

# Sandwell Metropolitan Borough Council

# Walker Grange Extra Care Service

## Inspection report

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## 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?	Good ●

# Summary of findings

## Overall summary

About the service: Walker Grange is registered to provide personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. Walker Grange provides accommodation that is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

At Walker Grange there are 39 one-bedroom flats. There is a communal lounge and a communal kitchen on ground floor that people can use if they wish. Other communal facilities include a lift to each floor, laundry and garden.

At the time of this inspection, there were 22 people living at Walker Grange who were supported with personal care.

People's experience of using this service:

We found a range of quality monitoring arrangements in place, and we saw these were developing and becoming more effective.

People were supported by staff that were caring, compassionate and treated people with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people.

People and their relatives told us they felt cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

The provider ensured people had consistency with staff members, as a result people and staff were able to build positive relationships. People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff spoke positively about working for the provider. They felt well supported and they could talk to

management at any time, feeling confident any concerns would be acted on promptly. Staff felt valued and happy in their role.

Audits were completed by staff and the registered manager to check the quality and safety of the service.

The registered manager and team support manager worked well to lead the staff team in their roles and ensure people received a good service.

More information is in Detailed Findings below

Rating at last inspection: The service was given an overall rating of good.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was Effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was Caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was Responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was Well-Led

Details are in our Well-Led findings below.

# Walker Grange Extra Care Service

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and one 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.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. People using the service are older people, some with dementia, or mental health support needs.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is a specialist 'extra care' housing service staff members are often out of the office providing care. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service.

#### What we did

We reviewed the records held on the service. This included the Provider Information Return (PIR). Providers are required to send us key information about the service, what they do well, and improvements they plan

to make. The information helps support our inspections. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We visited the service on 09 December 2019. We spoke to the registered manager, operations manager, support team manager, two care staff and two people receiving support from the service. An Expert by Experience made telephone calls to six people receiving support from the service and three relatives. We looked at three people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, supervision files, training records, accidents and incidents, records relating to health and safety, safeguarding, complaints, medicine records, staff scheduling and the provider's audits and checks on the service.

# Is the service safe?

## Our findings

Safe- this means that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At the last inspection we found that in relation to fire safety there were issues identified with the emergency lighting supply that had not been rectified. At this inspection we found no outstanding faults with the emergency lighting supply. We also found that regular in-house checks had been carried out of fire lighting equipment.
- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments, considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. For example, a person who was at risk of choking had a detailed risk assessment. It gave staff members clear instructions such as ensuring the person was observed and sitting upright during eating. It also gave staff members guidance to monitor for signs of aspiration such as coughing, choking, wet voice, chest infection and pneumonia.
- Staff were knowledgeable about people who required support to reduce the risk of avoidable harm. Where people experienced periods of distress or anxiety staff knew how to respond effectively. One staff member said, "If [Name] is distressed I will talk to them, ask them do they want to go back to their flat, I just try to reassure them".
- The registered manager had a process in place to check actions taken following incidents and accidents to make sure that actions were effective.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member told us, "There are different types of abuse such as verbal, emotional, financial or physical".
- People and their relatives explained to us how the staff maintained their safety. One person told us, "Yes, I feel very safe and at ease with them. They call and ask me questions and we sit and check it out".

### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One person told us, "I have the same people caring for me; yes there is enough staff around".
- Each person's staffing needs were calculated based on individual needs assessments, which were reviewed and updated regularly as people's individual needs changed.
- We saw staffing rotas were planned and contingency plans in place for staff absences.

- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

#### Using medicines safely

- People needed support or reminding to take their medicines. When staff supported people in this task appropriate medicines records were completed by staff.
- People and their relatives told us they were happy with the support they received to take their medicines.
- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- Administration of medication records indicated people received their medicines regularly. This was confirmed by the people we spoke with.
- Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering these.
- People's medicines were safely received, stored and administered the registered manager completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. People and relatives told us staff used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People and their relatives told us staff practiced good infection control measures.
- We viewed one flat and found this was clean and protective clothing available for staff members to use.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity. The registered manager discussed accidents/incidents with staff as a learning opportunity. For example, a resident who had a fall had their risk assessment updated, immediate actions taken were recorded and a review was conducted.

# Is the service effective?

## Our findings

Effective- this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This sought to promote people's independence and opportunity by providing the right support. For example, supporting people to maintain independence in relation to shopping, cooking, domestic tasks and accessing the community.
- Staff applied their learning effectively in line with best practice, which led to good outcomes for people. One relative said, "It's been 12 months, and the care plan was all agreed with us. Since then they have also checked it out with an appraisal and she has a key worker everyone is approachable, they are all nice and caring with her. It's really like what people want."

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff had completed a comprehensive induction and were well supported and either had health care qualifications or were completing a nationally recognised qualification, the Care Certificate. This covered all the areas considered mandatory for care staff.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their future development. One staff member told us, "I have regular supervisions, the sessions are productive, I can discuss any concerns, development or training".

Supporting people to eat and drink enough with choice in a balanced diet

- People and their relatives were happy with the support they had with meals and accessing drinks. One person told us, "They do me something to eat and they do my medication for me they are perfect, I could not wish for better."
- Staff understood people's dietary needs and associated risks were planned for. For example, allergies or risk of choking.

