

The Sandwell Community Caring Trust

Hall Green Care Home

Inspection report

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Date of inspection visit:
07 April 2022
13 April 2022

Date of publication:
12 May 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hall Green Care Home is a residential care home providing the regulated activity of accommodation with personal care for up to 62 people. The service provides support to people living with dementia. At the time of our inspection there were 39 people using the service. The home is separated across three floors, each with separate adapted facilities. The top floor provided short stay interim beds- Enhanced Assessment Beds (EAB) for people discharged from hospital, who may require further assessment of their care and support needs before returning to their own home or another form of care placement.

People's experience of using this service and what we

People's safety was monitored and managed effectively. They were supported by appropriate numbers of suitably trained and safely recruited staff. People were supported to take their medicines safely. Their home was clean and free of clutter. People told us they felt safe. One person told us; "I do feel safe, they come and check on me at night too."

People received good quality care, which was monitored by effective governance processes. Their relatives and staff who supported them spoke highly of the registered manager and deputy manager. One staff member told us; "I love my job; the managers have been so supportive." Staff were kept up to date with national policy which helped them improve the care provided.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 October 2019).

Why we inspected

This inspection was prompted by a review of the information we held about the service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of

this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hall Green Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hall Green Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Hall Green Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hall Green Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 April and ended on 14 April 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority. We reviewed information received during on-going monitoring of the service. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who lived at the service. We spoke with 11 staff members including the registered manager, the deputy manager, senior carers, care assistants and a domestic staff member. We spoke with five relatives about the care their loved ones received. We reviewed a range of records. These included six care records and multiple medication records. We reviewed a variety of records relating to the management of the service, including policies and procedures. We reviewed two staff files in relation to recruitment and staff supervision. We used the 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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection significant improvement was found in supporting people to take their medicines safely. However, there had not been sufficient time to show consistent good practice had developed. At this inspection we found safe practice in medicines management had continued.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- When people were prescribed 'as needed' medicines, guidance was in place for staff to help them ensure these were used safely and appropriately.
- Staff who helped people take their medicines received training and annual refresher training to support this. They also had checks to ensure they were following guidance correctly.

Assessing risk, safety monitoring and management

- Floor sensors in people's rooms were used mainly at night to indicate to staff when a person had got out of bed. Many people living at the service would not be able to use a care call system to alert staff if they needed support. People who did not have capacity to make decisions about floor sensors had best interests' decisions in place. Deprivation of Liberty (DoLS) authorisations were also in place. People who had the capacity to decide about whether they wanted a floor sensor told us they were happy with their use. However they had not signed a consent agreement regarding this restriction. The registered manager put this in place during the inspection to help people understand they had the option to not use the floor sensors if they wished.
- Sometimes limited information was available for a newly admitted person in the EAB area of the home. Systems were in place to monitor people and gain information needed in a timely way so risk could be assessed effectively.
- People who were able to, told us they felt safe living at Hall Green Care Home because staff were always around to help. Relatives told us they felt their loved ones were safe. One relative told us: "I have no concerns about [my relative's] safety."
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- The service shared any safeguarding concerns with other agencies and worked alongside them to keep people safe.
- Staff had received training on how to recognise and report abuse and knew how to apply it. They told us they felt confident to raise any concerns with the management team.

Staffing and recruitment

- The service had enough staff, including for time to take part in pastimes and interests when they wanted to.
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. This included the use of Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People's records contained a one-page profile with essential information to ensure that new staff could see quickly how best to support them.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. During the first site visit we saw a few staff whose masks had slipped beneath their noses. We spoke with the registered manager about this. They reminded staff about the guidelines. During the second site visit staff were wearing masks correctly.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following government guidance supporting people to receive visitors safely. During a recent outbreak all non-essential visits had been cancelled. During times when visiting had not been possible people had been supported to utilise technology and have window visits where appropriate.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.
- People received safe care because staff learned from safety alerts and incidents.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection, improvements were found in how tasks were delegated amongst the staff team. Additional training had been provided to staff with senior care responsibilities and more checks were in place to ensure people understood their roles and responsibilities. However there had not been enough time to demonstrate consistent good practice. At this inspection we found that managers and staff had maintained good understanding of their duties. We also found that checks to ensure support was offered in a timely and appropriate way had continued.
- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the services they managed.
- Staff spoke positively about the registered manager and the management team's oversight of the quality of care provided. One staff member said; "[The registered manager and deputy manager] are both very good, if there is a problem they will sort it."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member told us; "[The registered manager and deputy manager] and my senior have been nothing but supportive."
- Relatives of people living at Hall Green Care Home spoke positively about the care their loved ones received. One relative told us; "They have done wonders with [my loved one]." Another said; "We have been really satisfied."

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

- A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a person using the service, severe or moderate physical harm or prolonged psychosocial harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- People, and their relatives, worked with managers and staff to develop and improve the service. Relatives told us detailed information was sought about their loved ones when they were not able to fully communicate their own wishes and needs. This gave staff a clear understanding of how people like to be supported.
- Staff sought feedback from people and their relatives and used this to develop and improve the service.
- There had not been any recent meetings for relatives due to concern about COVID-19 transmission risk for larger groups. The registered manager explained that plans were in place to commence relatives' meetings again. This would enable relatives to contribute more broadly to the development and continued improvement of the service.

Continuous learning and improving care

- The registered manager kept up to date with national policy to inform improvements to the service.
- The registered manager showed us a number of improvements which had been made to the home, including décor in individual rooms, the replacement of flooring and the work in the garden to create an attractive space for people. A move was planned for one person to a room which was being adapted to better accommodate their care needs.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- We had positive feedback from other professionals about good communication and care for the people residing at Hall Green Care Home. One professional told us; "Hall Green is definitely the best (care home I work with) when it comes to prioritising the health and well-being of each and every resident."