

# The Sandwell Community Caring Trust

## Allerton Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 20 November 2018 and was unannounced. At the last inspection of the service in June 2016, the provider was rated as Good in all five key questions. At this inspection, we found that the rating was now Requires Improvement overall with a breach of regulations within the Well Led domain in relation to Good Governance.

Quality assurance audits were carried out, but these did not identify concerns in all areas.

Administration, recording and storing of medicines given was not always done safely. Medicines were not always given as required and we saw medicine used past its use by date which could impact upon a person's health and wellbeing. Staff did not always receive the training that they required to support people effectively. These issues were not identified within audits.

Staff were not always available to people and we saw long periods of time where people were left unattended. Staff understood the procedures they should follow if they witnessed or suspected that a person was being abused or harmed and risk assessments were in place. Staff were recruited safely. Accidents and incidents were responded to appropriately. The environment was hygienic and tidy.

Some staff members did not have a clear understanding of the Mental Capacity Act and how best to support people in line with its principles. We had not been notified where there had been an approval to deprive a person's liberty. People liked the food provided and staff were supportive when people required assistance to eat. Staff gained people's consent before assisting or supporting them. Staff received an induction prior to them working for the service and felt prepared prior to carrying out their role. Staff could access supervision and felt able to ask for assistance from management should they need it. Staff supported people's healthcare needs.

Staff were caring in their interactions with people, but did not always give people their time. People's privacy and dignity was maintained. People were encouraged to retain an appropriate level of independence and choices were given to people if they were able to make them. Family and friends were welcomed.

People were not consistently offered a stimulating environment. People knew how to raise complaints, but the recording of outcomes was not always in place. Care plans were in place and people's preferences for how they wished to receive support were known and considered by the care staff. End of life plans were in place.

People and staff spoke positively about the registered manager. Meetings were held where people could voice their opinions. Feedback on the service was taken from people.

There was a registered manager in post and they were present during the inspection. 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.

You can see what actions we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always consistently safe.

Medicines were not always given, stored or recorded appropriately.

Staff were not always available to meet people's needs.

Risk assessments were in place.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Training was not always given or updated as required.

Not all staff were aware of the Mental Capacity Act and how to support people in line with it.

Staff were provided with an induction before working for the service, on-going supervision and support.

Staff supported people with their nutritional needs.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Staff did not always afford people their time and attention.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's dignity and provided respectful care.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People felt under-stimulated by lack of activities.

Complaints were not always recorded appropriately.

End of life plans were in place.

**Is the service well-led?**

**Requires Improvement** 

The service was not always well-led.

Quality assurance audits were carried out, but these did not identify areas that required improvement.

Staff spoke of the openness and visibility of the registered manager and senior staff team.

The registered manager was supported by the provider.

# Allerton Court

## **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 checked 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.

This inspection took place on 20 November 2018 and was unannounced.

We reviewed information we held about the service, this included information 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 commission services to gather their feedback. We received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with 12 people who used the service, seven members of care staff, the cook and the registered manager. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. As some people were unable to tell us their views of the service, we completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three people's care records, five medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

# Is the service safe?

## Our findings

At the last inspection in June 2016 the key question of Safe was rated Good. At this inspection the rating was had changed to Requires Improvement.

People were not receiving their medicines in a safe way. Staff were not following safe practice when they administered medicines. For example, we found that one person had been administered morphine which was almost 12 weeks out of date, putting them at potential risk of harm. The medicine box clearly stated the date of opening and that it should be discarded three months after this date. The registered manager contacted the pharmacist immediately to check if there had been any impact to the person receiving the medication. The pharmacy confirmed there was no detriment to the person's health on this occasion. We also found that a person's topical cream was out of date, which could impact on its effectiveness and told the registered manager of this. We found that one person often missed doses of medicine and the registered manager confirmed that their GP had not been contacted for advice. A further person who was receiving their medicine as a half tablet cut up by staff had on three recent occasions received a whole tablet instead. The pharmacist confirmed that no harm had occurred, but that the person should receive medicines as prescribed. We saw that some half tablets left over were exposed to the air within the foil packaging after it had been opened. People did not consistently receive their medicines as prescribed.