- People had choice and access to sufficient food and drink throughout the day, food was well presented and people told us they enjoyed it.
- Where people were at risk of poor nutrition and dehydration, care plans detailed actions such as monitoring the persons food and fluid intake and liaising with other professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We noted staff worked alongside other agencies to provide person centred and effective care. From records seen, we could see staff worked closely with other agencies such as local authorities and social workers. Care plans and records showed that staff worked closely with other agencies such as dieticians, speech and language therapist (SALT). This assisted the service to provide people with person centred and effective care.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs. One relative told us, "They keep me up to date, I'm made aware of any changes."
- Staff told us they were confident that changes to people's health and well-being were communicated effectively.
- People had access to health professionals. People saw their doctor, dentist and other health professionals when needed to maintain their health. Where advice was provided from health professionals, care records were updated, and the advice was discussed with people to ensure they understood how this might impact on their health.
- Staff told us they were confident that changes to people's health and well-being were communicated effectively.

Adapting service, design, decoration to meet people's needs

- People had care and support provided that was separate from the housing provider. Staff told us they supported people to liaise with the housing provider for repairs to the accommodation.
- The accommodation we visited was in good condition, people and relatives told us people could decorate the flats if they wanted to.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 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.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. DoLS applications had been undertaken and submitted for all service users. This was because people were not free to leave the service unsupervised because they would not be able to keep themselves safe.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- People were asked for their consent before they received any care and treatment. For example, before

assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. People and their relatives were positive about the care they received.
- People and their relatives told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. People and their relatives were positive about the care they received. People's comments included, "It's very good... they care and are very attentive and we have never had any issues and there's been no neglect. They are there for her and they respond quickly every time. They go over and above their duties", "Oh they've been perfect they are perfect I've got no faults with any of them... I can have the care all night if it's needed... there's always two on. Yes, they are all very polite and respectful". Relatives comments included, "Mum is really happy with what they look after her, it's the best thing that's happened for her and us", "It's brilliant. He's changed so much since he has been there. He's come out of his shell. He can speak to them at any time and they help him along. With forms and anything that causes him difficulties. His speech is difficult, and he has learning difficulties. They make sure he eats ok and they make sure he has a meal every day. Now he's in better health than he's ever been."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making.
- Staff understood people's forms of communication and behaviour and could interpret people's choices.
- Relatives confirmed staff involved them when people need help and support with decision making. People and relatives told us they felt listened to.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Care plans recorded if people needed glasses or hearing aids.
- The registered manager has an open-door policy and met with each person regularly to seek their feedback and suggestions and kept a record of actions taken in response. A relative told us, "The manager is fantastic always approachable".
- We saw that the provider worked closely with local Mental Health teams, Speech and Language Therapists (SALT) to support people in communicating effectively.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.

- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected, and people's care records were kept securely.
- People told us staff assisted them to promote their independence. One person told us, "They know what I can do and what I need help with."
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of personal care people could manage independently and which they needed staff support with.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One relative told us, "They do reviews and they do an appraisal and they involve me at these, if I have concerns they do it anyway, they take things seriously and deal with things very well."
- People were empowered to have as much control and independence as possible, including in developing care and support plans. Staff were knowledgeable about people and their needs.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- The service has a day centre, people have opportunity to take part in a range of activities such as quizzes, crafts, games, snooker, pool and puzzles. The day centre also had a pub available for people to use during the evening. People were involved in the development of the day centre, one person told us, "I'm involved with the pub, I like to be involved, people really enjoy it and it gets everyone together having a laugh".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). If required care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management.
- People and their relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent manner. There were no live complaints at the time of the inspection. We checked historical complaints and they were dealt with appropriately
- People said staff listened to them and resolved any day to day concerns. The provider had a complaints policy and procedure that was on display.

#### End of life care and support

- The registered manager informed us no one was receiving end of life care at the time of our inspection. We saw care plans contained some information in relation to people's individual wishes regarding their end of life care. If required, they would be able to put these arrangements in place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager and staff understood their roles and responsibilities.
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager, managers and staff.
- Staff felt respected, valued and supported and that they were fairly treated. One staff member said, "The managers are always available, listening to any issues or concerns we have. They have regular team meetings, and everyone has an opportunity to make recommendations or raise any concerns."
- The provider had submitted a Provider Information Return (PIR) to us within the timescale we gave, and our findings reflected the information given to us as part of the PIR.
- The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.
- People, relatives and staff expressed confidence in the management team. One relative told us, "The manager and staff are great here, always have time for you.". A staff member told us, "The management have high standards and give us the support we need."
- Staff were actively encouraged by the registered manager to raise any concerns in confidence one staff member told us, "I would have issue raising concerns."
- The ethos of the service was to be open, transparent and honest. The registered manager and deputy manager worked alongside staff and led by example.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff expressed confidence in the management team. One person told us, "All the managers are approachable, they want to know how I'm doing."
- People and relatives told us there was a positive and open atmosphere. One person told us, "It is friendly here and the staff are approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the legal responsibility to notify us of incidents that occurred at the service.
- The registered manager told us if mistakes were made they took full responsibility to ensure that the same mistake was not repeated. The information was used as a learning opportunity and to improve the service.

- The registered manager understood their legal responsibility to be open and honest with people when things went wrong. The records of Duty of Candour activities were recorded as part of the complaints procedure. There had not been any duty of candour incidents at the time of this inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was sought through survey's and regular review meetings. Responses and records showed they were happy with the standard of care.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.
- The registered manager consulted with staff, at supervision meetings and staff meetings, to get their views and ideas on how the service could be improved. Staff were proud to work for the service.

Continuous learning and improving care.

- The registered manager had clear procedures in place that were followed in practice to monitor, review and ensure personalised care was provided.
- The registered manager regularly checked that people were happy with the service they received so any concerns could be dealt with before they developed into a complaint. Any feedback received was used as an opportunity to improve the service.
- Competency checks were completed to ensure staff supported people in the right way.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development, including the district nursing service, physiotherapy, occupational therapy and local GP's. Systems were in place and used effectively to continuously, identify, analyse monitor and review risks so people were provided with good care.
- The registered manager had a communication network to help the service work in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.