

Sandwell Metropolitan Borough Council

Holly Grange Extra Care Housing

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Our inspection was unannounced and took place on 1 February 2016.

At our last inspection of September 2013 the provider was meeting all of the regulations that we assessed.

The service is registered to and managed by Sandwell Council. The provider is registered to provide personal care to adults. People who used the service received their support and care in their own flats within the extra care housing complex. At the time of our inspection 28 people received personal care and support.

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.

Systems did not always confirm that people were given their medicine as they had been prescribed by their doctor.

The provider had not followed processes they are required to. We had not been informed of a recent medicine incident that should have been reported to us as is required by law.

Staff had not reported some issues that required attention so that remedial action could be taken to prevent the issues reoccurring.

Processes were in place to prevent people from the risks of accidents and injuries.

People and their relatives felt that there were enough staff available to meet their [or their family members] individual needs.

Staff felt that the induction training they received the support they had on a day to day basis and the supervision sessions offered ensured they did their job safely and in the way that people preferred.

Staff training records were not up-to-date however; staff confirmed that they had received the training they required to meet people's needs and to keep them safe.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They knew that regarding extra care services any DoLS referral would have to be made to and approved by the court of protection.

Staff supported people to have sufficient diet and fluids to prevent them experiencing ill health due to malnutrition and dehydration.

People were enabled to make decisions about their care and they and their families were involved in how their care was planned and delivered.

Staff supported people to keep in contact with their family as this was important to them.

Staff supported people to be as independent as possible. People were encouraged and supported to undertake daily tasks and attend to their own personal hygiene needs.

People received assessment and treatment when needed from a range of health care professionals which helped to promote their health and well-being.

Complaints processes were in place for people and their relatives to access if they were dissatisfied with any aspect of the service provision.

People told us that they felt that the quality of service was good. This was also the view of relatives and staff we spoke with.

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 consistently safe.

Medicines were not consistently managed safely as they were not always given to people as they had been prescribed by their doctor.

People who used the service felt safe and secure.

People and their relatives felt that risks to people's safety were well managed.

Is the service effective?

Good 

The service was effective.

People felt that they received effective care and support in the way that they preferred.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff ensured that people were not unlawfully restricted and received care in line with their best interests.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Is the service caring?

Good 

The service was caring.

People and their relatives confirmed that the staff were kind. People felt that the staff gave them attention and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills was encouraged.

People's relatives could visit them at any time.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

People felt that staff were responsive to their preferences regarding daily wishes and needs.

Complaints procedures were in place for people and their relatives to access if they had a need to.

Is the service well-led?

The service was not consistently well-led.

Although staff knew of the provider's procedures to decrease the risk of harm to people we had not been informed of a recent incident as is the requirement.

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

People and staff told us that the management of the service was open and inclusive.

Requires Improvement 

Holly Grange Extra Care Housing

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 was unannounced and took place on 1 February 2016. The inspection was carried out by one inspector.

We asked the local authority for their views on the service provided. We also 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 the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with nine people who used the service and three relatives. We also spoke with four care staff, a member of the cleaning staff and the registered manager. We looked at two people's care records and medicine records, two staff member's recruitment records and the staff training records. We looked at systems in place to monitor the quality and management of the service including provider feedback forms that had been completed by people who used the service. In addition we observed staff interacting with people during their breakfast and lunchtime meals.

Is the service safe?

Our findings

We found that a person had been prescribed a medicine inhaler to help with their breathing. The type of inhaler prescribed automatically showed how many doses had been used. When we checked the medicine records we found that there were a higher number of staff signatures than the doses used highlighted on the inhaler. The staff and the registered manager told us that the most likely reason for this was that staff were not undertaking appropriate checks. A check of the inhaler to see the number of doses used before and after the person used it would indicate if the inhaler had been used correctly. This highlighted that staff had not ensured that the person had taken their inhaler as it had been prescribed.

People we spoke with told us that they wanted the staff to manage their medicines. A person said, "I would rather the staff do my tablets". Another person told us, "The staff give me my tablets properly and at the right time morning and evening". The manager and staff we spoke with told us that only staff who had been trained and deemed as competent to do so, were allowed to manage and prompt medicine. This was confirmed by records we looked at.

We saw that safe storage was available in people's flats to prevent unauthorised people accessing the medicines. We saw that processes were used for ordering and returning unused medicine to the pharmacy. This meant that an excess stock of unwanted medicine would not build up, and that people's medicine would be available for them to take as they had been prescribed.

