

Sandwell Metropolitan Borough Council Holly Grange Extra Care Housing

Inspection report

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Ratings

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

Summary of findings

Overall summary

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

At Holly Grange there are 32 one-bedroom flats. There is a communal lounge and a communal kitchen on ground floor that people can use if they wish. Other communal facilities include a lift to each floor, laundry and garden.

At the time of this inspection, there were 26 people living at Holly Grange who were supported with personal care.

People's experience of using this service:

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

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

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

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

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

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

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

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

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

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

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

More information is in Detailed Findings below

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

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

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

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Holly Grange Extra Care Housing

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

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

What we did

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

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

During the inspection

We visited the service on 01 July 2019. We spoke to the registered manager, team support manager, two care staff and two people receiving support from the service. On 01 July and 02 July 2019, an Expert by Experience made telephone calls to six people receiving support from the service and three relatives. We looked at two people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, supervision files, training records, accidents and incidents, records relating to health and safety, safeguarding, complaints, medicine records, staff scheduling and the provider's audits and checks on the service. We also spoke with two social care professionals about their experience of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member told us, "There are different types of abuse such as physical, emotional and financial". Another staff member told us, "If I saw someone being abused I would intervene and report the matter to the managers".
- People and their relatives explained to us how the staff maintained their safety. One person told us, "I definitely feel safe, especially since I am on the first floor. I know there is someone here all the time and that makes you feel safe. They come in four times a day to check on me and to have a little chat."

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments, considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. For example, a person who was at risk of falls had a detailed risk assessment. It gave staff members clear instructions such as ensuring equipment is safe and clean and any trip hazards are identified and removed.
- Staff were knowledgeable about people who required support to reduce the risk of avoidable harm. One staff member said, "If [Name] is having a bad day they will sometimes decline receiving care. I will have a chat with [Name] to see if that will cheer them up or return at a later time. If someone continually declines care I would seek advice from the managers".
- The registered manager had a process in place to check actions taken following incidents and accidents to make sure that actions were effective.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One person told us, "We have the same group of carers, you get to know them".
- Each person's staffing needs were calculated based on individual needs assessments, which were reviewed and updated regularly as people's individual needs changed.
- We saw staffing rotas were planned and contingency plans in place for staff absences.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People needed support or reminding to take their medicines. When staff supported people in this task appropriate medicines records were completed by staff.
- People and their relatives told us they were happy with the support they received to take their medicines.
- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.
- Audits showed that Medicine Administration Records (MAR) were checked regularly to identify any errors, which we saw were followed up, for example a missing signature being discussed with a staff member.
- Where staff were responsible for the storage of people's medicines, we saw this was secure.

Preventing and controlling infection

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

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This sought to promote people's independence and opportunity by providing the right support. For example, supporting people to maintain independence in relation to shopping, cooking, domestic tasks and accessing the community.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff had completed a comprehensive induction which included shadowing opportunities.

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

- People and their relatives were happy with the support they had with meals and accessing drinks. People were actively involved in planning and choosing their meals. One person told us, "We do have a choice of two meal options at lunch and they ask you what you want. They come around with a menu. You can tell them if you like a particular food and they will put it on again for you."
- Staff understood people's dietary needs and associated risks were planned for. For example, allergies or risk of choking.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff communicated effectively with each other. There were systems in place, such as daily care records, handover meetings. This meant that staff knew when changes occurred that might affect people's support needs.
- Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff check if people were anxious, felt well, or needed help with their daily tasks or plans.
- Our observations showed staff supported people as and when required. We saw that there were staff

around in the communal areas at all times, talking to and assisting people.

- Staff spoken with had a good understanding of people's day to day health needs and could explain how they would support people in case of an emergency.

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

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

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

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

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes. This was confirmed by the people and relatives we spoke to.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. People and their relatives were positive about the care they received.
- People and their relatives told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. One relative told us, "They are very friendly. Nothing seems too much trouble. The ones I speak to seem to know how to treat her."

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making.
- Staff understood people's forms of communication and behaviour and could interpret people's choices.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected and people's care records were kept securely.
- People told us staff assisted them to promote their independence. One person told us, "It is very important. I like my independence and I can have it here."

Is the service responsive?

Our findings

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

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

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

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One person told us, "The care I receive is based around my needs, if I want something changed I will speak to the manager".
- People were empowered to have as much control and independence as possible, including in developing care and support plans.
- Staff were knowledgeable about people and their needs.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

Meeting people's communication needs

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

- The registered manager told us, information would be provided in different format if required.
- Communication care plans described support people needed to enable staff to understand their wishes.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management.
- People and their relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent manner. There were no live complaints at the time of the inspection. We checked historical complaints and they were dealt with in a timely manner and resolved.

End of life care and support

- The manager informed us no one was receiving end of life care at the time of our inspection. We saw care plans contained some information in relation to people's individual wishes regarding their end of life care.

Is the service well-led?

Our findings

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

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

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

- The service had a range of quality monitoring arrangements in place, and we saw these were developing and becoming more effective. The registered manager was able to show us how audits were completed, with issues that needed attention identified, some of these actioned. We did find some issues we found during our inspection were not identified by the provider, for example areas where there was scope for improvement in medicines management and accident and incidents. In addition, quality assurance audits lacked recommendations based on the information analysed. When any shortcomings were mentioned we found the registered manager responded well and commenced acting to address these during the inspection.
- The registered manager and staff understood their roles and responsibilities.
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager, managers and staff.
- Staff felt respected, valued and supported and that they were fairly treated. One staff member said, "The managers are very approachable and supportive. We have regular team meetings, and everyone has an opportunity to make recommendations or voice concerns".
- The provider had submitted a Provider Information Return (PIR) to us within the timescale we gave, and our findings reflected the information given to us as part of the PIR.
- The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.

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

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

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

- The registered manager was aware of the legal responsibility to notify us of incidents that occurred at the service.
- The registered manager told us if mistakes were made they took full responsibility to ensure that the same

mistake was not repeated. The information was used as a learning opportunity and to improve the service.

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

- People's feedback was sought through survey's and regular review meetings. Responses and records showed they were happy with the standard of care.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.

Continuous learning and improving care.

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

Working in partnership with others

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