

Arshad Mahmood

Arshad Mahmood - 112-114 Carlton Road

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?	Requires Improvement ●

Summary of findings

Overall summary

Our inspection took place on 19 August 2016 and was unannounced.

At our last inspection on 21 August 2014, we saw that the provider was not meeting regulations in respect of keeping people safe because the appropriate applications had not been made to ensure that any restrictions in place were lawful. Also staff did not have a full understanding of the safeguarding procedures. At this inspection we saw that the appropriate Deprivation of Liberty Safeguards applications were in place and some restrictions on people's liberty had been agreed.

The service is a registered care home providing accommodation and personal care for up to four people with learning disabilities. At the time of our inspection there were four people living at the home and shortly after we arrived they went out on their daily activities.

The quality assurance system was not robust and did not always identify shortfalls in the service, or develop action plans that ensured that improvements in the quality of the service were made. Although good day to day care was provided to people the service was not always personalised to the needs of individuals.

People felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse. However this system was not always effective in ensuring that notifications of allegations were sent to us in a timely manner.

People were protected from injury and harm because staff knew how to manage identified risks.

People were supported by staff that had received training, supervision and support to carry out their roles.

Relatives were happy with the service provided and although they had never made a complaint they felt they would be listened to.

People were supported to make choices and ensure that the correct agreements were in place where people's liberty was being restricted.

People's representatives were complimentary about the kindness of staff and felt fully involved in people's care. People were supported by staff that were kind and caring and who knew their needs well.

There were enough staff to support people safely. People received support from a stable staff team that had got to know people well.

People were supported to take their medicines and have their healthcare needs met.

People were supported to eat and drink food that they enjoyed and that met their dietary requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm and abuse because staff were aware of the processes they needed to follow and the provider had systems in place. Staff were not always clear about who should carry out the investigation.

Staff knew how to minimise and manage identified risks to people.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective.

People's needs were met because staff had the skills and knowledge to meet these needs.

People received care with their consent, where possible and in the least restrictive ways, in order to keep them safe.

People's dietary needs were assessed and monitored to identify any risks associated with their food and they had food they enjoyed.

People were supported to stay healthy.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

People were treated with kindness and respect.

Is the service responsive?

Good 

The service was responsive.

People were supported to engage in activities that they enjoyed.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were supported to maintain relationships with people who were important to them

Systems were in place to gather the views of people about the service provided.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

The provider had systems in place to assess and monitor the quality of the service but shortfalls in the service were not always identified and acted on in a timely manner.

Relatives and staff felt the registered provider was approachable and supportive

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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.

This inspection took place on 19 August 2016 and was unannounced.

The inspection was carried out by one inspector.

As part of our inspection we reviewed the information we hold about the service. This included notifications. Notifications are information about accidents, incidents, deaths and safeguarding's that the provider is required, by law, to send us. The provider had completed and returned to us by the required date the Provider Information Return (PIR). 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 used this information and any comments received from professionals involved in the care of people to plan our inspection.

As part of our inspection we spoke with the deputy manager and two other staff and one professional involved in people's care. The people living in the home at the time of our inspection had limited verbal communication so we observed interactions between them and the staff, looked around the accommodation, spoke with three relatives and looked at some of their care records to check that they received care as planned. We also looked at records including questionnaires, complaints and audits to assess how the quality of the service was monitored and improved.

Is the service safe?

Our findings

Most of the people living in the home were not able to verbally tell us if they felt safe but the smiles on their faces showed that they were happy and they looked relaxed in the presence of staff. One of the people living in the home told us that he liked living there. One relative told us that their family member was happy in the home and they [relative] felt their family member was safe. A professional involved in people's care told us that when people were taken to see them the transport used to take them was secure meaning they were kept safe. Staff had access to a minibus so that people could be safely taken to appointments and to undertake activities.

The PIR told us that staff had undertaken training in how to recognise abuse and take actions to raise concerns. Records we looked at showed there had been one safeguarding alert raised in relation to someone that lived in the home. We had received a notification from the registered provider. Staff training records showed that people had undertaken training in protecting people from abuse. Staff spoken with had an understanding of the actions to be taken in the event of an allegation of abuse. However, they were not always clear that they needed to wait to be advised, by the local authority whether they should carry out the investigation.