We found that medicines left over from the previous month or months had been carried over onto the current records. This meant that there was always a record of the exact amount of medicine available and an audit trail for staff to follow if a medicine error occurred. We counted two people's medicines to confirm if the number of tablets available balanced correctly against their medicine records and found that they did.

People and the relatives we spoke with told us that there were enough staff. A relative said, "I think the levels are alright". Staff we spoke with told us that they felt that there was enough staff to supervise people and provide support. We observed that staff were available during the day to supervise people and to keep them safe. Staff told us that they covered each other during holiday time. They also told us that agency staff were used to cover staff sickness or staff holiday leave. We spoke to an agency staff member who told us that they worked at the service regularly. This was confirmed by the manager. This should ensure that people would be supported at all times by staff who were familiar to them and knew their needs.

A staff member told us, "They [the provider] sent for references and checked me before I could start work". Records that we looked at confirmed that before staff started to work checks had been 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. We noted that the provider had not always confirmed why there were gaps in some staff employment history. We also noted that staff had not all verified why their last care employment ended. This meant that the provider had not got all the required information to enable them to make a judgement on potential new staff's suitability to prevent any risk of harm to people.

A person who used the service told us, "There is nothing like that [abuse] going on here. If there was I would not put up with it. I would say something". A relative said, "I have not been aware of anything like that". All other people and their relatives who we spoke with told us that there were no concerns about poor treatment or abuse or neglect. Completed provider feedback forms also confirmed this. Staff we spoke with confirmed that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. A staff member said, "All staff has been told that if there are concerns of that kind we must report it and I would". The registered manager had reported a concern regarding medicine to the local authority safeguarding team. They did this to promote the person's safety.

A person said, "I have always felt safe here". A relative we spoke with told us, "There have been no concerns about their [person's name] safety". Other people and the relatives we spoke with felt that they and their family members were safe. We saw that risk assessments had been completed regarding the risk of falls. The registered manager gave us a detailed account of how they monitored incidents, falls and accidents and we saw that a monthly falls analysis was maintained to determine patterns or trends. We saw from records, and staff we spoke with confirmed, that referrals had been made to occupational therapy and physiotherapy professionals for advice and guidance on how to prevent people from falling. The registered manager said, "Sometimes it is a very simple thing that needs to be addressed to prevent falls. One common problem is inappropriate footwear". The registered manager told that one person had slipped off their bed a number of times. They told us that the duvet cover they had was made of silky material and once a new non-silky duvet cover had been purchased the person had not slipped off the bed again. Staff told us that they followed guidance when moving and handling people. A staff member told us, and this was confirmed by the registered manager that, "Two staff at all times are needed if we use a hoist to assist people to move. We never do this with just one staff member". We saw that a range of equipment was provided to promote safety. This included equipment for fire detection and prevention. Records we looked at and the registered manager confirmed that the equipment was serviced by an engineer regularly. These actions promoted people's safety.

Is the service effective?

Our findings

People who used the service and relatives we spoke with told us that the service provided was effective. A person said, "I think it is good here". Another person told us, "I have lived here for a long time. The care and support is good". A relative said, "I am happy with the care. It is an excellent service". Staff we spoke with felt that the service provided to the people was good. A staff member said, "I think we [the staff team] look after the people very well".

A staff member said, "During my induction training I went on the corporate training when I was told about the organisation. I also had mandatory training that included hoist training, looked at care plans, and met the people here. I shadowed other staff [shadowing is when new staff work with more experienced staff to learn their job role]. It was good as it showed me what I needed to do". The registered manager told us that the provider had introduced the new Care Certificate and that they were attending training the following week to get more information about this. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member told us, "I feel supported. We [the staff] work as a team and help each other. We can go to the manager and senior care staff at any time. They give us support and advice". Other staff we spoke with told us that they too felt supported and received supervision sessions and support. Records that we looked at confirmed this. A person who used the service said, "I don't know what training the staff have but they know what they should do". A staff member told us, "I have had the training I need, some may need to be updated soon I think". The registered manager was not able to confirm fully what training staff had received. They told us that they were in the process of updating training records and securing refresher training for staff.

A person who used the service told us, "The staff always turn up to provide my care". Other people we spoke with also told us that staff always turned up to do their care call". A person who used the service told us, "The staff come to me on time". Another person said, "Sometimes the staff are a bit late". The majority of people who used the service told us that their care calls were at the time that had been agreed. People and their relatives told us that staff did what they should during the care calls and stayed the agreed length of time to provide the care and support that people needed.

