

Bury Metropolitan Borough Council







Bury Council - Falcon & Griffin Extra Care Scheme

Inspection report

17 Falcon House
Bury
BL9 6LQ
Tel: 0161 253 6672

Date of inspection visit: 7 January 2015
Date of publication: 19/03/2015

Ratings

Overall rating for this service	Good	
Is the service safe?	Requires Improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

Falcon and Griffin Extra Care Scheme provide personal care and support to people who live within a sheltered housing scheme. This was an announced visit which took place on 7 and 12 January 2015.

The last inspection of Falcon and Griffin Extra Care Scheme took place on 17 October 2013 when it was found to be meeting all the regulatory requirements we looked at.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered manager, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager for the service was available at the time of our visit.

Summary of findings

There were 18 people using the service at the time of our inspection who were supported by a staff team of 14 care workers, which included the registered manager and the senior support worker.

We found errors relating to the administration of medicines for one person who used the service. The registered manager took immediate action to rectify this matter and put systems in place to ensure there was no repeat of our findings.

People who used the service who we spoke with said that they felt safe with the care workers who supported them. They told us they could speak to the registered manager or the senior support worker about any concerns, worries or problems they had and were confident that action would be taken to sort the issue out.

We saw there were recruitment and selection procedures in place to help protect people who used the service from coming into contact with staff who were unsuitable to work with vulnerable people.

Staff we spoke with knew what action to take should they witness or hear a disclosure of abuse. There was a clear safeguarding reporting procedure in place for staff to follow, which included out of office hours. Staff also understood their whistle blowing responsibilities in relation to reporting poor practice of colleagues.

The scheme had a hydration policy and procedure in place for staff to follow. This explained why good hydration practice was essential for maintaining good health and wellbeing.

Before our visit to Falcon and Griffin Extra Care Scheme we received comments back from community based professionals. One stated, “Whenever I have had involvement with Falcon and Griffin I have been very impressed with their attitude, approach and flexibility. They are extremely supportive of customers, families and colleagues and nothing is too much.”

Training records we saw showed that staff had received training in equality and diversity, dignity in care and person centred care. Records showed that people were involved in the planning of their care.

The senior support worker had been trained to undertake assessments of people for small aids and adaptations and moving and handling equipment. This equipment helps to promote people’s independence.

The care plans detailed people’s individual needs and were signed by the person concerned; this indicated they were in agreement with the care to be provided. The registered manager had a system in place to ensure people’s needs were regularly reviewed.

People who used the service and staff told us the registered manager and the senior support worker, were very approachable and supportive. The registered manager was described by staff as “A good listener” and “Calls a spade a spade.”

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found errors relating to the administration of medicines for one person who used the service. The registered manager took immediate action to rectify this matter and put systems in place to ensure there was no repeat of our findings.

People we spoke with said that they felt safe with the care workers who supported them.

We saw that there were recruitment and selection procedures in place to help protect people who used the service from coming into contact with staff who were unsuitable to work with vulnerable people.

Requires Improvement



Is the service effective?

The service was effective.

Care workers had received the training they needed to support people safely and effectively.

Training records showed that staff had received training in the Mental Capacity Act (MCA) 2005 and the registered manager was aware of changes to the Deprivation of Liberty Safeguards (DoLS) relating to the Court of Protection to ensure that people's rights were protected.

The scheme had a hydration policy and procedure in place for staff to follow. It explained why good hydration practice was essential for maintaining good health and wellbeing.

Good



Is the service caring?

The service was caring.

Feedback we received from community based professionals was positive about the support their clients received from care workers at the scheme.

Training records that we saw showed that staff had received training in equality and diversity, dignity in care and person centred care. Records showed that people were involved in the planning of their care.

Good



Is the service responsive?

The service was responsive.

The care plans detailed people's individual needs and were signed by the person concerned; this indicated they were in agreement with the care to be provided. The registered manager had a system in place to ensure people's needs were regularly reviewed.

Good



Summary of findings

People had the opportunity to meet with each other in the communal lounge areas and get involved in activities within the scheme and the local community.

Is the service well-led?

The service was well led.

People who used the service and staff reported the registered manager and the senior support worker were very approachable and supportive.

The registered manager carried out a full quality assurance assessment of each person every six months. This included peoples care records, environmental risks in their flat and asked them for feedback about the service they received.

Before our inspection visit we contacted the local authority commissioners. They informed us that they had no safeguarding concerns or complaints about the service provided at Falcon and Griffin Extra Care Scheme.

