

Sandwell Metropolitan Borough Council Walker Grange Extra Care Service

Inspection report

Central Avenue, Tipton, DY4 9RY
Tel: 01215694950
Website: www.sandwell.gov.uk

Date of inspection visit: 4 March 2015
Date of publication: 20/04/2015

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

The provider is registered to provide support and personal care to adults. People who used the service received their support and care in their own flats within the extra care complex.

Our inspection was unannounced and took place on 4 March 2015. At our last inspection in June 2014 the provider was meeting all of the regulations that we assessed.

A manager was registered with us as is required by law. 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.

Medicines were not always managed safely. Temperatures of the medicine fridge and stock cupboard were not being monitored and records did not always confirm medicine received into the service. We found that where medicines were prescribed on an 'as required basis' there were no instructions for staff to confirm when the medicine should be given.

Summary of findings

Staff followed the provider's procedures to ensure the risk of harm to people was reduced and that people received care and support in a safe way.

People and their relatives told us that staff were available to meet their [or their family members] individual needs. We found that staff were trained and competent to support the people who lived there effectively and safely. Staff told us and records confirmed that they received induction training and the support they needed to ensure they did their job safely.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted. They knew that regarding extra care services any DoLS referral would have to be made to and approved by the court of protection.

Staff supported people with their nutrition and health care needs. We found that people were able to make

decisions about their care and they and their families were involved in how their care was planned and delivered. Systems were in place for people and their relatives to raise their concerns or complaints.

Staff supported people to keep in contact with their family as this was important to them.

Staff supported people to be as independent as possible. People were encouraged and supported to undertake daily tasks and attend to their own personal hygiene needs.

All people received assessment and treatment when needed from a range of health care professionals including their GP, specialist consultants and nurses which helped to promote their health and well-being.

All people we spoke with told us that the quality of service was good. This was confirmed by all of the relatives we spoke with. The management of the service was stable, with processes in place to monitor the quality of the service.

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 consistently safe

People and their relatives told us that the service was safe. Staff knew how to support people appropriately to prevent them being at risk of abuse and harm.

Although staff had received training and guidance to ensure medicine safety. Medicines were not always managed safely.

There were sufficient staff that were safely recruited to provide appropriate care and support to people.

Requires improvement



Is the service effective?

The service was effective.

People received effective care and support. The provider trained staff to ensure they had the skills and knowledge to support people in the way that they preferred.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff ensured that people were not unlawfully restricted and received care in line with their best interests.

People were supported to eat and drink what they liked in sufficient quantities to prevent them suffering from ill health.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Good



Is the service caring?

The service was caring.

People and their relatives told us that the staff were kind and we saw that they were. They gave people their attention and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills and activities was encouraged.

Staff encouraged people to make their own choices regarding their daily routines.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

Good



Summary of findings

Staff were responsive to people's preferences regarding their daily wishes and needs.

Is the service well-led?

The service was well-led.

A registered manager was in post and all conditions of registration were met. The registered manager knew their legal responsibilities to ensure that the service provided was safe and met people's needs.

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

The service was monitored to ensure it was managed well. The management of the service was stable, open and inclusive.

Good



Walker 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 took place on 4 March 2015 and was carried out by one inspector.

Before our inspection we 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 asked the local authority their views on the service provided. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection we spoke with six staff members, 10 people who used the service and four relatives. The registered manager was not available during our inspection so the deputy manager provided us with the information we needed and answered questions that we asked. We looked at three people's care and medicine records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at three staff recruitment records and the training matrix. Following our inspection we spoke with three additional relatives by telephone to get their views on the service provided.

Is the service safe?

Our findings

All people we spoke with told us that they felt safe. A person said, “I feel safe and secure”. Another said, “I feel very safe here”. A relative we spoke with told us, “I have no concerns at all about their safety”.

All people and relatives we spoke with confirmed that there were no concerns about abuse or neglect. A person who used the service told us, “Nothing like that goes on. All staff are very nice”. A relative said, “Oh no, no concerns like that”. Training records that we saw and 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, “There is nothing that I am concerned about. If I saw something I would report it. I know it would be dealt with it immediately”. This confirmed that staff were aware of the reporting systems they should follow, in order to protect people who used the service from abuse.

One person who used the service approached us and showed us their ‘call alarm’ bracelet that they were wearing. They said, “I am at risk of falling but this makes me feel safe. I can call staff if I feel unsteady on my feet. That prevents me falling. It is good”. Staff we spoke with were aware of people’s risks. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who used the service. These included mobility assessments, risks relating to people accessing the community and when partaking in daily living activities.

We asked staff what they would do in a certain emergency situation. They gave us a good account of the actions they would take which included, reassuring the person, summoning help from other staff and dial 999 or call the GP if that was needed. They told us that they would complete accident records following the incident. This showed that staff had the knowledge to deal with emergency situations that may arise so that people should receive safe and appropriate care in such circumstances.