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 where personal care is being provided must be made to the Court of Protection. The provider had knowledge of the principles of the MCA.

A person who used the service said, "I go out every day". The staff are not allowed, and do not say we cannot

go out, or do what we want to do". A person who used the service told us, "The staff always ask me before they do anything". Other people who used the service also assured us that the staff always asked for their consent before starting care or support tasks. A staff member said, "People have the right on any day to refuse care so we always ask them first". We found by speaking with staff that they had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). The registered manager and staff we spoke with knew of their responsibilities regarding DoLS. They knew that regarding extra care housing services any DoLS referral would have to be made to and approved by the Court of Protection. The registered manager had referred one person for assessment for a DoLS approval to promote their safety and wellbeing. This demonstrated that the provider had taken action to ensure that people did not have their right to freedom and movement unlawfully restricted.

A number of people and their families accessed health care support independently. Other people needed support from staff. A person who used the service told us, "I would ask my family to get a doctor. However, I know if I ask the staff they would ring for me too". A relative said, "The staff have been very good making sure that they [their family member] get medical support. The staff knew last week they [their family member] were ill and they went into hospital". Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's, the dietician, occupational and speech and language therapists. People told us that they received regular dental and optical checks. This ensured that the people who used the service received the health care support and checks that they required.

A person told us, "The staff help me with my meals and drinks". Another person said, "The staff always encourage me to eat and remind me to drink". A staff member said, "All staff know the importance of supporting people to eat and drink enough". In the morning and afternoon we saw that staff offered people who were in the communal areas a drink. The registered manager told us about individual people's eating and drinking requirements and risks. When we asked staff were able to tell us who was at risk of choking. A staff member said, "Because of poor swallowing and to prevent them from choking, some people have been assessed and prescribed a thickening agent to go in their drink". Staff told us and records confirmed that where there were concerns about people weight referrals were made to the person's doctor or dietician. This showed that staff knew who was at risk when drinking and the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness.

A person told us, "My family buy my food and the staff help me to prepare it. I have my main meal in the dining room". People who used the service purchased their own food and drinks or their family did this for them. A main lunch time meal was on offer for an additional cost. We observed the lunch time in a communal dining room. We saw that it was a pleasant relaxed event. People had choices of what they wanted to eat. We saw that staff were available to assist and/or encourage people to eat and drink.

Is the service caring?

Our findings

A person who used the service told us, "The staff so kind. I did not want to leave my house and come here. If it was not for the kindness I have received from staff I don't know what I would have done". Another person said, "The staff are very kind". A relative said, "The staff are really kind". We found that the provider encouraged a positive atmosphere within the service. It was warm and welcoming. We observed that people who used the service had good relationships. We heard them asking how each other were. We saw that staff interactions with the people who used the service were also positive. Staff greeted people on an individual basis and asked how they were. We saw that staff took time to listen to what people said. We saw that people looked comfortable and were smiling when talking with the staff.

A person said, "I think the staff are very polite". A relative told us, "They [the staff] are always polite, helpful and show respect to people and they talk to us respectfully". A relative said, "The staff treat her [Their family member] with great respect". Another person said, "The staff never enter my flat without knocking the door or asking my permission to enter". We heard a person say to staff that they needed an item fetching from their flat. We heard the staff member asking the person if it was alright with them if they went into their flat. Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of covering people up when supporting them with their personal care and ensuring that curtains were closed.

A person told us, "We are lucky the hairdresser comes regularly so we can have our hair done". Another person said, "I wear what I want to". A staff member told us, "We [the staff] support people with their personal care and help them to look nice. That is what people want". This showed that staff knew that it was important to promote people's self-esteem and enabled them to present themselves in the way that they wished.

A person said, "The staff encourage us all to do what we can independently". A staff member told us, "A number of people are able to do most things for themselves and we encourage that by prompting and offering support". We saw that some people went out independently to undertake personal tasks. People told us that they attended to their laundry needs and where possible prepared meals. This highlighted that staff knew it was important that people's independence was maintained.

A person said, "I understand what the staff say". Other people told us that staff communicated with them in a way that they understood. We saw staff speak with people slowly and clearly and where it was needed repeat what they said so that the person understood.

A person told us, "It is my flat and my family can come and see me at any time". Another person said, "I love it when my son comes to see me". A relative said, "I can come here at any time. I am very much made to feel welcome by the staff". The staff we spoke with told us they welcomed people's visitors and that they could visit when they wanted to".

