

Sandwell Metropolitan Borough Council

Manifoldia Grange Extra

Care Service

Inspection report

Coyne Road
West Bromwich
West Midlands
B70 7JU

Tel: 01215252792
Website: www.sandwell.gov.uk

Date of inspection visit:
10 October 2016

Date of publication:
16 November 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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 10 October 2016.

At our last inspection of 26 October 2015 although there was no actual breach of regulations, we found that some improvements were needed regarding medicine management and safeguarding. At this inspection we found that improvements had been made in those areas. However, we found that the updating of some care records, staff supervision sessions and some refresher training and the implementation of feedback forms was still to be addressed.

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 33 people received personal care and support a further two people were in hospital.

A manager was registered with us as is required by law and was present on the day. 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.

The provider had processes in place that they and staff followed to prevent people experiencing any mistreatment or abuse. Risk assessments were undertaken and staff knew of the actions they needed to take to keep people safe and minimise any potential risk of accident and injury. Staffing ensured that people received a consistent service from staff who they were familiar with, knew of people's individual circumstances and could meet their needs. Improvements had been made regarding medicine management so that people were supported to take their medicines as they had been prescribed by their doctor.

Staff received induction training and the support they needed when they started work that ensured that they did their job safely and provided support in the way that people preferred. Staff told us that they had received some training that was required to meet people's needs and to keep them safe. However, training records showed that some staff refresher training was required and the registered manager told us that they were working to address this. 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 understood that people have the right to refuse care and that they should not be unlawfully restricted. Staff supported people to have drinks and meals that they enjoyed.

People were cared for and supported by, staff who were kind and caring. Staff supported people to be as independent as possible. People were encouraged and supported to undertake daily tasks. .

The service was responsive to people's needs. Complaints processes were in place for people and their relatives to access if they were dissatisfied with any aspect of the service provision.

People, relatives and staff had confidence in the management team and the service. People we spoke with told us that the quality of service was good and that the management were approachable and helpful.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines systems had been improved so that people were able to take their medicines as they had been prescribed by their doctor.

Staff followed the provider's procedures to decrease the risk of harm to people.

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

Staffing levels were adequate to meet people's needs and to keep them safe.

Is the service effective?

Good ●

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.

Staff ensured that people were not unlawfully restricted and received care in line with their best interests.

Staff liaised 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.

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.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Components to ensure a well-led service were not all in place. The updating of records, staff supervision, the implementation of feedback forms and some staff refresher training had not taken place.

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

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

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 10 October 2016. The inspection was carried out by one inspector.

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 10 people who used the service and two relatives. We also spoke with four care staff, an independent care worker and the registered manager. We looked at two people's care records, two people's medicine records and two staff training and supervision records. We looked at systems that supported the provider to monitor the quality and management of the service.

Is the service safe?

Our findings

People and their relatives told us that they did not have any concerns regarding abuse or neglect. A person said, "No bad treatment". A relative said, "I'm not aware of any abuse. If they [person's name] had encountered anything like that they would tell me". 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, "Any concerns all staff would report to the manager".

People we spoke with all told us that they were safe. A person said, "I feel safe here. Safe and sound". Another person said, "I had trouble with the kettle. They [the staff] got me assessed and I have a thing to go in my cup that has an alarm. This stops me filling the cup too much and stops me scalding". A relative said, "I know [person's name] is safe. I do not have to worry". A person told us, "They [the staff] got me a walking aid so that I don't fall". Records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who used the service were available for us to look at. 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 reduce the risk of them falling that included them reminding people to use their mobility aids. On one person's care records we saw a risk assessment had been completed to ensure that staff knew what to do to ensure to maintain the integrity of the person's skin. Staff confirmed that they were aware of what they had to do to prevent sore skin. We saw that the person the care records related to had received the support they required to prevent skin deterioration.