Medicine administration records {MAR} were not effective. Staff did not consistently record what they administered and there was confusion with some staff. One member of staff who had made a recent medicine error had not received medicine training since 2014. The registered manager informed us that the member of staff would not give medicines again until they had received training to ensure medicines were given by staff with the correct level of knowledge. People were at risk from staff insufficiently trained to administer medicines safely.

We saw some differences between the separate areas of the home as to how available staff were to people. Some people told us staff were often too busy to assist when they needed them. The registered manager told us they would speak with staff about spending time with people when they had completed their tasks. We found that the staff rota reflected the amount of staff available to people during the inspection.

One person told us, "I feel safe here, at home I wasn't". A second person said, "They [staff] look after me well, you can ask them anything, they do look after me really well here". A staff member told us, "People are safe, windows are locked, the house is secure, medicines are locked away and we keep an eye on people".

We saw there was a safeguarding procedure was in place and there was a flow chart within care plans for staff to follow if they needed to raise a safeguarding concern. Staff were able to discuss with us what action they would take and we saw that records were in place.

Staff were clear on the actions to take in the event of an emergency situation and there was an evacuation plan in place which would be used should there be the need to move people from the home in an emergency, such as a fire. The plan covered how many staff would be required to assist and if any specific

equipment would be needed. We saw that any accidents and incidents were recorded appropriately and action taken where needed.

We found that risk assessments were in place. Risk assessments included, but were not limited to, manual handling, falls risks, skin and pressure areas and nutrition. Where people had specific health needs we found that a risk assessment was in place and information provided for staff as to how to minimise any risk. Risk assessments were updated as required, for example where there were any changes in the person's health or ability. We saw that staff assisted people in line with risk assessments, for example we saw staff assist people in line with risk assessments when helping them to mobilise.

We found that checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults.

The environment was clean and tidy and bathrooms and toilets were clean. There were no odours. Checks were carried out on the cleanliness of the home and people told us that they were happy with the hygiene in place.

The registered manager told us that lessons learnt over time were that staff chosen to work at the service were inclusive and the registered manager carried out all interviews to ensure that only staff with the same positive values of providing good care were employed. The registered manager said they believed this had a positive impact on the culture of the service in particular in relation to staff respecting people.



# Is the service effective?

## Our findings

At the last inspection in June 2016 the key question of Effective was rated Good. At this inspection the rating had changed to Requires Improvement.

Staff had not been consistently trained to ensure that people's needs were met effectively. There was a difference of opinion from staff members regarding training. One staff member told us, "Yes I have done training recently". Another staff member said, "I was meant to go on training recently and it was stopped". Another shared, "Most training has been suspended since June, it's not great". The registered manager confirmed to us that a number of training courses had been cancelled by the provider whilst they reviewed the future structure of the training provided. The training matrix confirmed that for some staff mandatory training was up to four years out of date, this included safeguarding and medicines training. The registered manager told us that they would share this concern with the provider to reiterate how important training was to the staff team.

Some people told us that whilst their on-going healthcare needs were met they did not get the information they required about their health. One person told us, "They [staff] don't tell me much about the [medical aid] I have, I don't know how it will be managed long term". A relative told us, "We don't know when [relative] will have their flu jab [nobody tells us], some [people] have had it already so I guess they [staff] will get around to [person]". We advised the registered manager of these concerns. People told us that they saw the GP when required and we saw that hospital letters and medical correspondence were kept within files.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that applications for DoLS had been submitted to the appropriate authorities and one approval had been made. However, CQC had not been notified of this and it was submitted retrospectively on the day of the inspection.

We asked staff members what they knew of DoLS, one told us, "I did DoLS training a few years ago, but I can't remember now". A second staff member told us, "I am not sure because I haven't done the training because it got cancelled. Despite the lack of knowledge on DoLS we did not see anyone having their liberty restricted inappropriately. We saw staff gaining people's consent before assisting them. A staff member told us, "I always ask consent".

We found that staff had completed inductions. One staff member told us, "I got an induction and two to four weeks of shadowing other staff, I learnt about the people". We saw staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours

expected of people working in the care sector. A staff member told us, "I have supervision every eight weeks, but it is an open door with [registered manager's name] you can talk anytime". We saw supervisions were recorded and included discussions around care provided to people and the staff members wellbeing.