People who used the service could have the opportunity to manage their own medicine if they wanted to and had been assessed to do so. People we spoke with told us that they would rather the staff looked after their medicine. A person who used the service said, “I know then that I am having the medicine that I need”. Another person said, “The

staff give me my medicine properly and on time”. We found that safe storage was provided in each person’s flat and that was where their individual medicine and medicine records were kept.

We looked at the arrangements the provider had in place for safe management of medicines. We found that some stock medicines were stored in a communal clinical room. This was to prevent a build-up of medicines in people’s flats which could place them at the risk of taking too many. However, we found that the room where the excess medicine was stored and the medicine fridge temperatures were not being/ or not being consistently monitored. The last time a record of the fridge temperature had been made was two weeks prior to our inspection. There were no records of the temperature of the medicine room. The acting manager told us that they did not know why the temperatures had not been recorded. This meant that the provider was unable to demonstrate that the medication was stored appropriately. Medication not stored within the correct temperature range could prevent it working as it should which could place people’s health at risk.

Supporting information for staff to safely administer medicines was not always available. In particular we looked at one person who was prescribed a medicine to be given ‘when necessary’ or ‘as required’. We found that there was no supporting information available that enabled staff to make a decision as to when to give the medicine. This meant that there was a risk that the person could be given the medicine when it was not needed or not being given the medicine when it was needed.

We found that Medicine Administration Records for at least two people had not been maintained as they should. When medicine had been received this had not been accounted for on the MAR. Previous stock balances from the previous MAR had not been carried over onto the MAR. This meant that the provider could not demonstrate that all medicines were accounted for.

People assured us that there were enough staff. A person told us, “The staff always come to me when they should”. A relative said, “There are adequate staff. I am sure that the staff do above what they should”. Staff we spoke with told us that staffing levels were adequate to meet people’s needs and to keep them safe. The acting manager told us that some staff had been away from work due to personal circumstances. They told us that staff at work had taken on extra hours and that they used the same agency staff to

Is the service safe?

ensure consistency. This meant that the provide had contingency plans in place to ensure that the people who used the service could be supported appropriately supported at all times by staff who knew them well.

We found that recruitment systems were in place. Staff we spoke with confirmed that checks had been undertaken for them before they were allowed to start work. We checked three staff recruitment records and saw that pre-employment checks had been carried out. This

included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. Staff we asked confirmed that checks are carried out before new staff were allowed to start work. The deputy manager told us, “No new staff can start work before their checks have been completed”. These systems minimised the risk of unsuitable staff being employed.

Is the service effective?

Our findings

All of the people and relatives we spoke with told us that the service provided was effective. A person said, “It is very good here”. Another told us, “I have been here for years. It is very good”. A relative said, “The service is excellent”. The local authority told us that they were not aware of any concerns or issues.

The acting manager told us and records we looked at confirmed that in-house and corporate induction training was provided to new staff. This included reading policies, working with experienced staff, attending training and attending a corporate welcome. All staff we spoke with told us that they received supervision and support. However, records that we looked at highlighted that the supervision sessions had not been very regular. We asked the acting manager about this. They agreed that the supervision had not been regular enough and showed us a supervision matrix that they had produced to address the shortfall. Staff told us and the training matrix we looked at confirmed that they had either received all the training they needed or it had been highlighted that the training needed to be arranged. One staff member said, “I have done all my training. We all have to do the training that is required”. A relative told us, “The staff are all very good. We could not wish for a better place. They [their family member] are cared for extremely well. This showed that the provider had taken steps to ensure that the staff were supported and trained to ensure that they provided appropriate, safe care and support.

Staff and relatives told us that non-restrictive practice was promoted. A person who used the service said, “I go out whenever I want to and do what I want to”. Another person said, “I do not feel restricted in any way. I do not think any of us are”. All staff we spoke with told us that no person’s daily routine or preferred lifestyle was restricted. The Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find. Records highlighted that not all staff had received DoLS training. The acting manager told us that there was a rolling programme and that all staff would be offered the training. However, the acting manager and all staff we spoke with knew of their responsibilities regarding DoLS. They knew that regarding extra care services any

DoLS referral would have to be made to and approved by the court of protection. This demonstrated that the provider had taken action to ensure that people did not have their right to freedom and movement unlawfully restricted.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. People told us that staff asked their permission before they carried out personal care tasks. The relatives we spoke with told us that they or their family member were given the opportunity to consent to or refuse care and this was also confirmed by the staff we spoke with. We saw that staff gave an explanation to people and waited for them to respond before they helped them to mobilise or undertake tasks. Assessment and care planning records that we looked at prompted staff in each section to determine if the person had or did not have capacity. Where it was determined that a person lacked capacity staff involved family members or healthcare care professionals to ensure that decisions that needed to be made were in the persons best interest.

