

Mrs Marcella Marie Higgins

Care Home for Special Needs

Inspection report

22 Hallowell Road
Edgbaston
Birmingham
West Midlands
B16 0LR

Tel: 01214558269

Date of inspection visit:
04 March 2019

Date of publication:
30 April 2019

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service:

The Care Home for Special Needs is a care home for up to 4 people who have a learning disability or autism spectrum diagnosis. At the time of the inspection 2 people were living at the service.

People's experience of using this service:

The care people received was safe, although not all environmental checks had been carried out. Risks to people were assessed although not all associated risks were identified. Staff training was not always updated to ensure their knowledge was current.

There were limited staff resources in place at the service which had impacted when not all of the staff team were available. During this time people had received the care and support they needed, however during this time there had been limited oversight of the service. This meant environmental checks had not been completed and care records had not been updated.

People's experience of using the service was positive. People told us, "I like living here. The staff are nice and kind to me." People were protected against avoidable harm, abuse, neglect and discrimination. Staff received supervision and support.

Care was person-centred and focused on people being as independent as they could be. The ethos of the service was a Family and this was promoted. The care was planned and delivered based on people's needs and preferences. The management team embraced new ways of working. Staff felt valued and the culture was open and honest. Staff we spoke with provided positive feedback about the service and the provider. The staff were committed to ensuring improvements continued to ensure the best care for people who lived at the Care Home for Special Needs.

Rating at last inspection: At the last inspection the service was rated Good. (The last inspection report was published on 11 March 2016.) At this inspection the safe and well-led area requires improvement making the service requires improvement overall.

Why we inspected:

This was a planned comprehensive inspection scheduled to take place in line with the Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up:

We will review the service in line with our methodology for services which are rated 'Requires Improvement'.

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 not always safe.
Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service remained effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive
Details are in our Responsive 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 ●

Care Home for Special Needs

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.

The inspection took place on 4 March 2019 and was unannounced.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Care Home for Special Needs is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service has been developed and designed in line with the principles and values that underpin the Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and / or Autism to live meaningful lives that include choice, control and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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. The provider and the registered manager were the same person.

What we did:

Before the inspection we reviewed information available to us about this service. The provider had completed a Provider Information Return (PIR). This is a document which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports and the details of safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or serious injury.

We spoke with and spent time with both people who used the service, two visitors and one staff member. We observed how people and staff interacted throughout the day.

We spoke with the registered manager, and provider and one senior member of staff. We looked at one person's care records, staff records and reviewed information relating to the management of medicines. We also looked at policies and records in relation to staff training, maintenance of the premises, complaints and how the provider monitored the quality of the service people received.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Where risks were identified there were risk assessments and management plans. These helped people to stay safe while their independence was promoted. The registered manager had not always considered all associated risks when a risk had been identified. For example, one person had breathing difficulties. All risks associated with the treatment for this had not been considered. However, staff could detail any risks and how to manage these. The registered manager reviewed all the risk documentation and updated this following our visit.
- People's allergies had been recorded, although not consistently. The registered manager told us they had updated the records following our visit.
- The provider had systems in place to carry out regular health and safety checks. These had not always been completed at the required frequency in 2019. For example, checks on fire safety equipment should have been carried out weekly and had not. However, the registered manager ensured checks were brought up to date following our visit.
- Risks associated with the safety of the environment and equipment were identified and managed. Fire alarm checks had been recorded and staff knew the action to take in the event of an evacuation. People's ability to evacuate the building had been considered. One evacuation route was onto a flat roof. This did not have any railings or method of escape. The registered manager agreed they would review this with the fire authorities. They advised people would always have staff so would be safe in the event of using this exit.
- When people displayed behaviours which challenged these were recorded. These records were used to assess and understand what led to the behaviour and ensure lessons were learned to minimise the risk of this reoccurring.
- People had plans which gave staff guidance on how to support them to manage any anxiety or distress.
- Staff were aware of how to safely and effectively respond to emergencies.
- Staff understood the individualised support required to reduce the risk of avoidable harm to people.

Using medicines safely

- Staff training had not been refreshed to make sure their knowledge was current. However, staff could tell us how to administer medicine safely. The registered manager told us they would support the two staff members to complete up to date training.
- People were taking homely remedies and these had not been checked with the doctor to make sure they did not interact with any prescribed medicines. The registered manager arranged an appointment with the doctor following our visit to make sure these were safe to administer.
- The provider had their own medicine administration record charts. These had not been signed by two staff in line with good practice to make sure the medicines were recorded as they had been prescribed. The records we saw had the same guidance as on the medicine label from the dispensing pharmacist.

- Medicines were stored securely at the correct temperatures.
- Staff completed documentation correctly when they had administered medicines. There was guidance in staff for place for medicines which were used on an 'as and when; basis to tell them when these could be administered.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe living at the Care Home for Special Needs. One person said, "Yes I am safe. I like it here."
- Staff told us they had completed training in safeguarding adults. They could explain potential signs of abuse and their responsibility to report any concerns.
- Staff demonstrated a good understanding of what to do to make sure people were protected from harm or abuse. They were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety.
- The registered manager knew their responsibility to report concerns to the local authority safeguarding team. They knew the process to notify us, as required by law, when there were safeguarding concerns. There had been no safeguarding concerns in the last 12 months.

