

# City of Wolverhampton Council

# Ernest Bold Resource Centre

## 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?	Outstanding ☆

# Summary of findings

## Overall summary

What life is like for people using this service:

The provider continues to provide a 'good' service. People are kept safe by staff who know how to manage risks to keep people safe and are confident to report concerns. There are sufficient numbers of staff to support people and medicines and infection control practices are in place.

People were supported by staff who had been well trained and ensured they had sufficient amounts to eat and drink. People could access healthcare services where needed and had their rights upheld in line with the Mental Capacity Act 2005.

Staff were kind and demonstrated that they treated people with dignity whilst promoting their independence. People were involved in their care and records showed that care was personalised to reflect people's individual preferences. People had good access to activities that met their individual interests. Complaints made were investigated and resolved.

The registered manager had effective systems in place to monitor the quality of the service. The audits completed ensured that areas for improvement were identified and acted upon. People and their relatives were given opportunity to feedback on their experience of the service and this feedback was acted upon. The registered manager had developed effective links with other organisations to improve the quality of the service.

More Information is in the detailed findings below.

Rating at last inspection: Good (Report published 31 December 2015)

About the service: Ernest Bold Resource Centre is a residential care home that was providing short term respite care to 2 people who were younger adults with learning disabilities at the time of the inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

## 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  
Details are in our findings below.

### Is the service effective?

Good ●

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

### Is the service caring?

Good ●

The service was caring..  
Details are in our findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well led.  
Details are in our findings below.

# Ernest Bold Resource Centre

## **Detailed findings**

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection was carried out by one inspector and one inspection manager.

#### Service and service type:

Ernest Bold Resource Centre is a care home that provides short term respite care. People in care homes receive accommodation and nursing or personal care. CQC regulates 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

The inspection was unannounced.

#### What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gather their feedback about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and

improvements they plan to make.

The service was providing care to two people. Both people went out throughout the duration the inspection but we were able to speak with one person staying at the service prior to them leaving. However, they were unable to share their views with us. We also spoke with four relatives, three members of care staff and the registered manager.

We looked at two people's care records and medication records. We looked at two staff recruitment files and other records relating to the management of the service such as quality assurance audits and complaints.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People were kept safe as there were systems and processes in place to safeguard people from abuse. A relative told us, "Yes, it's safe. We talked a lot about safety before [person's name] come here".
- Staff had been trained in safeguarding people and were aware of their responsibilities. One member of staff told us, "I would inform my team leader or manager, fill the form in and send it to the safeguarding team". Where concerns had been identified, these had been acted upon and referred to the relevant authorities to ensure people remained safe.
- There were systems in place to monitor accidents and incidents and action had been taken to reduce the risk of reoccurrence.

### Assessing risk, safety monitoring and management

- People were kept safe by staff who understood how to identify and manage risk. Records gave detailed explanations of risk; for example, triggers to specific behaviours and signs and symptoms of ill health and staff knowledge reflected this information.
- The environment was safe. Equipment used had been serviced to ensure this remained safe for use and staff understood what actions they should take in the event of an emergency such as fire.

### Staffing levels

- There were enough staff available to meet people's needs. One relative told us, "There are always staff about". Staff we spoke with also felt there were enough staff to enable them to support people safely.
- Staff had been recruited safely. Employment checks such as Disclosure and Barring Service (DBS) checks and references had been gained. The DBS check would show if an employee had a criminal record or had been barred from working with adults.

### Using medicines safely

- Medicines were administered safely and staff had received training in safe medicine practices. Records showed that medicines had been given as prescribed. There were systems in place to ensure any 'as and when required' medicines were given in a consistent manner.
- We found that staff were not consistently recording the temperature of the room where medicines were stored. Medicines could be adversely affected by being stored at incorrect temperatures. We found no evidence that this had impacted on any medicines and the registered manager acted straightaway to ensure staff checked room temperatures in future.

### Preventing and controlling infection

- There were systems in place to control and prevent the spread of infection. The home was kept clean.

- Staff had been trained in infection control. Staff followed good hygiene practices and used personal protective equipment (PPE) where needed to prevent the spread of infection.

#### Learning lessons when things go wrong

- Records showed that when something had gone wrong, the registered manager had responded to this and taken action to improve the service where required. The learning from incidents was shared with staff and people and relatives who use the service.