A person said, “If I am ill or anything the staff get the doctor”. A relative said, “The staff always get health care from outside when it is needed”. Staff we spoke with and records 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 specialist health care teams, the dietician and specialist and speech and language therapists. We saw that people 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.

All people we spoke with told us that they were supported to have the food and drinks they liked in sufficient quantities. A person told us, “I eat well. Staff are always around if I need them”. Generally, people who used the service purchased their own food and drinks and if it had been assessed by the funding authority that they required support to prepare and cook meals this was provided. A main lunch time meal was on offer for an additional cost. The majority of people chose to have this meal. A person said, “The meals are nice. We have two choices everyday”. We observed lunch time in a communal dining room and

Is the service effective?

saw that staff were available to assist people to eat and drink. They sat with people and encouraged them 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.

Is the service caring?

Our findings

All people and relatives we spoke were very complimentary about the staff. They described them as being, “Wonderful”, and “Lovely”. A person said, “All of the staff are very kind. They look after us”. Another person said, “The staff are very caring”. A relative told us, “The staff are wonderful, very caring”. We observed staff interactions with the people who used the service. We observed that staff greeted people and asked how they were. We saw that staff took time to listen to what people said. We saw that people responded to this by talking with staff and having confidence to inform them of their wants and needs.

All people we spoke with told us that staff were polite and helpful. A person said, “The staff are very polite”. Another said, “The staff show respect. They never go in my flat without my permission”. During the day we heard staff speaking to people in a respectful way. All relatives we spoke with told us that the staff were polite and friendly towards them. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice by ensuring toilet and bathroom doors were closed when providing personal care and knocking people’s front doors and waiting for a response before entering. Records highlighted that staff had determined the preferred form of address for people and we heard that this was the name they used when speaking to them.

The people and relatives we spoke with all confirmed that the staff communicated with them appropriately. We saw that staff got down to the same level as people when speaking with them so that they could hear what was being said. We saw that people understood and responded by communicating back to staff.

A person said, “I like to do things for myself and I do”. A staff member told us, “We always encourage people to do as much as they can for themselves”. Care plans we looked at highlighted that where possible staff should encourage people to be as independent as possible regarding daily living tasks. During our inspection we saw people going out of the complex independently and returning with shopping. People told us that they attended to their laundry needs and where possible prepared meals. This highlighted that staff knew it was important that people’s independence was maintained.

A person told us, “My family visit me a lot they can visit whenever they want and I like that”. Records we looked at and staff we spoke with highlighted that there were no visiting restrictions and families could visit when they wanted to. All people we communicated with told us that it was important to them where possible to maintain contact with their family. All relatives we spoke with confirmed that staff enabled them to have as much contact with their family member as possible.

Is the service responsive?

Our findings

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, “I am asked when and how I want my support”. Another person said, “I tell the staff what I want done”. A relative said, “We are always involved in everything to make sure they are looked after well”. 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 continue to meet people’s needs in the way that they preferred.

All people told us that staff supported them with their preferred lifestyles. A person who lived there said, “I am given the opportunity of support to do what I want but I like to go out on my own”. Another person said, “I like to do my own thing. We can go into the main room if we want and join in activities”.

People told us and records that we looked at highlighted that people had been asked about their personal religious needs. One person’s choice was that they attended a religious service with their family and staff supported 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 who used the service said, “I know what I must do if I was not happy. I would speak to the staff”. A relative told us, “We have no concerns or complaints if I did I would speak to the management. I know they would deal with it”. 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. Records we looked at and the acting manager confirmed that no complaints only numerous compliments had been made.

Is the service well-led?

Our findings

We found that a positive culture was promoted within the service that was transparent and inclusive. A person said, “The manager and staff are very helpful. It is good”. A relative said, “They always keep us informed”. We saw from records and this was confirmed by the people who used the service that they and their relatives were invited to reviews every six months and had the opportunity to discuss and raise issues. A relative said, “We are invited to reviews. We also have constant communication with staff. We feel that we are listened to”.

The provider had a clear leadership structure that staff understood. There was a registered manager in post. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to inform us of. One staff member said, “The management are supportive”. Another said, “There is always someone we can contact if we need help”. Staff we spoke with explained the on call process and who they needed to contact in an emergency.

Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. They told us and records we looked at confirmed that regular staff meetings were held.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. 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 saw something I was concerned about I would not hesitate to report it”. 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.

We saw audits were completed regarding for example, systems and fire safety. We saw that where needed corrective action had been taken to make improvements. We saw that where non-compliance had been identified an action plan had been completed for improvements to be made. This showed that the provider had taken steps to ensure a good quality of service. However, during our inspection we found a number of issues regarding medicine systems which would not have been apparent if the audits were robust. The acting manager listened to what we said regarding this issue told us that they would take immediate action to ensure improvement.