Risk assessments were in place for people and staff in the home at the time of our inspection, were knowledgeable about the risks associated with the care of the people. Relatives spoken with were aware of risk associated with people's care and felt that they were being managed well by the staff.

People received support from a staff team that had worked at the home for a long time. This meant that people knew the staff supporting them and staff knew the needs of the people living in the home well and how to meet them. People's representatives told us they felt people's needs were being met well by staff. One relative told us, "Stability of staff is very important for people with autism and I am very impressed with the staff team that has had no changes since [person] went to live there." Staff spoken with told us there were always sufficient numbers of staff to meet people's needs. We saw there were sufficient numbers of staff available to support people throughout the inspection. Relatives told us there were always sufficient staff available when they visited the home. Staff spoken with confirmed the staffing rota correctly identified the numbers of staff on duty.

The PIR told us that the appropriate recruitment checks were undertaken when staff were employed. We looked at the recruitment files of three staff and saw that all the required recruitment checks had been undertaken. These checks were carried out before staff were employed to ensure that they were suitable individuals to be involved in people's care.

People's representatives told us that staff supported people with their medicines. Staff told us that they had received training in the administration of medicines and we saw that staff competencies in the management of medicines had been assessed. We saw that audits were carried out on a weekly basis when tablets were counted and the medicines charts were checked to ensure that people had received their medicines as prescribed. The PIR told us that there had not been any medication errors in the past year. We saw that the

medicine records had been completed and this showed that staff had recorded that they had given people their medicines as prescribed.

Is the service effective?

Our findings

At our last inspection we found that staff did not have adequate knowledge of safeguarding procedures and were not working in accordance with the Mental Capacity Act (MCA). At this inspection we found that the staff had improved their understanding of the safeguarding procedures and MCA.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. When we spoke with staff regarding the Mental Capacity Act 2005 it was clear that they were trying to meet the requirements of this legislation by promoting choices.. During our inspection we saw one person being asked what they wanted to do. This was because they were going to go to the park but the heavy rain meant this was not now an appropriate thing to do. They decided to go bowling instead. This showed that the service was flexible to meet the needs of people.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us that some authorisations were in place because there was a locked door as people living in the home were not able to go out safely without supervision from staff. We saw that these restrictions had been agreed and some applications for reviewing the authorisations had been made as they were soon to expire. This showed that staff understood that the authorisations were time limited and needed to be reviewed and agreed to ensure that the restrictions were still required.

The provider had systems in place to ensure that staff were supported to meet the needs of people. Staff told us and we saw evidence that they had undertaken training in a variety of topics including safeguarding people, first aid and medicines management. Relatives spoken with told us they felt that the staff had the skills and knowledge to support their family members. Staff told us and records showed that staff had regular supervision where issues could be discussed. Staff told us they felt supported in carrying out their roles.

People were supported to be involved in their own care tasks where possible. For example, one person proudly told us that they had shaved themselves with some help from staff. Staff and records confirmed that the individual was able to do this with some support. Records also showed that people were supported to put their laundry into the washing machine and set the table for meals and support in the preparation of meals. Staff were knowledgeable about people's needs. For example, staff were able to tell us how they would interact with someone if their behaviour was becoming difficult for them to manage. For example, they would try to divert the person's attention to something different. Some people had lived in the home for several years and relatives told us that they [people] considered it be their home and were happy there.

Relatives spoken with told us that they felt that their family member's dietary needs were being met at the home. They told us that they knew that people had a variety of meals available and that they could see that they were healthy and happy. One relative told us, "They have a menu. It includes things like sausage and mash which [person] loves." Records showed that people went out for meals to local restaurants and to a supper club where they were able to socialise with other people. We saw that people were able to make cups of tea for themselves or request to have a drink and this was provided. Records looked at showed that people's food likes and dislikes were recorded so that staff knew what people liked to eat and drink. We saw that the speech and language therapy team were involved with people if they needed support with eating and drinking or language skills. We saw that advice given was followed by staff.