# 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.

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 had been assessed before their short stay at the home. This had included looking at people's medical needs, care needs and how they would like their care delivered. Relatives had been involved in these assessments. One relative told us, "We go through all of [person's name] needs when we drop them off. There is a handover".
- The registered manager ensured that staff had the information they needed to provide support in line with best practice guidance. Individual care plans for people with specific care needs were in place and completed in conjunction with health professionals to ensure these followed current guidance.
- People's needs in relation to protected characteristics under the Equality Act had been considered. People had been asked about their cultural, religious and sexuality needs for example.

Staff skills, knowledge and experience

- People were supported by staff who had been trained to meet people's needs. Staff spoke positively about the training they received and were given opportunity to request extra training through regular supervisions with their team leader.
- The registered manager had systems in place to monitor staff completion of training and arranged for refresher training when needed. This meant that staff were supported to update their knowledge to ensure they could continue supporting people effectively.

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

- People had access to a choice of food and drink. A relative explained how their family member was particular in the way that their food was presented and was satisfied that staff always followed this to ensure the person ate well. Staff we spoke with had a detailed understanding of people's preferences with regards to their meals.
- People's specific dietary needs were being met. The registered manager had implemented a system to ensure that any staff member responsible for meal preparation was aware of any medical, religious or cultural preferences people may have.
- People were given choice at mealtimes and were offered alternatives where appropriate. The registered manager informed us that people were supported to prepare their own meals where able.

Staff providing consistent, effective, timely care

- People had their healthcare needs met. People only stayed at the home for short breaks but relatives felt that healthcare treatment would be sought where needed. One relative said, "If [person's name] isn't well, they [staff] will call".



- Staff followed healthcare professional's guidance with regards to people's medical needs. Where health professionals had completed care plans, staff were aware of these and followed the advice given when supporting people.

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

- The environment met people's needs. The home was spacious, well lit and decorated with photos of people to ensure the home was personalised.
- The home had recently undergone a period of redecoration to improve the design and decoration.

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).
- Staff understood the principles of the MCA and how they should gain consent prior to supporting people.
- Where people lacked capacity to make a particular decision, the appropriate assessments and best interests meetings had taken place with relatives and other health professionals invited to have input in the process.
- DoLS had been applied for appropriately and the registered manager had systems in place to apply for renewal of DoLS in a timely way.

# Is the service caring?

## Our findings

Caring – this means 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

- People were supported by staff who were kind and caring to them. Relatives spoke positively about the staff. Relative's told us, "I am absolutely happy with the support" and "[Person's name] seems happy and they [staff] seem to enjoy themselves".
- Staff were seen laughing with people and encouraging conversation.

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

- People had been asked about how they would like to be supported. Records showed that people were asked about how they would like their care delivered. This included choice of food, activities and who supported them.
- The registered manager had ensured that information was available where people may wish to gain support or advice from advocacy services to support them in making decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who understood how to promote people's privacy and dignity. Staff gave examples of how they do this that included closing doors when giving personal care and speaking to people in a respectful way.
- The registered manager informed us that the service proactively encouraged people's independence, through working with external agencies to improve people's daily living skills as well as improving confidence and communication skills. Staff encouraged people to complete tasks such as preparing food, taking clothes to the laundry and going out alone where they were able.

# Is the service responsive?

## Our findings

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

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

### Personalised care

- People were supported by staff who had a good understanding of their likes, dislikes and preferences with regards to their care. Staff could confidently recall how people like their food preparing, what they like to do in their spare time and what their interests are.
- Records showed that people's preferences had been considered. Care records gave in depth information about people's individual needs; including the times they wish to get up and go to bed and how they like their personal care to be delivered. The registered manager shared with us their plans to make their care records more person centred in future.
- People were supported to access activities that met their individual interests. People were seen to have taken part in activities that included visiting nightclubs and shopping trips. Staff had supported people where able to gain confidence in travelling so that they could access the community without support. The registered manager informed us about the work people had undertaken in the garden area, where they had developed fruit and vegetable patches to grow and maintain their own food. Relatives told us they were happy with the quality of social activities. One relative said, "The activities have improved and they go out a lot more. They only go out if they want to though, they do have a choice".
- The registered manager understood their responsibilities in line with the Accessible Information Standard and had taken active steps to ensure information was provided to people in a way they found accessible. Key documents relating to people's care were available with pictures to aid understanding and a 'Makaton Wall' had been put into place in the dining area so that all people and staff would be able to communicate with Makaton when needed. The registered manager informed us that the wall had supported staff to improve their communication and relationships with people.