Good



Bury Council - Falcon & Griffin Extra Care Scheme

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 and to provide a rating for the service under the Care Act 2014.

One adult social care inspector carried out this inspection. The service was given short notice about our visit in line with the Care Quality Commissions (CQC) current methodology.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us and the Provider Information Record (PIR) that they had completed. This is a form that asks the provider to

give us some key information about the service, what the service does well and improvements they plan to make. We also sent out surveys to community based professionals and received two responses from them.

We also had contact with the local authority safeguarding team and the commissioners of the service to obtain their views about the service.

We visited the scheme on 7 and 12 January 2015. We visited three people who used the service in their flats, talked with the registered manager and the senior support worker who were responsible for the day to day running of the service and three care workers. We also looked at a range of records held by the service which included, care records, rotas and some policies and procedures.

On 22 January 2015 we visited Bury Town Hall to look at a random sample of recruitment files from across the local authority's registered services which included a record from this service.

Is the service safe?

Our findings

We saw that people's medicines were kept in a designated cupboard in their flat. People received their medicines from their pharmacist in the original stock box. Any medication that was not used was returned to the pharmacy at the end of each monthly cycle so that stocks of medicines did not build up and to enable staff to check that people were taking them correctly.

Care workers were responsible for the administration of some people's medicines. People had medication administration record sheets (MAR's) in place to help audit what medication had been given. We saw that a detailed risk assessment was undertaken to identify any potential risks with people's medicines and what action was to be taken to minimise them.

To help maintain people's independence in taking their own medicines we saw that the service had access to a monitored dosage system medicines dispenser. This system would alert staff via the intercom system if a person had not taken their medicines 30 minutes after the due time. Staff would then carry out a visit to the person and prompt them to take their medication.

Training records showed that staff had completed Level 2 e-learning medication training and most staff had received a direct observation and competency assessment. However we did find some issues relating to the prescribed liquid medicine of one person who used the service. Records were such that we were unable to be sure whether or not the person had received the medication as prescribed for example when the bottle was received and first opened and used. The risk assessment for the medicine and how it was to be administered i.e. with a syringe was not being followed.

By our return visit on 12 January 2015 the registered manager had carried out a full review of the concerns raised and taken action to rectify them. The registered manager had put systems in place to ensure this situation did not reoccur.

People who used the service who we spoke with said that they felt safe with the care workers who supported them. They told us they could speak to the registered manager or the senior support worker about any concerns, worries or problems they had and were confident that action would be taken to sort the issue out.

The term safeguarding is used to describe the processes that are in place in each local authority that people can use to help ensure people are protected from abuse, neglect or exploitation. The training record showed that all staff had received safeguarding adults training. There had recently been a change to the local authority safeguarding policy and procedure so staff were in the process of completing e-learning refresher training.

Staff we spoke with knew what action to take should they witness or hear a disclosure of abuse. There was a clear safeguarding reporting procedure in place for staff to follow, which included out of office hours. Staff also understood their whistle blowing responsibilities in relation to reporting poor practice of colleagues.

We saw that there were security arrangements in place such as CCTV and people could only access the scheme by contacting the office or people living there to allow them access. One person said "I feel very safe here. An intruder would have to go through three doors to get to me." People confirmed that care workers wore an identification badge and wore a uniform with the company logo displayed on it to help identify them. This helped people who used the service identify them.

People had access to an internal intercom system to enable them to contact staff. Some people wore pendants or wrist strap alarms to alert staff in an emergency for example if they had fallen. Care workers had access to an inflatable cushion that they could use to assist them to lift people safely from the floor.

We saw that a copy of the premises risk assessment was completed for each person who used the service. The risk assessment covered floors and stairs, electrical safety, lighting and fire safety. On-call arrangements were in place in case of an emergency.

Members of the staff team had worked at the scheme for many years and there was a low turnover of staff which was usually due to retirement. The staffing levels for the scheme were under review. There had been a reduction in staffing levels since our last inspection visit. The registered manager told us that the expectations of people who used the service had changed and the review was being carried out with a view to increase flexibility and efficiency for them. One staff member told us that they would like to have more time to spend with people who did not get any visitors.

Is the service safe?

The staff team was made up of eight contracted staff and four regular staff from the Bury Aces team. Bury Aces is an employment service run by Bury Council to provide staff to services who provide personal care. There was one waking night staff on duty supplied by an outside agency. All staff provided by the agency were said to be regular workers who knew people well and received the same mandatory training as contracted staff.

