

The Sandwell Community Caring Trust

Hall Green Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hall Green is a care home providing personal care for up to 62 people. The service was provided over three floors. People on the first floor and second floor lived there permanently at Hall Green. There was an assessment unit on the third floor, where people were temporarily admitted from hospital or the community to assess their needs. At the time of the inspection 39 people were living there.

Peoples experience of using the service and what we found

People were kept safe by staff who knew how to report concerns and manage risks to keep people safe. Staff were safely recruited and there were enough staff to support people.

At the last inspection the support people had with their medicine was not always safe. At this inspection medicine management has improved so people receive their medication safely.

People were supported by staff who were caring. People were involved in decisions around their care and were treated with respect and dignity.

Staff knew people well and supported them in line with their preference and choices.

People and staff felt supported by the management team.

There were systems in place to monitor the service, but further improvements were required for the systems to be fully effective.

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.

Rating at last inspection and update

The last rating for this service was requires improvement (published-04 July 2019) and the provider was in breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions; Safe, Effective and Well led which contain those requirements. The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hall

Green on our website at 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was good
Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well led.
Details are in our well led findings below.

Requires Improvement ●

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 requirement and regulations associated with the Act. We looked at the overall quality of the service and provide a rating for the service under the Care Act 2014.

Inspection team. The inspection was carried out by one inspector.

Service and service type.

Hall Green is a 'care home' people in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulate both the premises and the care provided, and both were looked at during this inspection.

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. This inspection was unannounced. This inspection was a focused inspection to check on the progress made since the last inspection.

During the inspection we looked at medication records and care records for five people, spoke with four people and four staff, the registered manager and assistant manager. We looked at the governance systems. This included quality assurance audits the provider completes to ensure the service provided was monitored and reviewed.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals. We used information the provider sent us, and information from the last inspection. At the last inspection we identified that improvements were required with breaches of regulation.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement with a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this key question has remained the same. Enough improvements had been made at this inspection and the provider was no longer in breach of regulation. We could not improve the rating for safe from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicine safety

- At the last inspection management of people's medicine required improvement. Although improvements had been made, the systems in place need to be fully embedded to ensure consistency.
- At this inspection we saw medicines were stored safely and people received their medication at the right time. We observed staff giving people their medication and this was done with care and respect. For example, staff told people what medication they were taking and the reason.
- Some people required medication 'as and when required' known as (PRN), this is to treat various conditions and should be taken when required. This can include a variation of different dosage. We saw that protocols were in place with details of when to give the PRN medication and included time sensitive information such as before and after food. PRN also refers to creams. We saw that clear guidance was in place in relation to support people with their medication. We saw detailed information accompanying the medication administration records for signs to look out for that would indicate a person was in pain. For example, staff told us, "[Person's name] cannot tell you if they are in pain." Staff said that the information enabled them to complete an assessment and support people if they felt that they needed pain relief.
- Some people were administered their medication covertly. This means medication is put into food to ensure that the person takes their medication to keep them healthy. Where people had their medication covertly administered, we saw that meetings had taken place with the doctor and included a best interest assessment which meant other healthcare professionals were involved.
- People's records listed certain foods that medication could be given in as some food may affect the effectiveness of the medication. We saw there was instructions relating to the amount of food used. For example, 'a small spoon of food', this would then ensure the person took their medication. A staff member told us, "If you put the medication in a large amount of food then the person may not eat all the food and not have their medication, so a small portion is better."

A best interest assessment was completed when the person could not make the decision for themselves. This was part of the new system that had been developed to ensure people received their medication safely.

- People's medication records were reviewed weekly. The new system was in the early stages and more

work was still needed to fully develop the system. Weekly audits had been completed and showed there had not been any medication errors and people had received their medication as prescribed. The service was supported by the local authority and the Clinical Commissioning Group (CCG) who visited the service regularly to monitor the service and the new systems. We saw that the administration of medicines was working well, and concerns raised at the last inspection had been addressed.

- There had been no incidents regarding people's medicines since the last inspection. The registered manager told us "We just want to get things right and we have come so far and learnt so much." All staff who supported people with their medication had completed further training at a higher level. Staff spoken with during the inspection felt more confident supporting people. Medication records demonstrated that regular audits were completed so action could be taken at the point of identification.
- There were appropriate risk management plans in place for risks that may arise while supporting people. The risk management plans detailed how to keep people safe while encouraging independence and people's individual abilities.

Learning lessons when things go wrong

- The registered manager continued to keep records of any incidents and accidents and reviewed these records to see if any actions were required to reduce the risk of harm.
- There had been no incidents or accidents since the last inspection.

Staffing and recruitment

- People were supported by staff who were trained, recruited safely and had the skills to meet people's needs.
- All staff had the necessary checks, before they commenced employment, including checks with the Disclosure and Barring service (DBS) to ensure suitability.
- The registered manager used a dependency tool to assess how many staff were needed to support people safely, and ensure time was allowed for staff to spend time with people. The registered manager told us it is very important to have enough staff to support people.

Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection. Staff told us they had received training, and personal protective equipment (PPE) was available.

Systems and processes to safeguarding people for the risk of abuse

- The provider protected people from the risk of harm and abuse. Staff had received training to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for staff to follow should they have any concerns.
- All staff spoken with knew the procedure for reporting concerns and the different types of abuse that could occur. One staff member told us, "If we have concerns we would report to the manager, that is the process or social service safeguarding team or CQC." Records showed that the registered manager followed this process.

Assessing risk, safety monitoring and management

- Risks associated with people's care were recorded so staff had the information to support people safely. These included risk assessments such as those relating to the environment as well as more individualised risk management plans specific to the care needs of people.
- The registered manager had systems in place to minimise people's individual risks. Where risks to people's individual health or wellbeing were identified, their care plans described the actions staff should take to

minimise them. Risks to people's mobility, nutrition and communication were assessed and staff were given guidance on managing the risks to ensure the best outcome for the person.