Pre-placement assessment information was in place, and this provided information on the person's needs such as personal care, mobility and eating and drinking. It gave a past medical history and information about the person's mental health. Preferences such as did the person wish to vote or hold keys to their room were noted. Some staff were able to demonstrate knowledge of people's needs by offering examples, such as telling us what medical needs people had and how they supported them.

People told us they enjoyed the food. One person said, "The meals are good, served to you, breakfast was nice". A second person shared, "I enjoy the food, they [staff] come around and give you a choice". We saw people being supported as required, including people eating in their bedrooms. We also heard some appreciative comments from people about the standard of their meal. We saw that people had access to drinks throughout the day and they could ask for snacks when required. The cook understood people's dietary needs and was able tell us about any specific requirements such as a soft or pureed diet.

We saw that the lounges of the building had a homely feel. People kept their own personal belongings in their bedroom and were able to set it up as they wished. The registered manager told us of their 'wish list' for the re-decoration of the home and future plans to brighten the home up, but no plans had yet been confirmed with the provider.

# Is the service caring?

## Our findings

At the last inspection in June 2016 the key question of Caring was rated Good. At this inspection the rating had changed to Requires Improvement.

We saw some examples of long periods of time, sometimes over an hour where there were no interactions between people and staff. People told us they were bored as staff were sat nearby in dining areas chatting with each other. In one lounge some people told us how they were unable to watch television programs of their choice, as another person living in the home 'dominated' the television and did not agree to sharing what programs were viewed. The registered manager told us this was an ongoing problem.

People told us that when staff spent time with them they were friendly and caring. One person said, "The staff are lovely and look after me well". Another person said, "They [staff] take care of it all, I don't have to worry about anything, they [staff] bring me a cup of tea in, the staff care". One person told us how they had nicknames for the staff and that there was a lot of positive 'banter'.

People shared with us that they were able to make their own choices and decisions and one person told us, "I am given a choice, I decide to go and see my friend in the home, I get up when I want to". We saw that people were well dressed and they told us that they had decided what clothes to wear that day.

We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. One person said, "They [staff] respect my privacy, but I generally keep my door open [that's my choice]". A staff member told us, "We always knock the door and ask people if they are happy to be uncovered for personal care". One person told us, "The staff encourage me to do things for myself, I think I am very independent". We saw staff encouraging people to be independent, for example; where one person was being fed in bed, we saw the staff member offer them a cup to hold so that they could drink independently.

People told us that their visitors were made welcome, with one person saying, "My family are offered a drink when they arrive". A staff member told us, "We know all the families, they are like a member of one big family, we welcome people here".

The registered manager told us that should a person require the services of an advocate this would be arranged for them. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

## Is the service responsive?

### Our findings

At the last inspection in June 2016 the key question of Responsive was rated Good. At this inspection the rating had changed to Requires Improvement.

Throughout all four areas of the home people told us that they didn't feel that enough activities took place. One person told us, "I would like to do more activities, I just watch the TV, we do arts and crafts on a Wednesday, but it's a long time coming around". A second person told us, "There's nothing to do here. I do get a bit bored sometimes". A third person added, "There's nothing going on here, I used to do the craft session [but am unable to continue for medical reasons] and there's nothing for me to do now. I like living here but I'm bored". There used to be much more activities, but there aren't hardly any now".

We saw that one person grew vegetables in the garden and donated the produce to other people and staff, but did this independently and didn't require any assistance. A staff member told us, "We have arts and crafts in the day centre and the library brings books in, but it can be hard to motivate people. They don't always like what we are trying to arrange". We saw that people enjoyed spending time with the resident cats and that this was a source of some positive interactions. In one lounge we saw people sitting watching television all day with staff not making any attempt to initiate any activity, these people told us they were, 'bored'. The registered manager told us that some activities took place and highlighted a bingo session later that afternoon in one area of the home. The registered manager told us they felt that people were offered adequate levels of activities. People said they lacked interesting things to do to pass their time.

People told us that they knew how to make a complaint. One person told us, "If I had a problem or complaint I would talk to anyone who was available [staff]. I know they will pass it on and sort it out for me". We saw that only one complaint had been submitted since the last inspection. No outcome had been recorded as the complaint had been dealt with by the head office and the registered manager had not received or followed up any information on action taken, despite the complaint being made over a year previously. The information was obtained on the day of inspection. We saw that people had received a 'complaints pyramid' giving information on who they could contact in the event of a concern and this detailed contacts from the person's link worker to CQC and the providers chief executive. People had signed to say they had received the information where possible.