A person said, "I was not well. The staff came to me and got an ambulance". Another person said, "I was ill. The staff knew this and called the ambulance. I am better now". Staff we asked told us how they would respond in different emergency situations. They gave us a good account of the actions they would take which included, reassuring the person, obtaining assistance from other staff and calling the GP or ambulance. We saw that safety checks of the premises and equipment had been completed and that records were up to date to prevent people being placed at risk of accidents and injury.

A staff member said, "The medicine systems have improved greatly. It has taken a lot of hard work but we are there". A staff member from Sandwell quality team who had recently audited the service also told us that improvements had been made regarding medicine systems. At our previous inspection of 26 October 2015 we found that improvements were needed regarding medicine management systems. The registered manager was unable to provide us with evidence of all staff medicine training or medicine competency assessments for staff. We also found that one person their medicine was not available for them to take. This inspection we found that improvements had been made and that evidence of staff medicine training and competency assessments were available.

People we spoke with confirmed that they wanted the staff to look after their medicines and that they were always given at the correct time. A person said, "They [the staff] never forget my tablets". A relative said,

"They [person's name] always have their tablets when they should". Staff medicine training and competency documentation was available for us to look at. The registered manager told us and showed us written evidence that they had worked with their providing chemist to develop an in-depth staff medicine competency training. We checked two people's medicines and found that what should have been available was available which meant that people could take their medicines as they had been prescribed to maintain their health.

We saw that 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 was available and in use. This had meant any risk that people were given medicine when it was not needed or not given medicine when it was needed was minimised.

We saw that medicine audits were undertaken on a regular basis and where medicine records had not been fully completed by staff these had been identified and action had been taken as a corrective measure. This included individual staff meetings and in some cases staff had been referred for refresher training.

A person said, "There are always staff around when we need them". Another person told us, "The staff come to me when they should. They are not late for my call". Other people told us that if they called for staff they did not have to wait long. A person told us, "I have an allocated time for the staff to come to me and they do". The registered manager told us that they undertook a review of day and night staff levels regularly. Staff we spoke with told us that there were generally enough staff. 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 and supported at all times by staff who knew them well.

The completed Provider Information Return (PIR) stated, "Our recruitment and selection process is robust and we ensure that prospective employees meet all requirements which will keep people safe". As at our previous inspection of 26 October 2015 the registered manager told us that no new staff had been employed for some time. They assured us that staff who had been employed a few years ago had all the checks required 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. Agency staff [who worked at the home when needed] told us that all of their checks had been undertaken by the agency before they could work at the service and that they had provided these to the registered manager. The registered manager showed us the documents to confirm this. These systems would minimise the risk of unsuitable staff being employed.

Is the service effective?

Our findings

People and their relatives we spoke with told us that the service provided was effective. A person said, "It is good here. I am happy. If I was not I would not stay". Another person told us, "I get the support I need and am happy". A relative said, "I am extremely happy with the care and support they [person's name] receives. I don't have to worry at all when I am not here as I know they are being cared for well". A staff member said, "The people here are all supported to a good standard".

A staff member who had been employed a few years previously told us that they had received a good induction that consisted of a corporate introduction, training and shadow opportunities with experienced staff. An agency staff member said, "I had my induction when I started here. I was told about the fire procedure, shown around the building and worked alongside staff until I was familiar with everything". The registered manager told us that the Care Certificate would be used for induction for new staff who did not have any formal care qualifications. 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 and a number of senior care staff had received Care Certificate assessor training to prepare them for when new staff were employed. We saw training certificates to confirm this.

A person said, "The staff do training. They seem to know how to look after me". A relative told us, "I think the staff have the knowledge they need and know what they need to do to look after them", [person's name]. Other people we spoke with told us that they felt that the staff were able to support them effectively. Staff told us that they felt confident and able to do their jobs. However, records that we looked at highlighted that refresher training in some subject areas had not been received. The registered manager told us that they were trying to address this and showed us documentation to confirm that this was correct.