Staffing and recruitment

- Staff had been recruited safely. There were two long term members of care staff, who had been employed for five and 16 years respectively. The registered manager was also the owner and lived on site.
- Staff felt there were enough staff on duty to support people.
- The registered manager had completed checks to make sure staff remained suitable to work at the service.
- Staff had time to spend quality time with people and this was unhurried.
- Students completed work placements at the service. Checks were carried out on their suitability before they visited the service.

Preventing and controlling infection

- The home was clean. A member of staff had been employed to carry out cleaning tasks.
- People were supported by staff to clean their bedrooms.
- Gloves and aprons were available for staff to use.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents. There had not been any incidents or accidents in the 12 months prior to our visit.
- The registered manager had procedures in place to respond if there were any concerns.

Is the service effective?

Our findings

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

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 told us they had a care plan and had been asked how they wanted to be supported.
- People had assessments of their needs which included information about how they wanted to be supported.
- Care plans included most of people's assessed needs such as mobility, communication, eating and drinking and skin care were included. Staff could explain in detail how to meet all identified needs.
- People had assessments in place where there were additional risks to them, for example if they were at risk of not eating or drinking enough. These assessments had been reviewed to ensure staff were taking appropriate measures to reduce the risk. Associated risks were not always identified within the assessment. The provider updated the assessments following our visits.
- Staff reported any concerns about people's health and acted to address this, for example calling the doctor.

Staff support: induction, training, skills and experience

- Staff had completed training; however, this had not always been refreshed to ensure their knowledge was up to date. Staff completed an induction to the service.
- Staff told us the training they had completed was good. They explained how they had some specific training to enable them to support one person with an identified health need. One staff member told us they had asked for extra training and the registered manager had arranged this.
- Staff received regular supervisions to monitor their performance in their role. Staff told us they found supervisions helpful.

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

- People told us the food was nice. One person said, "it is very nice. I really enjoy the food."
- People were supported to follow a healthy diet and were given options of what they wanted to eat.
- Lunchtime was calm and unhurried. People ate at their own pace and staff supported people when required.
- One person needed their food to be prepared to a special consistency. Staff could explain how they prepared the food to the required thickness. The care plan did not clearly identify which consistency the person should have their food as they had been reassessed by the speech and language therapists and the information was slightly different. The registered manager arranged for this to be reviewed following our visit. The person was not coughing while eating which meant the food was being prepared in the way they could safely eat it.
- People were offered food and drinks throughout the day of our visit.

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

- Where appropriate, referrals had been made for specialist advice and support. One person had been assessed by a specialist team to support with their breathing at night.
- Each person had a hospital passport which would be used if they needed to go into hospital. This included important information about the person and their needs.
- When people had spent time in hospital staff stayed with them to ensure their needs were met.

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

- The Care Home for Special Needs continued to meet the needs of people living there. There were different spaces people could enjoy.
- People's rooms had been decorated and arranged how they wanted.
- The garden had been designed to make it a place people wanted to spend their time. There was a shop, a saloon and a pub in the garden for people to access which they enjoyed. People were also supported to access their community however found the garden a place they wanted to spend time.

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

- People were supported to attend appointments when required. Staff recorded and followed guidance from professionals following appointments.
- Staff could explain what to do if they thought someone was unwell.
- People had access to a range of health professionals including the optician, chiropodist and doctor.
- People were supported to access alternative therapies to enhance their well-being.

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 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Mental capacity had been considered in relation to all areas of care. One person was recorded as not having capacity for some decisions and a capacity assessment had not been completed. However, the registered manager told us this had been recorded incorrectly.
- Staff could explain how they supported people to make their own decision and choices. This was seen to happen during our visit. They ensured people were involved as much as possible in decisions about their care.
- People were asked for consent prior to any personal care being undertaken or assisting them with their medicines.
- Where possible people had signed their care records to show they had consented to their planned care.
- There were no DoLS applications for the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us the staff were kind. Comments included, "The care workers are very kind and friendly," and "They are kind to me. I like them."
- People were supported by a staff team who knew them very well.
- Staff spoke about people with kindness and compassion.
- Staff used their knowledge of people to support them in the way they had said they wanted to be supported. They knew what people liked doing and how they liked to be supported.
- Staff communicated with people in a way they could understand. People responded warmly to staff.
- Staff understood the need to treat people equally and to respect their diversity. One staff member told us, "It is easy here to provide the support people need as we are so small and know people so well we can support them to do whatever they want. It is all about the individual."
- Staff were aware of people's needs including those which are protected equality characteristics such as age, disability, race and gender.

