoke with confirmed they had been given a copy of this policy and knew its purpose.

The provider had an accident and incident procedure in place so staff had clear guidelines as to how such situations should be handled. Staff we spoke with were able to explain the actions they would take where an accident happened and that they would complete the appropriate documentation. We found evidence to show that the appropriate accident book was in place and being completed appropriately and where people had an accident this was also being logged on their care records.