Walsall Metropolitan Borough Council

Fallings Heath House

Inspection report

Walsall Road
Darlaston
Walsall
WS10 9SH
Tel: 0121 568 6297
Website: no website

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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

Overall summary

This inspection took place on 6 August 2015 and was unannounced. At the last inspection on 6 January 2014 the service was meeting all legal requirements within the regulations.

Fallings Heath House is a residential home providing respite accommodation for people with physical and learning disabilities. The service is registered to provide accommodation for up to 16 people however, there were five people receiving support at the time of the inspection. The service provides short stay respite accommodation that normally ranges from one to 14 nights at a time. The provider had a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe at the service. Staff could identify signs of potential abuse and knew what to do if they had concerns about people's safety and well being.

Summary of findings

Staff told us that they knew how to 'whistle blow' and report concerns to external agencies and they would feel confident in doing so. People were supported to minimise any potential risks to their safety and well being by staff who managed risk without imposing unnecessary restrictions. People were protected from harm by the safe storage of medicines within the home. People told us that they received their medicines when they needed them and staff could describe people's needs.

Sufficient numbers of staff working on each shift meant that people's needs were met in a proactive way. People received individual support when they needed it. The registered manager understood the requirements of safe recruitment and managing people effectively. People told us that staff were well trained and able to support them effectively. Staff told us that they received specialist training when required to support people with specific needs such as epilepsy. We saw staff using skills learned to support people effectively. Staff understood how to uphold people's human rights and support people to consent to the care they received.

People enjoyed the food and drink that they received and their personal preferences were taken into account. People were able to help themselves to snacks and drinks during the day. We saw that people were supported to access outside healthcare professionals when this was required. Staff monitored people's individual health needs and took action when needed.

People told us that staff were caring. We observed caring interactions between staff and people staying at the service. People's preferences were respected and staff understood the details of people's personal history and background. We saw that people were fully involved in decisions about their care. Staff respected people's privacy and dignity and we saw that people's independence was promoted while people were given support. Relatives told us that they were fully involved in people's care during their stay and we saw this reflected in people's plans of care.

We found that people were able to enjoy a range of activities, leisure and work opportunities that were individual to people's preferences and needs. People were involved in the review of their own care plans and their changing needs were identified by staff, communicated to the staff team and implemented.

People and their relatives told us that they knew how to make a complaint if required. We were told by people and relatives that the service proactively sought feedback. We saw that improvements to the service and people's care had been made as a result of feedback received.

Record keeping and quality monitoring was not always robust throughout the service. The Human Resources (HR) department were not able to produce details of background checks completed for all staff members. We also found that records relating to people's training were not always available. Medicines audits were not detailed and did not always identify errors in record keeping. Health and safety audits and quality assurance were comprehensive, including the review of care plans following accidents and incidents.

People were supported by a committed staff team who spoke positively about the management of the service. People and their relatives told us that management were approachable and felt that their views would be heard. We were told by staff that the manager's door was always open and that they were encouraged to challenge poor practice.

Summary of findings

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.

People were supported by staff who knew how to keep them safe by managing risk effectively and recognising and reporting potential abuse.

People told us that they received their medicines as required. People were supported by sufficient levels of staff and managers understood the requirements of safe staffing.

Good

Is the service effective?
The service was effective.

People were supported by staff who had skills to work with people effectively. Staff enabled people to consent to the care that they received and understood how to obtain consent where someone's capacity may be reduced.

People enjoyed the food and drink that they received while at the service and were supported to maintain good health. People had access to external healthcare professionals when needed.

Good

Is the service caring?
The service was caring.

People told us that staff were caring and we observed some excellent interactions between staff and people staying at the service. Staff had an in-depth knowledge of people's needs and ensured that they were fully involved in decisions about their care.

People's dignity and independence was respected and promoted by staff.

Good

Is the service responsive?
The service was responsive.

People's plans of care were personalised to their individual needs and preferences. People were supported to participate in leisure and work opportunities.

People and their relatives knew how to complain if necessary. Feedback was obtained from people and improvements were made as a result of this.

Good

Is the service well-led?
The service was not always well-led.

People were not always protected by strong quality assurance and record systems relating to recruitment checks, medicines and training. People's care was improved through good quality assurance around health and safety.

Requires improvement

Summary of findings

People were supported by a committed team of staff who felt supported by the registered manager. People and staff felt that there was an open culture within the service and that their views would be heard by managers.

Fallings Heath House

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 6 August 2015 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications sent by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with four people who lived at the service. We spoke with six members of care staff, the cook and the registered manager. We also spoke with three visiting relatives. We reviewed records relating to medicines, four peoples care and records relating to the management of the service. We also carried out observations across the service.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service. One person said "I feel safe. There's always someone around if I need them. I feel secure." Relatives we spoke with also told us that they felt people were safe. One relative said "[Person's name] will tell me if he is not happy or if someone has shouted." They said "[Person's name] is really happy and has said [they] want to come back." People knew who they could talk to if they were concerned. One person said "I would talk to the manager if I felt upset."