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

- People were asked for their opinion on the service and how they wanted to be supported.
- Staff supported people to make decisions about their care and knew what to do if people needed additional support from relatives to make their decisions.
- People's care needs had been reviewed with them and their relatives where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff respected their privacy. One person said, "They treat me well and respect me."
- Peoples independence was promoted. They were asked to take an active role in being a 'family' member. For example, setting the table and being involve in meal preparation.
- Staff spoke with people in a dignified and respectful way. Staff explained how they maintained people's dignity when they supported them with personal care.
- One person's care plan stated staff should give the person time on their own in the bathroom to promote their privacy and dignity.
- Staff showed genuine care for people and offered people the opportunity to do things for themselves.
- People were given choices and control in their day to day lives. Staff enabled people to spend time as they chose and do activities they chose to.
- The provider promoted equality, diversity and human rights. They had policies in place to offer staff guidance and staff knew how to put these into practice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had been involved in an assessment and on-going review of their care needs. One person told us staff asked them what they wanted to do and how they wanted to be supported with this.
- People's individual needs were assessed before they came to live at the Care Home for Special Needs. The assessment reflected people's emotional, physical, mental and social needs. This included their individual preferences to enable people to have as much choice and control as possible.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service had taken steps to ensure that people received information in the way they could understand.
- Where people had communication needs these had been identified and information was provided to people in a way they could understand it.
- This included use of pictures and symbols as alternative formats of communication. Care plans documented what communication aids people required such as glasses and hearing aids.
- People were encouraged to take part in activities and we saw activities taking place which people enjoyed.

- Students were encouraged to visit as part of a work placement. They spent time with people providing additional support to allow people to participate in more activities.
- The home had a dog and some cats. People were encouraged to walk the dog as an activity.
- People were encouraged to go to a local disco and attend events in the local area which they enjoyed including visiting the theatre and pantomimes.
- One person's family wanted them to participate in more activities. The registered manager explained the person often refused activities. They agreed they would plan activities with the person on a weekly basis so they had a choice of things they wanted to do and planned times for these to develop a routine. Following our visit, the registered manager told us this was in place and the person was now regularly being offered a variety of activities they enjoyed to encourage participation.
- People were supported to go on holiday to the seaside which they enjoyed.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of the complaint policy and said they would be happy to use it.
- A complaints policy was in place. The provider had not received any complaints in the time they had been operating.

End of life care and support

- No one was assessed as requiring end of life care at the time of our visit.
- People had care plans about their end of life plans.

- The registered manager told us they had supported people until the end of their lives in line with their wishes, which included remaining at the service.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Staff had clearly defined responsibilities although they all worked together if needed and supported each other. Since Christmas 2018 not all staff had been available which had impacted on the running of the service. The Provider ensured people received the support they needed on a day to day basis, however did not have contingency plans in place for ensuring all tasks necessary for the running of the service to be completed. For example, checks on areas such as fire equipment and care plan updates had not always been completed as regularly as they should have. Documentation was also not available during our inspection. The registered manager told us this had been found and filed following our inspection.
- The business continuity plan identified the registered manager was responsible for most areas in the event of an emergency. This did not identify clearly what would happen if the registered manager was not available, and as they live on site they would be part of any evacuation. The registered manager advised plans were in place for the other staff to be available if necessary. This did not identify how staff cover would be provided due to the limited staffing numbers.
- Audits were overseen by the provider and registered manager. These were not always recorded.
- There was a clear management structure and lines of responsibility. The registered manager had clear expectations of the staff and how the service would work. The Care Home for Special Needs was classed as a 'Family' by the registered manager and staff.
- Staff told us the registered manager was very supportive and approachable. They told us they could always talk to them.
- The registered manager had an open-door policy. People, relatives, visitors and staff were encouraged to discuss anything with them.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us the registered manager and staff were approachable. One person commented, "They are lovely. I can always talk to them."
- Staff meetings were not always held due to the size of the staff team. One staff member commented, I see the registered manager and other member of staff most days. We discuss anything we need to on a regular basis.
- The provider was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. There had not been any incidents which required notifying to us.
- The registered manager and provider lived on site. They were in the service daily to oversee the service.

They explained maintenance was picked up as soon as identified and they had a handy person who would visit to fix things.

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

- People had been asked for their opinion on the service. Due to the size of the service this was done on a regular basis and not formally through questionnaires.
- People were involved in deciding what they wanted to do and any cultural or religious celebrations they wished to participate in.
- The registered manager and provider engaged with staff and the public to support people from the service being involved in events and daily life in the local area.
- Staff felt any suggestions or concerns would be listened to.

Continuous learning and improving care

- The registered manager supported staff to develop their skills and reinforced the person-centred family vision and ensure the provider's values were at the heart of the service provided.
- The registered manager was very open to suggestions and new ways of working and attended forums with the local authority and had support from other registered managers to gather new ideas.

Working in partnership with others

- The registered manager and staff developed links with local community groups and facilities such as shops so people had access to services outside of the Care Home with Special Needs.
- The registered manager and staff worked closely with health care professionals including GP's, opticians and alternative health providers to promote well-being.