On 22 January 2015 we visited Bury Town Hall to look at a random sample of recruitment files from across the local authority's registered services. We saw that prospective employees completed an application form giving their details of the education and employment history. We were told that a Disclosure and Barring Service (DBS) criminal record check was undertaken for all staff who were

providing personal care to ensure they were suitable to work with vulnerable adults. Staff told us they had recently had an updated DBS check carried out. References and identification checks were also undertaken.

Prospective employees completed a health declaration form and were seen by Occupational Health before starting work to ensure they were fit to carry out the role.

Where people needed support with personal care staff had access to disposable gloves and aprons and also hand gel to help prevent the risk of cross infection. We saw that this equipment was kept in people who used the service bathrooms. These were seen to be kept in people who used the service bathrooms as required. One person who used the service told us that care workers used disposable protective items on "Every occasion."

Is the service effective?

Our findings

No issues were raised by people who used the service about care workers skills and ability to carry out the job. When asked, one person who used the service said “Yes they really do know what they are doing.”

We saw a copy of the staff teams training records. This showed that staff had completed mandatory training in moving and handling, first aid, food hygiene, medication, health and safety which included infection control and principles of good record keeping. All care workers had received training to National Vocational Qualification (NVQ) Level 2 in health and social care.

We saw that staff had undertaken a wide range of training to help them support people who used the service with their individual health needs. Training included nutrition, Parkinson’s disease, strokes, oral hygiene, pressure area care, dementia awareness and alcohol awareness.

We saw that there was an induction checklist and training programme for new employees in place. This included reading corporate and service policies and procedures. However there had been no new staff start work at Falcon and Griffin Extra Care Scheme for some time.

The team training showed all members of the staff team had received any training in the Mental Capacity Act (MCA) 2005. This training would help provide care workers with guidance about their responsibilities under this legislation which safeguards the rights of people who may lack the capacity to make their own decisions.

The scheme had a customer consent policy in place and a clear procedure on decision making. A capacity assessment form was available for staff to use. Staff told us that they always asked a person’s consent before carrying out personal care and explained what they were doing. One staff member told us “If they [people who use the service] say no, they mean no.” A person who used the service said “They are not making me do anything I don’t want to do.” And “I do everything I possibly can for myself.”

The registered manager told us that they were aware of changes to the law around Deprivation of Liberty Safeguards for people being supported in their own homes. Training around what action staff should take in these circumstances in relation to contacting the person’s social worker to make any necessary arrangements under the Court of Protection, was being planned.

Staff members we spoke with told us “We are a good staff team and we work well together.”

Staff said they had access to a message book and kept in contact with each other via mobile phone.

People who used the service were being funded by the local authority. We saw copies of the community care assessment that had been carried out and a care plan developed by the person’s social worker. This information helped the service decide whether or not people’s needs could be met at the point of referral.

Most people to maintain their independence used micro wave main meals. If there were concerns about people’s diet and losing weight food and fluid intake charts were available for staff to use. The scheme had a hydration policy and procedure in place for staff to follow. This explained why good hydration practice was essential for maintaining good health and wellbeing. A hydration risk assessment was available for staff to use, which covered the person’s ability to access drinking water. The people we visited had access to drinks.

People we spoke with told us they had access to health and social care professionals. One person who used the service who we spoke with told us that the chiropodist had visited that day and that district nurses came three times a day to give injections. Another person told us about the support they had received from their social worker and a specialist nurse to help them manage their breathing difficulties.

Is the service caring?

Our findings

Prior to our visit to Falcon and Griffin Extra Care Scheme we sent out surveys to relatives and community based professionals, for example social workers and district nurses. We received two comments back from them. One stated, "Whenever I have had involvement with Falcon and Griffin I have been very impressed with their attitude, approach and flexibility. They are extremely supportive of customers, families and colleagues and nothing is too much."

Another stated, "I have been very pleased with the outcomes achieved for clients using this service. The manager and staff seek advice where necessary and keep me informed of any changes in need concerning my clients. Feedback from clients and relatives has generally been appreciative and I have observed warm and positive interactions with service users."

Training records that we saw showed that staff had received training in equality and diversity, dignity in care and person centred care. Records showed that people were involved in the planning of their care.

When we visited people in their flats we saw that staff always knocked on the door and introduced themselves

before entering a person's flat. People told us that if they used the intercom system staff always responded. One person we spoke with said of staff "If I tell them to do something they do it."

