

Sandwell Metropolitan Borough Council

Manifoldia Grange Extra Care Service

Inspection report

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Tel: 0121 525 2792

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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



Overall summary

Our inspection was unannounced and took place on 26 October 2015.

The provider is registered to provide support and personal care to adults. The service is registered to and managed by Sandwell Council. People who used the service received their support and care in their own flats within the extra care complex. At the time of our inspection 38 people received personal care and support.

A 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.

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

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 required by law.

Summary of findings

People and their relatives felt that processes in place prevented people from the risk 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 and the support they had on a day to day basis ensured they did their job safely and in the way that people preferred.

Staff supervision sessions were not always carried out often and staff training records were not available, the registered manager was to address this.

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 with their nutrition and personal care needs. We found that people were able 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.

All people we spoke with told us that the quality of service was good. This was confirmed by relatives we spoke with. However, due to a lack of support from senior care staff due to vacancies managerial systems that included the updating of records and the quality monitoring of the service had not taken place.

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?

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.

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.

People and their relatives felt that the processes in place prevented the risk of harm from accident and injuries.

Requires improvement



Is the service effective?

The service was effective.

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

Although some staff supervision sessions were not carried out often and current training records were not available the registered manager was working to rectify this.

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.

Good



Is the service caring?

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.

Good



Is the service responsive?

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.

Good



Summary of findings

Is the service well-led?

The service was not consistently well-led.

Due to a lack of support from senior care staff because of vacancies managerial systems that included the updating records and the quality monitoring of the service had not taken place.

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



Manifoldia Grange Extra Care Service

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 26 October 2015. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete 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. This information is then used to help us plan our inspection. The form was completed and returned so we were able to take information into account when we planned our inspection. 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 12 people who used the service and five relatives. We also spoke with four staff, the registered manager and the senior manager for the service. We looked at three people's care records and eight medicine records and two staff's records. We looked at systems that supported the provider to monitor the quality and management of the service.

Is the service safe?

Our findings

All people and relatives we spoke with confirmed that there were no concerns about abuse or neglect. A person who used the service told us, “No I have not had anything bad happen. The staff are kind”. A relative said, “Oh no, no concerns like that”. 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, “I would not let anything like abuse go without reporting it. I expect everyone to be treated well and not experience anything bad”. A physical incident had occurred and although the registered manager had reported this to the local authority safeguarding team they had not reported this to us as is required by law. However, action had been taken to prevent other incidents occurring and to keep people safe.

Most people we spoke with told us that they felt safe; a number told us that they felt, “Very safe”. A person said, “I am safe”. Another said, “I feel very safe here”. A relative we spoke with told us, “My relative is very safe here, no worries”. However, one person said that they had experienced an incident (That did not involve staff) and they had not felt safe. Following the incident the registered manager had secured input from a range of health and social care professionals and had taken action to prevent the situation reoccurring.

We asked staff how they would respond in certain emergency situations. They gave us a good account of the actions they would take which included, reassuring the person, summoning help from other staff and dial 999 or call the GP if that was needed so that people received appropriate support in such circumstances. They told us that they would complete accident records following any incident.

We looked at the arrangements the provider had in place for safe management of medicines. Staff told us that they had received medicine training and felt competent to do so. However, training records were not available for us to look at.

The majority of Medicine Administration Record (MAR) that we looked at were appropriately completed. However, for one person their MAR highlighted that one of their medicines had not been given for one day as there was ‘none left’ and another medicine had not been given but

there was no reason for this recorded. This highlighted that the person had not had their medicine as it was prescribed by their doctor. The registered manager was not aware of this until we raised the issue. As the person had not been given their medicine there was a potential risk of discomfort and ill health.

Supporting information for staff to administer medicines had not always been available. There had not been any ‘body map’ documents to instruct staff where prescribed creams should be applied. Supporting information for medicine prescribed on a ‘when necessary’ or ‘as required’ basis to enable staff to make a decision as to when to give the medicine had also not been made available. This had meant that there could have been a risk that people were given medicine when it was not needed or not given medicine when it was needed. The registered manager knew of these shortfalls prior to our inspection and had started to implement processes and documents to rectify the issues. They showed us a document to confirm this.

People we spoke with told us that they would rather the staff looked after their medicine. A person who used the service said, “I would not feel happy doing my own medicine”. People who used the service could have the opportunity to manage their own medicine if they wanted to and some people had been assessed to do so. We saw that safe storage for medicine was provided. A person told us, “I do my own tablets and keep them safe”.

A person told us, “You see I have this to help me walk carefully”, showing us their walking aid. Staff we spoke with were aware of people’s risks. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who used the service. These included mobility assessments, risks relating to people accessing the community and when partaking in daily living activities. Records we looked at and staff told us that where people were at risk of falling referrals were made to external health care professionals for assessment of equipment to prevent them falling. We saw that people used various aids to help them walk safely. We saw that staff offered appropriate support to enable people to walk safely to prevent them falling.