Staff we spoke to understood how to identify signs of potential abuse and they understood what these signs were. Staff could tell us what the policy was for reporting concerns about people both internally to management and also to the local authority. Staff could tell us how they would 'whistle blow' and report concerns to external parties such as the Care Quality Commission or the police if they felt that people were at risk. Whistleblowing means to report concerns about poor practice outside of the organisation. The registered manager had made referrals to the appropriate organisations when they had received concerns about people's safety and well-being.

We saw that people were supported by staff to minimise any potential risks to them while maintaining their independence. Staff could identify the risks to people and put steps in place to reduce these risks without imposing unnecessary restrictions. We saw people involved in a range of activities and the risk management measures took into account people's individual needs. For example, we saw one person going out to a day centre alone with the support of a taxi transfer. We saw another person attended a work placement with additional support measures considered. Personalised risk assessments for moving and handling people had been created and were used by staff. Some written risk assessments for day to day tasks such as personal care had not been personalised for individual people, however staff could articulate people's individual needs well. Accidents and incidents were recorded and investigated. We saw that investigations into accidents and incidents resulted in people's care plans and risk assessments being updated where appropriate. We saw that a Senior Reablement Officer was required to check that any required updates had been completed to ensure that all care plans were reflective of people's needs.

People were protected from harm by the safe storage of medicines within the service. Locked cabinets were situated in individual people's rooms and people were supported to administer their own medicines when they were able to do so. Where people self medicated risks had been considered and managed appropriately. For example; one person administered their own medicines however staff provided prompts and the person was involved in completing records so staff knew that the medicines have been taken. Secure cabinets were situated in each area of the service in which controlled drugs can be stored safely. Senior Reablement Officers completed checks on the quantity of people's medicine remaining to ensure that it matched their medicine administration record. Senior Reablement Officers are managers who are responsible for leading teams of care staff. We looked at the medicines records for two people and found that the quantities of medicines remaining matched their records.

People told us that they received their medicines as required. One person told us "The staff give me [painkillers] when I need it. They always know what they are doing." Staff were able to tell us when people should receive their 'as required' medicines; however, we found that this information was not recorded in people's care plans. Staff received training in the theory of medicines management although managers did not routinely check their competence in administering medicines unless errors occurred.

People had their needs met in a proactive way due to the staffing levels within the service. During the inspection we observed at least one member of staff available to support each person. We were told by staff that staffing levels can be more challenging at weekends, however, there were always sufficient numbers of staff to meet people's needs.

The registered manager demonstrated an understanding of the requirements of safe recruitment practices and could demonstrate that action was taken where performance concerns were identified. Staff recruitment for the service is managed by Walsall Council centrally within their Human Resources (HR) department. The HR team provided assurances that all relevant background checks are completed prior to employees starting work, this includes checks on potential employees criminal history and

Good

Is the service safe?

references. We were unable to view records for some staff members to evidence that these checks had been completed due to a change in the council's recording systems in 2009.

Good

Is the service effective?

Our findings

People told us that they felt staff had the right skills to support them effectively. Staff told us that they regularly received training to enable them to provide this support. We were told that training was provided in order to meet the individual needs of people who might stay at the service. For example, we saw that specialist training had been provided in emergency epilepsy medications or feeding systems such as PEG feeds. We saw staff using skills learned in training to effectively support people, for example using Makaton to communicate with people. Makaton is a communication system that uses signs and is used to support some people who are unable to communicate verbally. Staff told us that they received regular one to one meetings with their manager. We were told that staff felt supported in their work and they praised the support provided by management within the service.

We observed people consenting to the support that they received from staff. People felt that they were consulted before support was provided and they were involved in their choices. Staff understood the current regulations around capacity and consent. They were able to clearly articulate their understanding around people having changing capacity and varying abilities around making choices depending on the nature of the decision being made and other impacting factors. We saw this demonstrated in the care and support people received. Care plans did not always reflect the staff's knowledge of the application of the regulations around capacity and consent. For example, in some cases relatives had signed care plans although the person had capacity to do this themselves. The registered manager said that they would address this practice following the inspection.

The registered manager advised us that they had only needed to apply to the local authority for one Deprivation of Liberty Safeguards (DoLS) application. The person this application was relevant to was not currently staying at the service. DoLS applications are required when restrictions are put in place to protect a person's safety and well-being.

People told us that they enjoyed the food and drink that was available to them at the service. One person said, "The best thing is the food." During the inspection we saw people enjoying meals that were personalised to their individual choices and preferences. People told us that they were looking forward to their next meal. The cook told us that the head cook designed menu plans; however, people could have anything they liked if they do not want the options available. Staff were aware of people's preferences regarding their food and drink. These preferences were recorded in their care plans, including special dietary needs and religious preferences. We were told by people, their relatives and staff that meals were flexible and menu plans allowed for choice. We were told that people had takeaways when they wanted this and a recent BBQ had taken place. People who were physically able could help themselves to snacks and drinks. A feedback form completed by a relative said, "[Person's name] loves food at Fallings Heath."