### Improving care quality in response to complaints or concerns

- Relatives we spoke to had been informed of the complaints procedure and knew where to go should they wish to complain. One relative told us, "I would verbally comment if I had a complaint but we are happy at the moment".
- We looked at records held on complaints and found that where complaints were made, these were investigated and the complainant was informed of the outcome. We saw evidence that actions were taken following complaints being made to improve the service.

### End of life care and support

- As the home only provides short respite breaks, they do not provide support to people who are in receipt of end of life care. Following the inspection, the registered manager showed us their new care planning tool that would look at people's end of life wishes as part of people's care plans.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider and registered manager had a clear vision for the service. Their visions for 2018 incorporated supporting people to have more control over their finances, increasing people's community connections, supporting people to reach agreed goals and supporting people's preferred methods of communication. We could see that action plans to support them in achieving their visions were in place and showed good progress was being made to meet these targets. The registered manager informed us that because of this vision, some people were now able to travel independently following the support of the staff team.
- Relatives and staff spoke positively about the leadership at the service. Staff felt supported in their role and were confident that if they had any concerns, the registered manager would act to ensure people were safe and received high quality care. Staff took part in a scheme where creative ways of working was celebrated and staff could nominate each other for the award where they had displayed creative ways to support people's independence. The registered manager reported that this had a positive impact on staff working practices and encouraged innovative ways of working.

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

- The registered manager had a quality assurance system in place that enabled them to monitor the quality of the care provided and make improvements where required. We found that audits took place in areas including medicines, care plans, risk assessments and infection control. Where areas for improvement were identified through these audits, the registered manager acted in a timely way. The Registered manager had successfully developed their own auditing tool that would allow them to monitor staff practice and drive improvement in this area where possible. The registered manager had based this tool on the Short Observational Framework for Inspection used by the Care Quality Commission.
- Staff understood their roles and responsibilities and had access to the registered manager during unsociable hours if they required support. One staff member told us, "If there is an issue, I can contact [registered manager's name] out of hours."
- The registered manager displayed a good understanding of the regulatory requirements and had completed statutory notifications appropriately as well as returning their Provider Information Return [PIR]. The information given in the PIR reflected what we found on the inspection.

Engaging and involving people using the service, the public and staff

- People and their relatives were actively engaged with the service. On the day of the inspection, a coffee morning was held in which all people and relatives who use the service were invited to come in and speak

with staff about the service. We saw that this was well attended. Relatives informed us that they were involved in setting the agenda for these meetings and that the registered manager would regularly seek guest speakers to attend the meetings and provide advice to people on subjects such as welfare and benefits, Shared Lives schemes and Telecare support.

- People, their relatives, health professionals and staff were asked to complete questionnaires to provide feedback on their experience of the service. We found that these contained positive feedback on the service. Where people had made recommendations about how the care they received could be improved, we found that these were being acted upon.

#### Continuous learning and improving care

- The registered manager had systems in place to ensure that the service learnt from the findings of quality assurance audits to improve care. The registered manager had implemented a service improvement plan that they were working on to improve the service where needed. For example, their plan included ensuring that all documentation was in an accessible format and we saw that this was being implemented. The registered manager had clear plans of the service, including using technology to gather feedback from people and delivering workshops to help people stay safe.

- The registered manager took responsibility for their own learning and development and told us about training courses they had attended to support them to run the service well. The registered manager had taken time to implement their learning from these training courses. For example, where recommendations had been made to record and review the enablement opportunities given to people, the registered manager implemented this system and senior team members reviewed the opportunities provided to people. The registered manager had also held workshops for staff in areas such as MCA, DoLS and Care Quality Commission five key questions to ensure that the learning gained from the registered manager's training was shared with the staff team.

#### Working in partnership with others

- The registered manager had been proactive in working with other organisations to ensure people's needs were met. The provider had recently worked with a 'rights based' organisation to support staff in enabling people to become more independent. The outcome of this partnership work was that people accessing the service became better prepared to take part in tasks such as cooking and cleaning as well as an increase in people's confidence. Following the inspection, the registered manager shared with us their action plan to show their ongoing work with the external organisation to continue enabling people who use the service where possible