People’s views varied regarding staffing. A person said, “There are staff when we need them”. People told us that if they called for staff they generally did not have to wait long. A person said, “We don’t have to wait long for the buzzer (The staff call system) at all”. Two people highlighted that

Is the service safe?

there could be more night staff. The registered manager told us that the provider was undertaking a review of night staff levels at the present time. Staff we spoke with told us that in their view generally there were enough staff. The registered manager told us, "There are always enough staff on the floor". A person's needs had changed and the registered manager had secured additional funding for the person to have one to one support during day time hours, seven days a week. Staff told us and the registered manager confirmed that when staff were off sick or on leave their shifts were covered by the staff team. This assured people that there were contingency plans in place to ensure that they would be supported appropriately supported at all times by staff who knew them well.

The registered manager told us that no new staff had been employed for some time. However, staff employed a few years ago confirmed that checks had been undertaken for them before they were allowed to start work. The registered manager confirmed the processes that would be followed before new staff would be allowed to start work. This included the obtaining of references and checks 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 concern. These systems would minimise the risk of unsuitable staff being employed.

Is the service effective?

Our findings

The people and relatives we spoke with told us that the service provided was effective. A person said, "I think it is good here". Another 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 they [Their family member] receive". Staff we spoke with felt that the service provided to the people who used the service was good. A staff member said, "I think people are well cared for"

A staff member said, "I had induction when I started here. They told us that their induction included working with experienced staff, attending training and attending a corporate welcome. The registered manager told us and records we looked at confirmed that induction training was provided to new staff. We asked the registered manager if the new Care Certificate had been introduced. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. The registered manager told us that they did not know if the Care Certificate had been introduced by the provider as no new staff had started to work at the service since it was implemented. They told us that they would ask the provider's training section about this.

All staff we spoke with told us that they received supervision and support. A staff member told us, "I feel very supported. There is always someone we can ask if we need to know something". However, records that we looked at highlighted that the supervision sessions had not been very regular. We asked the registered manager about this. They agreed that not all staff supervisions had been regular enough because of time limitations mainly due to vacant senior staff posts but they were taking action to address this.

A staff member said, "I think my training is up to date". A person who used the service told us, "The staff seem to know what they have to do. I am happy with what they do". However, the registered manager was not able to confirm fully what training staff had received. They told us that they could access the information but it would take time. They told us that there had been an incident with the training records and they had been deleted. The registered manager told us that they knew that it was important that

this was addressed. They told us that they would ask the provider's training section to provide them with updated information so that they could produce new training records.

People told us that staff always turned up to do their care call. The majority told us that the care calls were at the time that had been agreed. A person said, "The staff always turn up to look after me on time". Another person said, "If the staff are late it means they are looking after another person. They do let us know that they will be late". 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.

People told us that staff always asked their permission before undertaking care or support tasks. A person said, "The staff have a chat with me and ask me what I need doing before they do anything". Another person told us, "The staff don't just do things they always ask me first".

A person who used the service said, "We all come and go as we want to. There are no rules to say we cannot go out". Another person said, "We are not restricted here". Staff and relatives told us that non-restrictive practice was promoted. We found by speaking with staff that they had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). DoLS are part of the MCA they aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager and staff we spoke with knew of their responsibilities regarding DoLS. They knew that regarding extra care 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. 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 said, "If I want a doctor I tell the staff and they ring for me". A relative said, "The staff get the nurse or doctor when they are needed". 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

Is the service effective?

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.

All people we spoke with told us that they were supported to have the food and drinks they liked in sufficient quantities. A person told us, "I think I eat and drink enough". Staff are always around if I need them". People who used the service purchased their own food and drinks. Where people required support to prepare and cook meals this was provided. A person told us, "I have enough to eat and drink". A main lunch time meal was on offer for an

additional cost. The majority of people chose to have this meal. A person said, "The meals are nice and we have two choices". We observed the lunch time in a communal dining room and saw that staff were available to assist people to eat and drink. They sat with people and encouraged them to eat and 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 the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness.

Is the service caring?

Our findings

We found that the atmosphere within the service was warm and welcoming. People and relatives spoke positively about the staff. They described them as being, “Kind”, “Helpful” and “Caring”. A person said, “The staff are very nice”. Another person said, “The staff are very caring”. A relative said, “The staff are lovely”. We observed staff interactions with the people who used the service. We observed that staff greeted people and asked how they were. We saw that staff took time to listen to what people said. We saw that people responded to this by talking with staff and having confidence to inform them of their wants and needs.

A person said, “The staff are polite and respectful. They talk to us respectfully”. Another person said, “The staff always ask me if they need to go in my flat”. A relative said, “The staff treat her [Their family member] with great respect”. 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 and curtains were closed when supporting people with their personal care. People and relatives we spoke with told us that the staff were always polite and promoted their family member’s privacy and dignity.