Staff we spoke with told us that they received support. A staff member told us, "I feel very supported. There is always someone we can ask if we need to know something". However, as with our previous inspection of 26 October 2015 records that we looked at highlighted that the supervision sessions were not very regular and not all staff had received an annual appraisal. The registered manager told us that they were still working to address this and when the new senior care staff became more familiar with their role this would be more quickly addressed.

A person said, "The staff ask my permission before they look after me". Another person told us, "The staff always ask me first before washing me". Other people we spoke with also told us that staff explained things to them and asked their permission before undertaking care or support tasks. We observed that staff asked people if it was alright to support them when walking and if they needed other help.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) 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.

People and staff 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) and were aware that people must be looked after in a way that did not inappropriately restrict their freedom. The registered manager had referred one person for assessment for a DoLS approval previously. This demonstrated that the provider had taken action to ensure that people did not have their right to freedom and movement unlawfully restricted.

A person said, "If I need the doctor the staff get them for me". A relative said, "The staff are so good. They know straight away if they [person's name] are not well. They get the doctor and then tell me". Other people also told us that staff supported them where there was a need to access healthcare services on a regular and as need basis. 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, "I like the food. The staff help me prepare what I like and I like the meals offered in the dining room". Another person said, "The staff make sure I have drinks by me. They know I need to drink a lot because of my kidneys and to stop me having infections". The Provider Information Return (PIR) highlighted, "People have meetings to discuss menu planning" and people we spoke with confirmed this. Other people we spoke with told us that they were supported to have the food and drinks they liked in sufficient quantities. People [or their family/friends] purchased their own food and drinks. Where people required support to prepare and cook meals this was provided. A cooked lunch was made available in the communal dining room. As with our previous inspection of 26 October 2015 we observed the lunch time in the communal dining room and saw that staff were available to assist people to eat and drink. We saw that staff encouraged people to eat and drink. This showed that staff knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness. A staff member said, "A few people are at risk of choking so we supervise them more at meal times". Staff also told us and records confirmed that where there were concerns about people weight referrals were made to the person's doctor or dietician.

Is the service caring?

Our findings

People and relatives told us that the staff were caring. They used words that included "Lovely", "Kind" and "Caring" when talking about the staff. A person said, "The staff are kind they help me". Another person said, "The staff are very nice. They are my friends". A relative said, "I have never had a problem with staff attitude. They are wonderful very kind". We observed staff interactions with the people who used the service. We saw that they said, "Good morning" to each individual and asked how they were. We saw that staff took time to listen to what people said. We found that the atmosphere within the service was caring and friendly. We saw that people were caring towards each other and many had made friends with each other.

A person told us, "The staff are always very polite". Another person said, "The staff cover me when looking after me". A relative said, "The staff treat them [person's name] wonderfully. They maintain their dignity and show respect". The completed Provider Information Return (PIR) stated, "We ensure that all staff contact with people is positive and maintains the individual's dignity". All staff we spoke with told us how they promoted people's privacy and dignity. They told us that they ensured that doors and curtains were closed when supporting people with their personal care and knew it was important to maintain people's dignity.

A person said, "The staff help me to dress. I choose what I want to wear". Other people also told us that they selected their own clothes to wear each day. A relative said, "They [person's name] always looks nice and staff ensure they are clean". We saw that people wore clothing that was suitable for the weather and reflected their individuality. A person said, "The hairdresser comes here every week. I like to have my hair done". We saw that people had their nails polished and they told us how pleased they were that staff supported them with their nails. We noticed that people wore jewellery and make up. A staff member told us, "All people have their own individual styles". This showed that staff were aware that people's appearance was important to them and supported them to look their best to enhance their self-esteem.

A person told us, "I find it hard to do things now but wherever possible I like to do things for myself, even if they are small things". Another person said, "I do what I can independently and the staff help me with things that I can't". A staff member told us, "I encourage people to do what they can for themselves. This is important as it makes them feel better." We saw people going out independently and returning throughout the day. This highlighted that staff knew it was important that people's independence was maintained.