Is the service effective?

Our findings

Is the service effective

Effective – this means we looked for evidence 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 requires improvement. At this inspection this key question has improved to good.

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

- Assessments of people's care needs were detailed and identified areas in which the person requires support.
- People were supported to access healthcare professionals such as GPs, dentists, opticians and were supported to attend appointments when required.
- Staff told us that for any external appointments for people there was always a staff member that went with the person for support and reassurance.

Adapting service, design, decoration to meet people needs.

- At the last inspection we identified that improvements were needed to the outside enclosed garden. At this inspection the registered manager was in the process of getting quotes for the renovation of the outside area. However, there was a small part of the garden people could sit that was safe until the garden work had been completed. All parts of the home were clean.

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

- People had an assessment before they came to live at the home to ensure their individual needs could be met. These assessments were used to formulate care plans for staff to follow. The assessments included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation.
- People's gender preferences for staff support were known and respected.
- Assessments included information about people's physical and mental health needs, social and personal history, and how they wanted their support to be provided.

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

The Mental Capacity Act 2005(MAC) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves.

The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authorisation. In care homes, this is usually through MCA application procedures called Deprivation of Liberty safeguards. (DoLS. We saw the service was working within the principles of the MCA and where DoLS were in place authorisation had been obtained. At the last inspection documentation was not available in relation to external legal authorisation. At this inspection

documentation had been reviewed and the appropriate authorisations had been completed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink the food they preferred according to their culture and needs. One person told us, "I have what I want to eat I can ask for anything, and I like the food."
- People's dietary intake was monitored to ensure a balanced diet was provided. Care plans and risk assessments provided the necessary information to enable staff to offer people the right amount to eat and drink to meet their daily care needs. External professionals were involved when needed to ensure support was provided when required for example dietitians.

Staff support: induction, training, skills and experience

- Staff explained that they felt supported and were able to speak with the registered manager whenever they wished. Staff also confirmed that supervision and team meetings were taking place to discuss areas that may require improvement.
- Staff attended training and could also get specific training based around people's healthcare if needed.
- Staff completed an induction programme and training was provided in line with the care certificate standards. The care certificate is an identified minimum set of standards that health and social care workers adhered to in their daily work.

Is the service well-led?

Our findings

Well – led this means we looked for evidence that service leadership, management and governance should be 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 requires improvement with a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this key question has remained the same. Enough improvements had been made at this inspection and the provider was no longer in breach of regulation. We could not improve the rating for well led from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

This meant the service management and leadership was inconsistent, leaders and the culture they created did not always support the delivery of high -quality person centred care.

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

- The registered manager developed a culture in the service that people and staff described as supportive. The registered manager told us, "We are aware that further improvements are required, and we are working with external agencies to support us to provide a good service. Following our last inspection, we have assessed the areas for improvement and are working within our action plan. Additional training is provided to staff and regular audits and monitoring is taking place." This was evidenced during the inspection. The management team carried out audits to check the service being provided was working well and staff were working in the right way to meet people's needs and keep them safe.
- Since the last inspection senior care staff have been trained to take on management responsibility for each shift they worked. The registered manager told us a higher level of training had been provided to support staff in this role. Senior staff spoken with told us they were happy that this arrangement had been made and felt more confident in making decisions and the delegation of tasks.
- We found systems and processes had improved and were more effective. The action plan developed since our last inspection was working well. We saw audit systems had been further developed and areas that needed improvement were picked up more quickly. For example, medication administration records were reviewed weekly, training had been identified for senior staff and this had been completed. The registered manager sought support from external organisations for example, closely working with the pharmacist who supplied medication to the home. Meetings had been held with GPs, and the local authority.

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 understood their responsibility, regarding assessing and monitoring the service by means of regularly reviewing people's care, identifying and managing risks relating to the health and welfare of people living in the home.
- The registered manager had reviewed the systems that led to the rating of requires improvement at the

last inspection and an action plan was developed to bring about the required improvements. Staff told us that the changes that had been made had improved the service and they felt more confident and supported in their role.

- The registered manager was clear about the organisation's vision and values, staff understood their roles and responsibilities and were supported with training, supervision and support.
- Appropriate systems were in place for gathering, recording and evaluating information about the quality and safety of care provided.

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

- At the last inspection improvements were required to monitor the quality of service provided to people. At this inspection the provider and registered manager had further developed the systems to address the shortfall found at the last inspection,
- Governance and quality assurance systems were in place to monitor service delivery.
- Regular observational checks were carried out on staff performance, care records, and medication records. We saw that the monitoring of the service enabled the provider to pick things up that required further improvement more quickly, for example; risk assessment reviews. to ensure people received safe effective care. The registered manager notified us of events such as accident or incidents, as required by law.
- Staff told us, the new systems were working well, as there was clear guidance and further training had been provided,

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

- Questionnaires were used by the provider to gather views on the service. This allowed the service to improve where needed. Where possible people took part in their reviews.
- People were consulted and involved in their day-to-day care through regular meetings. Relatives meetings had recently been introduced to offer families the opportunities to give feedback.
- Staff received training in equality and diversity to ensure that they understood how to support people's needs.
- The registered manager developed good working relationships with other healthcare professionals and used feedback to drive through improvements in the care provided at the home.

Continuously learning and improving care working in partnership with other,

- We found that the registered manager and staff had used the findings of the last inspection to improve the service for people. Different systems for monitoring had been implemented we saw that these were working effectively. The registered manager told us systems were at an early stage and would change as they identified areas for improvement.