Peoples' health needs were being met. One person's representative told us, "They [staff] always let me know if [person] has a cold. [Person] goes to the doctor and has regular health checks." Another relative told us the staff were fully aware about their relative's health conditions. Records we looked at showed that people had access to medical professionals such as the GP, learning disability nurse, speech and language therapist, chiropodist and dentist as required. Checks such as blood sugar monitoring and eye tests were carried out, as required, for people that needed them more regularly due to specific health conditions. Health action plans and communication passports were in place so that people going for medical treatment were able to take information with them regarding any medical details or how they liked to be spoken with.

Is the service caring?

Our findings

Most of the people living in the home were not able to tell us if they felt happy and well cared for. However our observations showed that people were happy from the smiles on their faces and that they felt comfortable in the presence of the staff. We saw one person actively seek out staff and give them hugs which staff acknowledged. Staff responses to people were warm and caring.

Relatives told us that they felt that their family members were happy at the home and with the staff. One relative told us, "It's brilliant. They [staff] are always there for [person]." The relative went on to say that they would know if the person was unhappy because they would cry to express their unhappiness. Another relative told us, "I can't praise them [staff] enough. Nothing is too much trouble for them."

The PIR told us and staff confirmed that they had access to people's biographies to help them understand people's life histories. One relative told us their family member had lived at the home for a long time and the staff had got to know them well. Another relative told us, "Staff know [person] as an individual. They ensured they had all the information they needed before [person] moved in." Conversations with staff showed that they knew people well. We saw that care plans were in place for staff to know how to meet people's needs and staff had a good understanding of the people they supported. Photographs had been used to help people understand some aspects of how their needs were to be met so that they did not become anxious and understood what was going to happen. For example, we saw that there were photographs of people attending dental appointments, cleaning their bedrooms and making their beds.

People's privacy and dignity was maintained because staff ensured that people were supported with their personal hygiene and wore clothes that showed their individuality and promoted their dignity. We saw that people were dressed in clothes that reflected their age, gender and personality. We saw that people looked well cared for and this showed that staff understood the importance of how people looked so that they felt good about themselves. People had their own bedrooms which had been personalised with photographs and personal belongings and a choice of sitting rooms where they could relax and have privacy. People were treated with respect and we heard that people's preferred names were used by staff when they spoke with people.

People were supported to be as independent as possible. Everyone living in the home was independently mobile and able to be involved in the daily running of the home. We saw that people were encouraged to keep their bedrooms tidy, put their clothes in the washing machine and helped to prepare for meals by setting and clearing the table. People were able to go to their bedrooms when they wanted and no areas of the home were inaccessible to them.

Is the service responsive?

Our findings

Relatives told us that they had been involved and consulted about the care people received and felt their needs were being met in a way that people wanted. One relative told us, "The staff had definitely done their homework about [person's] needs before we met. We discussed how the person liked to have things done. We have seen a real improvement in [person's] abilities." Relatives told us that they were invited to regular reviews of people's needs and were confident that changes in people's needs and health were noted by staff and they [relatives] were kept informed of the changes.

People were supported to maintain contact with their friends and relatives. Relatives told us that they were able to visit people at the home or their family members could visit them at their home. One relative told us, "I think that [person] goes to a supper club and out for meals so that they are able to expand the number of people they have contact with." Relatives also told us that people were taken on holidays and celebrated special events such as birthdays and Christmas.

We saw that people had a weekly activities programme of things they liked to do. However there was no analysis of how successful the activities had been and how people were being supported to help them develop their skills and interests over time and how the activities changed over time. One relative told us that they were aware that people went out most days although their family member did not have any particular interests. Another relative told us that they had seen improvements in their family member and they had become more independent since moving into the home. We saw that people were taken out to the shops and for meals and walks in the park. We saw that activities were flexible according to the weather and individual needs of the people living in the home. The PIR told us that people's choices of activities could be responded to more easily if they wanted to do something different to what had been planned because the service had its own minibus to take people out.

There were systems in place to get the views of people about the service provided. We saw that there were meetings with people that lived in the home to discuss what was happening in the home. We saw the records for two meetings and saw that one occasion the development of the garden had been discussed and on the other occasion the funeral of someone that used to live in the home was discussed. People's relatives told us that they received questionnaires to complete which asked them if they were happy with the service provided. Relatives told us that staff regularly asked them if they were happy with the haircuts people had had or the way they were dressed.