A person told us, "All my family visit me every Saturday. My flat is full that day. It is really nice". A relative said, "We can visit anytime we want to". Records we looked at and staff we spoke with highlighted that there were no visiting restrictions and families could visit when they wanted to. People told us that it was important to them that they maintained contact with their family. The provider had initiatives in place to encourage visiting and family contact. On Saturday mornings a full cooked breakfast was offered for people and their relatives so that they could eat together and enjoy that family experience.

We saw that information was available that gave contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us and records confirmed that they referred people to advocacy

services when there was a need.

Is the service responsive?

Our findings

As at our previous inspection of 26 October 2015 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, "The staff ask me how I want my support". Another person said, "I tell the staff how I want my care". A relative said, "I am involved in everything at every stage and am happy with everything". The Provider Information Return (PIR) highlighted, "To ensure that the service we deliver is responsive to the needs of people we ensure that we involve them and significant others in all aspects of care planning". 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 their preferred way.

People we spoke with told us that staff supported them in the way they wanted to. Although care records we looked were not always personalised and did not confirm that the care and support provided was how the person wished to be cared for. We found staff we spoke with were knowledgeable about people's needs and gave us examples of how people wished to be cared for and supported. The registered manager told us that they had started to update people's care plans and records but this was 'work in progress' and had not yet been fully completed.

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 told us, "If I was not happy I would speak to the staff or manager". A relative told us, "I don't have any complaints if I did I would feel very comfortable to speak with and raise them with staff or the management". 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. We were not aware that any complaints had been made and the registered manager confirmed that none had.

Is the service well-led?

Our findings

At our previous inspection of 26 October 2015 we found that improvements were needed. This was partly due to vacant senior care staff posts. Good governance such attention to, service audits, staff supervision, the use of provider feedback forms and the review of care records had been minimal. At this inspection we found that some improvement had been made. Two new senior care staff had been appointed and were learning their new roles, in-depth medicine audits were being undertaken. However, we found that further improvement had yet to be made. Although we saw that new care records and care plan formats had been introduced these were not fully implemented for all people. We saw that daily contact sheets [records of the care and support offered to people] were not always detailed or personalised. We found that although some staff supervisions had been undertaken these to date were not regular. We also found that some staff refresher training had not been confirmed. This meant that there was a potential risk that people may not continue to receive safe care in the way that they required. The Provider Information Return (PIR) highlighted, "Now that all posts [senior care staff] have been recruited into we can now consider a development plan which will ensure that the undertakings of the service". The registered manager told us that they had achieved a lot since our last inspection but they knew there was still a lot of work to do in certain areas.

A person told us, "The manager is good I can go to them and they will sort things out". A relative said, "I know who the manager is they, and the other staff in the office, are very approachable and helpful". The provider had a leadership structure that people and 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. As with our previous inspection of 26 October 2015 we saw that the registered manager was visible within the service, walking around and speaking to people. We saw that people were comfortable to speak with the registered manager. A staff member said, "The manager is good. They have always had an open door policy where we can approach them at any time". Other staff also told us that they could approach the manager at any time and that they felt comfortable to do so.

It is a legal requirement that the provider informs us of incidents that affect a person's care and welfare. The registered manager had ensured that we were notified of issues that needed to be reported. It is also a legal requirement that the current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and this was also displayed within the service. The registered manager completed a 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. This showed that the provider was meeting those legal requirements.

A staff member told us, "We have staff meetings where we are given guidance, informed about new things and are thanked for doing a good job". Staff we spoke with were clear about their responsibilities and confirmed to us that it was important to them that people who used the service were looked after well and

were content.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. As with our previous inspection of 26 October 2015 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, "If I was concerned about anything, it would be investigated and I would not have to have any fear". 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.