A person said, “I like to look nice”. People told us that they selected their own clothes to wear each day. We saw that people wore clothing that was suitable for the weather and reflected their individuality. Another person said, “The staff know how I like my hair washed and do that. I like my hair done well”. A relative said, “The hairdresser comes regularly and they [Their family member] likes to have their hair done”. A staff member told us, “All people have their own individual styles, like us all”. This highlighted that staff knew that people’s appearance was important to them and supported them to look their best.

A person said, “I like to do things for myself. I do a lot for myself”. A staff member told us, “We always encourage people to do as much as they can for themselves”. Care plans we looked at highlighted that where possible staff should encourage people to be as independent as possible regarding daily living tasks. During our inspection we saw people going out independently and returning with shopping. 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.

Staff we spoke with told us that they read the provider’s confidentiality policy. A staff member told us, “I know that we should not discuss anything about the people here outside of work and that records must be locked away at all times”.

People and relatives we spoke with all confirmed that the staff communicated with them appropriately. We saw that staff got down to the same level as people when speaking with them so that they could hear what was being said. We saw that people understood and responded by communicating back to staff. Some people lived with various sensory conditions. They told us that staff communicated with them adequately. The registered manager told us and certificates on some staff files confirmed that they had received basic sign language training to assist them to communicate better with people who may have limited hearing.

A person told us, “My family visit me whenever they want to. I love to see them”. Records we looked at and staff we spoke with highlighted that there were no visiting restrictions and families could visit when they wanted to. All people we communicated with told us that it was important to them where possible to maintain contact with their family. All relatives we spoke with confirmed that staff enabled them to have as much contact with their family member as possible.

Is the service responsive?

Our findings

People told us that staff involved them in care planning so they could decide how they wanted their care and support to be delivered. A person confirmed, “I am asked when and how I want my support”. Another person said, “I tell the staff what I want done”. A relative said, “I am absolutely involved in everything and happy with everything”. Records we looked at and staff we spoke with confirmed that where required people’s needs were reviewed by the local authority and other health or social care professionals. These processes enabled the provider to confirm that they could meet people’s needs in the way that they preferred.

We found that some people’s care plans were not current or up to date. However, when we asked staff about people’s current needs they were able to give us a good account of how they cared and supported each person. The registered manager told us that they had started the process to update the care records.

People told us that staff provided the care and support in the way they wanted it to be provided. A person said, “The staff listen to what I want done. They do things the way I like”. Another person said, “The staff do things in the proper way. They never rush me”. All people told us that staff

supported them with their preferred lifestyles. A person who lived there said, “I am given the opportunity of support to do what I want but I like to go out on my own”. Another person said, “I like to do my own thing. We can go into the main room if we want and join in activities”.

People told us and records that we looked at highlighted that people had been asked about their personal 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, “I know what I must do if I was not happy. I would speak to the staff”. A relative told us, “I don’t have any complaints if I did I would speak to the management. They would deal with it”. We saw that a complaints procedure was available in the premises for people to read and access. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. It gave contact details for the local authority and other agencies they could approach for support to make a complaint.

Is the service well-led?

Our findings

During the last year the provider had undertaken a review of the service. Following this review changes had been made regarding senior care staffing. Since this had happened there had been a senior care staff vacant post. The registered manager told us that senior care staff levels had an impact on the service in that they were behind in updating care plans and other records, quality audits, the use of feedback forms and undertaking staff supervisions. A staff member said, “We have a lot to catch up on”. The registered manager had identified that the service was not running as it should and had raised the issue with their line manager. The line manager had secured a full audit from the local authority team to see where the service was not performing and what they needed to do. The feedback from the audit had highlighted shortfalls with record keeping rather than a lack of people’s direct care and support. The registered manager had listened to what the audit team had told them and had started to work on the areas that were lacking. The registered manager told us that they were interviewing for a new senior care staff member the next week which would also improve the situation.

It is a legal requirement that the provider informs us of incidents that affect a person’s care and welfare. Although they had notified the local authority safeguarding the provider had not notified us of a safeguarding issue that had occurred. However, we found that the registered manager had been insistent that the local authority became involved and had secured a range of actions to prevent the safeguarding issue occurring again.

The provider had a clear 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. A person said, “The manager is good”. We saw that the registered manager was visible within the

service, walking around and speaking to people. We saw that people were comfortable to approach the registered manager and speak with them. A relative said, “The manager is available and approachable”. 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.

The registered manager 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. The form was returned within the timescale we set and to a good standard. It highlighted areas where the registered manager felt that improvements were needed and the plans for the service to improve within the coming year.

Staff spoken with felt supported and confident that they could approach the registered manager and that they would be listened to. Staff also told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. A staff member said, “We are all supported and given direction”. All staff were clear about their responsibilities and confirmed to us that it was important to them that people who used the service got the best care and support possible.

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 know if I reported something I was concerned about it would be looked at and I would not be in trouble”. Another staff said, “I would not hesitate to whistle blow if I saw something that worried me. The people here deserve to be treated well at all times”. This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had confidence to report them to the registered manager.