Is the service responsive?

Our findings

A person told us, "I came and had a look at the place and the flat to help me decide if I wanted to move in here. The staff asked me lots of questions to find out the care I would need". A relative said, "We [they and the person who used the service] visited and looked at the flat that was on offer. The staff assessed their [person's name] personal circumstances". Records we saw and the registered manager both confirmed that all people who were looking at moving in had the opportunity to visit and an assessment of their needs undertaken. These processes enabled people to decide on the suitability of the placement and for the provider to find out if they could meet people's needs in the way they required.

A person told us, "When I first came here I did not think I would ever like it. The staff knew that I was anxious because I told them. Because they knew about this, and about me, they responded to me by spending time, and talking to me. This made me feel better and I have started to settle". A relative [of a different person] said, "They [person's name] really did not want to leave their home. The staff knew that this would be a problem. Their [person's name] needs were met from the first minute and I was so surprised how soon they settled and felt content here".

A person told us, "I had not been well and staff visited me more often to make sure I was alright. A relative said, "They [person's name] wanted to start getting up later. The manager did some moving around so that their call was changed to a later one and we are pleased about this". This showed that staff responded to people's needs and offered a flexible service.

A relative told us, "They [person's name] and I have been involved in the care planning since day one. I feel that plans show their [person's name] needs and wants well and these are met". A person said, "My care plan shows what needs to be done and I am fully involved". We looked at two people's care plans and found that they generally reflected people's needs. However, for one person better monitoring and recording of their pain level would give their GP a better picture of the pain to be able to treat it. The registered manager told us that they would address this. When we spoke with staff and asked them questions about individual people they gave us a good account of their needs and risks. The majority of provider feedback forms that we looked at highlighted that people had been involved in their care planning and confirmed that staff knew them well.

People told us and records that we looked at highlighted, that people had the opportunity to meet their religious needs. Representatives from local places of worship visited regularly for people who wished to pray and discuss their religious needs. Staff confirmed that it was each person's choice if they attended a religious service and where they wanted to they could be supported with this. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

A person who used the service told us, "If I had a complaint I would speak to the manager or staff. It would be dealt with". A relative told us, "If I needed to complain I would firstly speak to staff or the manager. There is nothing to complain about though". We saw that a complaints procedure was available in the premises

for people to read and access. It gave contact details for the local authority and other agencies they could approach for support to make a complaint. People had all confirmed in the provider feedback form that they completed that they knew how to complain. This demonstrated that a system was in place and people knew what they should do if they were not satisfied with any part of the service they received.

Is the service well-led?

Our findings

Providers are required legally to inform us of incidents that affect a person's care and welfare. Although the registered manager had notified the local authority safeguarding team, they had not notified us of a safeguarding issue that had occurred regarding a medicine issue. The registered manager told us that they were not aware that they had to. This meant that the provider was not informing us of all incidents as they should.

We observed that a person who had fragile skin had small bruises on their hands. However, this was not recorded on an accident form, body map, or in their daily records. The registered manager told us that staff had not told them about the bruises. We found that on one day, two weeks before our inspection, staff had not signed some medicine records to confirm that they had given a person their medicine. The manager confirmed that staff had not reported this to them so that it could be addressed. This highlighted that staff were not following processes so that corrective action could be taken to improve those areas.

The provider had asked the local authority contract monitoring team to determine how the service was performing and if there were any changes they needed to make. The contract monitoring teams findings overall were positive but had identified some areas that required improvement. The registered manager had listened to what had been said and had started to work on the areas that were lacking.

The provider had a leadership structure that staff understood. There was a registered manager in post as is required by law who was supported by their line manager and senior care staff. We found that a positive culture was promoted within the service that was transparent and inclusive. All of the people and the relatives we spoke with knew who the registered manager was.

A person said, "The manager is lovely". Another person pointed to the registered manager and told us, "She is my friend". We saw that the registered manager was visible within the service, engaging with and speaking with people. We saw that people were comfortable to approach the registered manager and speak with them. A relative said, "The manager and senior staff are available and approachable".

Staff we spoke with told us that they were supported and felt able to approach the registered manager and knew that they would be listened to. Staff told us and records confirmed that regular staff meetings took place. A staff member said, "The staff meetings are good as it is a way for all staff to get together and hear about things at the same time".

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. 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, "I would report anything I saw that I was concerned about". Another staff said, "I would whistle blow if I had a need" This showed that if concerns or bad practice occurred staff knew they should report to the registered manager to protect people who used the service.