The registered manager and the senior support worker were able to give us detailed information and demonstrated a good understanding of people's needs and backgrounds. We saw that there were frequent and friendly interactions between people who used the service and the staff supporting them. The atmosphere at the scheme was relaxed.

One of the key objectives of the scheme was to help people maintain their independence for as long as possible. Some people who are unable to shop independently were supported by staff to shop online.

The senior support worker had been trained to undertake assessments of people for small aids and adaptations and moving and handling equipment. We saw evidence of equipment in the flats of people we visited. We talked with one person who told us about how their mobility had improved greatly since moving onto the scheme.

Some staff had undertaken training about having conversations with people about what arrangements they would want in place at the time of the end of their life. The registered manager was in the process of sourcing further palliative and end of life training for the staff team.

Is the service responsive?

Our findings

The three people who we visited all had care and support plans and risk assessments in place. There was also a care and support plan summary which identified the aims and tasks that staff were to undertake at each visit. The care plans detailed people's individual needs and were signed by the person concerned; this indicated they were in agreement with the care to be provided.

The registered manager had a system in place to ensure people's needs were regularly reviewed. We were told that people's care was reviewed annually or more regularly if people's needs changed or at their request. Records we saw supported this.

We saw a copy of a care review form which covered the person's care plan and care provision, medication, moving and handling, their environment and equipment. The document was signed by the person concerned and the provider to confirm agreement with the findings. The review gave people the opportunity to give their views and opinions about the quality of the service they receive.

We were told the registered manager that people had the opportunity to meet with each other in the communal

lounge areas. On the day of our first visit we saw people getting ready for the weekly brunch club meal of bacon and egg sandwiches which were brought in. People who used the service had also been involved in raising £110 for charity with a coffee morning for which they had baked cakes and sold them and the Mayor was in attendance.

People who use the service have six weekly tenants meeting and organise functions for themed events for example Easter, Remembrance Sunday, Christmas and birthdays. People were also supported to attend events at a local civic hall and Bury Adult Learning Centre which enabled people to join several classes including flower arranging and card making. In the some people are supported were appropriate in gardening activities. Some people have recently started a book club.

We saw that the provider had a complaints policy and procedure in place. The registered manager told us there had been two complaints made by people who used the service or their relatives since our last inspection visit. Information we received showed that both complaints had been resolved with 28 days. People told us they felt able to make a complaint. One person said "I have no problem speaking out."

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered managers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There had been no change in the registered manager since our last inspection visit. The registered manager was available during our inspection visit.

Services which are registered are required to notify the Care Quality Commission of any incidents that arise. We checked our records and saw that we had received notifications as required by the service since our last inspection.

Prior to our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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. We saw that the registered manager had familiarised themselves with the "Fresh Approach" and the Key Lines of Enquiry (KLoE's) before completing the form.

Planned improvements for the next 12 months included increasing the use of Telecare pivot medication dispensers to promote people's independence, complete the staffing review, further dementia training and the introduction of a dementia champion.

The registered manager carried out a full quality assurance assessment of each person every six months. This included people's care records, environmental risks in their flat and asked them for feedback about the service they received. Accident and incident records were signed by the registered manager and action that need to be taken to

prevent the incident happening again, for example checking and replacing footwear of a person using the service and replacing it following a fall or referring the person to the falls team for assessment.

We saw the results of the annual satisfaction survey carried out in May 2014 with feedback given to people who used the service, which included people who received personal care. The registered manager gave feedback of the findings to people in June 2014 which was positive. The findings had also been relayed to the staff team so that were appropriate improvements could be made.

The registered manager told us they were involved in attending local partnership meetings. This helped them keep up to date with changing legislation and guidance. Before our inspection visit we contacted the local authority commissioners. They informed us that they had no safeguarding concerns or complaints about the service provided at Falcon and Griffin Extra Care Scheme.

The registered manager had an office on the scheme's site so was easily contactable by people who used the service and their relatives. People who used the service and staff told us the registered manager and the senior support worker, were very approachable and supportive. The registered manager was described by staff as "a good listener" and "calls a spade a spade." Care workers told us they were encouraged to raise any concerns they had with them. The senior support worker worked directly with people and with other care workers so they knew them well.

We saw that staff meetings had taken place on 14 August 2014 and 19 November 2014. At these meetings updates on people who used the service were discussed which included medication and equipment needed to maintain people's independence. The meetings also gave staff the opportunity to raise any concerns that they had.