We found that people's care plans were detailed and they gave information on needs and requirements and how people wanted their care needs met. We saw that care plans included, but were not limited to; personal care, falls prevention, diet and nutrition, mental health, and medicines. Where people had specific needs relating to a medical diagnosis a care plan for this was in place. Medicines taken were also listed. A background history of the person had been taken and this included where they were born and details of their marriage, children and career. We saw that reviews were carried out in a timely manner.

People were supported to fulfil their religious and cultural needs. These were recorded and information was provided on how staff could assist people to pursue their needs. People had been asked their religious persuasions and religious ministers visited those where requested.

People told us that they had friends and one person said, "We like a good chat, we keep ourselves occupied by talking, I have lots of good friends here". We saw that people had struck up strong friendships and chose to sit together.

The registered manager told us, "It is a real achievement being able to keep people out of hospital and to look after them towards the end here in their own home".

End of life plans were in place. These included a step by step guide for staff on what to do in the event of a person's passing. Including who to call to notify, funeral director details and funeral requests. Where a DNAR was in place this was recorded.

# Is the service well-led?

## Our findings

At the last inspection in June 2016 the key question of Well Led was rated Good. At this inspection the rating had changed to Requires Improvement.

Audits had not identified issues around the unsafe administration of medicines and the lack of adequate recording of medicines given. The person who had missed regular doses of medicine had also not been identified as being at risk and the GP was only notified following the inspection. We saw no evidence of any regular checks carried out on staff's competency when administering medicines and staff we spoke with did not recall any recent competency checks being carried out.

Checks carried out by the registered manager and provider had also failed to identify where training for some staff was out of date. This had an impact upon the person who was given double doses of medication by a staff member who had not been identified as not having received current medication training.

Audits completed throughout the home did not always give enough information to identify patterns and trends. For example, there was no information on what had been done in response to any falls experienced and people were not identified to support an overview to monitor if people were having multiple falls. People were at risk of further falls because the management team did not review and ensure improvements were made. The registered manager told us that the audit system required some improvement and they would look into this.

This is a breach of regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

There was a registered manager in place. 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.'

People spoke to us about their feelings on the registered manager. One person said, "The registered manager is marvellous and so is the deputy, they look after me very well". A second person told us, "The manager is very helpful". A staff member shared, "[Registered manager's name] is very understanding and comes onto the units too". Another staff member said, "[Registered manager's name] is great they listen and try to help where they can". We saw positive interactions between the registered manager and people and staff.

People spoke to us about their experience of the service. One person told us, "It's better here than being at home, that's worth a lot to me. I'm happy here, we have a laugh: I wouldn't want to be on my own now". A second person said, "I like living here.' I like the food, the staff are lovely and look after me well. I wouldn't want to be anywhere else". A relative told us, "[Person's name] seems to be happy enough here". A staff member said, "I enjoy working here, everything is good and we work as a team". A second staff member told us, "It's a relaxed atmosphere and people are free to do what they want". The registered manager told us,

"What we do here is the same as if we were looking after our own family members".

The registered manager told us that previously local school children had visited at certain times of the year, but since a change of leadership there, this had no longer occurred. The registered manager was unsure as to why the school no longer visited. People told us that they occasionally went out into the community and used the local shops.

Meetings for staff took place three monthly and included discussions on care carried out and staff members wellbeing. Meetings for people using the service were three-monthly and included discussions around the menu, activities, cleanliness of the home and laundry.

Feedback was taken from people bi-annually and was in a semi-pictorial format. People positively scored the service on choice of meals, care and approach of staff, but we saw some comments questioning the quality of activities. The registered manager told us that findings of the surveys were given to people verbally and some people could recall these discussions.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or provider. One staff member told us, "No question I would whistle-blow". To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care.

The registered manager told us that there was open communication with the provider and that they took an active interest in the home. The provider was given updates on the service and carried out regular checks.

We found that the previous inspection rating was displayed as required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not effectively identifying concerns.