Most people living in the home were not able to raise a complaint although they could express if they were unhappy through their behaviours. People's relatives told us that although they had never had to raise any concerns they felt able to raise any concerns and were confident that the issues would be addressed appropriately. We looked at the complaints record and saw that there was only one concern that had been raised, by another service provider, and this had been addressed appropriately. We saw that there had been compliments made by visiting professionals that stated they were happy with the support provided to people living there and the people always seemed happy.

Is the service well-led?

Our findings

The registered provider is required by regulations to inform us about any incidents that occur in the service in a timely manner. There had been one incident in the service and although we had received a notification from the registered provider about the allegation it was almost four months after the incident when we received it. The notification told us that this was because they were waiting for information about the allegation and that the person that had raised the allegation said they would be passing this information to us. However, the registered provider had a duty to report any allegations of abuse, without delay, so that we were able to follow up and monitor the processes to ensure that people were kept safe and take any follow up actions needed and had not fulfilled this requirement.

The quality assurance and audit systems were not sufficiently robust to ensure that the service provided was consistently based on individual needs and any shortfalls in the service were identified and rectified. For example, the PIR told us that bedroom doors had locks on them so that people could have privacy. Staff told us that although people didn't have a key to their bedroom door they could lock the door from the inside and staff would be able to open the door in an emergency. We saw that the locks had been fitted wrongly so that the bedroom doors could be locked from the outside and the occupants could not open the door. The staff were unaware of this and no plans were in place to refit the locks correctly.

Whilst looking at the bedrooms we saw that there were some frayed carpets that could be a tripping hazard for people. We saw that the frayed carpets had been recorded in the maintenance book but there was no date so that we did not know how long this had been the case. The deputy manager told us it had been identified a couple of days before our inspection but the amount of fraying suggested that the carpet had been in this state for some time. We also saw that the fencing around the garden was broken so that people living in the home would be able to get into other people's gardens leaving them at a potential risk of injury and strangers could access their home too. We were told that people would not be left alone in the garden however; the garden was not a safe place for people and had not been identified as such so that the appropriate actions could be taken to make it safe. We saw that the water supply to wash hand basins in bedrooms had been disconnected due to a perceived risk of flooding although the staff were not able to identify when there had been a flood.

Records were not always detailed and consistent. For example, for one person the records said the individual was prone to make allegations against staff and had unpredictable behaviour. There was no information in the risk management plan about the way in which the individual's behaviour could be unpredictable. The person was also known to make accusations about staff but it was not clear if there should always be two staff with the individual to protect the individual and staff. During our inspection we identified that one person had had a fall causing some bruising. The accident record was not easily located but when eventually found it was not accurate. For example, the date of the fall identified on the form was two days later than actually occurred according to the daily records of care and, had not been completed by the person who first learnt about the fall from the person. This meant the person completing the accident form was signing as accurate an incident they were not present at. The person who was present had not taken responsibility for ensuring that the accident form was accurate and completed as soon as possible

after the incident had come to their attention.

One person who told us they liked to go swimming but staff told us they had not been swimming and they needed to take some actions to facilitate this but these actions had not been taken in a timely manner to meet the person's needs. This issue had not been identified in any audits. There had been an audit of care records that showed that evaluations of care plans needed to be more detailed but there was no action plan of how this issue would be followed up.

We saw that systems were in place to gather the views of relatives and professionals visiting the home through surveys, compliments and complaints. All the relatives spoken with were very positive about the care provided and the stability given to their family members by the staff team. Surveys had been sent out in March 2016 to relatives and we saw that the two surveys that had been returned said the relatives were happy with the service provided. There was a complaints policy in place so that any issues raised could be addressed but there had not been any complaints received by the service. There were compliments from visiting professionals that showed they were satisfied that people were happy in the home.

The registered provider was not required to have a registered manager in post however, there was a management structure in place where the registered provider acted as the manager and there was a deputy manager in post. Staff told us that they were encouraged to continue to develop their skills through training that they were supported to undertake by the registered provider. The staff team worked closely together across the two homes owned by the registered provider ensuring there was continuity of care for people. There was no use of agency staff as staff supported each other to cover shifts that needed to be covered. Staff carried out a variety of roles such as supporting people with their care, taking people out, preparing meals and keeping the home clean. Staff knew and understood their roles and responsibilities. Staff told us that the registered provider was always accessible and approachable for advice that they needed.