Relatives told us that if there were any concerns about people's health they would be contacted immediately and medical intervention was sought. The registered manager and staff explained that they were not involved with people's healthcare on an ongoing basis due to the nature of people staying on a short term respite basis. We saw that doctors and community nurses were involved to support people's health where this was need during their stay at the service. We saw that the staff monitored people's health and considered their needs with regards to diet and nutrition, medicines and well-being to support where they could.

Good

Is the service caring?

Our findings

People told us that the staff were caring. One person said "Staff are all caring. I have not met anybody who is not nice", "They ask me if I am happy", "Staff always have time to talk to me". We observed excellent interactions between staff and people staying at the service. Staff took time to get to know people and their background and preferences. We heard staff having conversations about what was important to people such as their pets at home and an upcoming birthday party. We saw that staff respected people's preferences that were made and that were also outlined in their care plans. For example, one person preferred to be quiet and enjoyed their personal space. We saw staff respecting this preference and engaging with them gently. We saw these staff members engaging in a livelier manner with another person who preferred more interaction. Staff knew all of the people living at the service well. One person was enjoying their first stay at the service, yet staff still had an in depth understanding of this person and an excellent rapport. A relative said in a feedback form "[Person's name] has settled into Fallings Heath very well. [Person's name] enjoys his stay there and all the staff love him too."

People told us that they were fully involved in making decisions about their care. One person told us "They ask what food I like. I just get up when I want. I tell them when I want to go to bed." Another person told us that they like their "big bed" in their room and they are given choices about their environment including what to have on television in the lounge area. We saw staff involving people in their care and asking people's opinions and preferences while they were being supported. Staff were proactive in ensuring that people were fully involved in the decisions being made during the day. We observed staff using techniques to assist people with communication such as the use of Makaton. Staff were also aware of who might answer 'yes' or 'no' to all questions asked and therefore could tailor their communication accordingly to ensure people were able to express their views.

We observed people being treated with dignity and respect by staff and their independence was promoted. One person told us, "Staff stay out of the way when I have a shower if I ask them but they are there to help if I need them". We observed one person asking to be transferred out of a lounge in their wheelchair. The staff member supporting this person engaged effectively and encouraged the person to complete the transfer independently while remaining close by to provide support if needed.

Staff ensured that people's care plans were accessible during the day but that their information was stored confidentially. Secure cabinets were situated in convenience places in each area of the service. Staff told us that this ensured that the plans were accessible and could be working documents while being stored safely to protect people's confidentiality.

We saw that relatives were fully involved in the care being provided at the service. One relative told us "We were fully involved in getting [service user] here." They told us that they came three to four times to visit and the service linked in with the last respite centre that the family used as the person had been going there for nine years. Relatives confirmed that people were treated with respect and compassion and we were told, "It's not what staff want or what we want, it's about [person's name]." Another relative said that they felt fully involved and if there were any issues then the service were "soon on the phone". We saw in people's care records that some relatives made regular contact with the service to see how people were that were staying at the service. We saw from these records that staff supported this contact and ensured that the people living at the service spoke to their relatives where possible.

Good

Is the service responsive?

Our findings

People were able to enjoy care and support that was personalised to their individual needs and preferences while staying at the service. During the inspection we saw one person being supported to attend a work placement with their individual personal assistant. We saw another person being supported to attend a day centre. Staff members were very attentive to the details around the arrangements made to support these individuals. For example, we observed staff members contacting a taxi firm to request the same taxi driver for the person's next journey out the following day to help to provide reassurance and consistency for the individual. We saw from people's care records that other activities were completed such as a recent outdoor BBQ. Staff told us that they would support people to complete activities that met their individual preferences; for example shopping, bowling, and a trip to the beach or table top games.

We saw from people's care records that people were encouraged to be involved in the review of their own care plans. Relatives told us that they were "Fully involved. We have a review and they go through the paperwork." We saw that people's care plans were updated regularly and that they reflected people's needs well. For example, if people had specific health or communication needs their support requirements were outlined and staff understood these requirements. The overview of care provided within the plan gave comprehensive yet easy to read information about people's needs and preferences; including their communication needs.

People's individual and changing needs were reflected during staff handover sessions at the beginning and end of each staffing shift. We observed a handover that included details about each individual person at the service to ensure that their care met their needs. For example, we heard that someone had loose dentures and staff were checking for adhesive, we hear that someone had mentioned that one person had a cold and that staff had observed them with a runny nose. We heard that one person had declined a shower that morning and had requested one that evening. Staff discussed people's needs and how the next shift would meet them. Actions regarding people's care plans were also discussed, for example, it was recognised that a risk assessment for one person needed to be updated following the successful use of a particular chair that morning.

People and their relatives told us that they knew how to make a complaint if necessary and would be comfortable in doing so. Records about complaints were held centrally at Walsall Council. We asked the council to confirm details of any complaints received about the service within the last 12 months and they confirmed that no complaints had been received. We saw that the registered manager proactively obtained feedback from people and their relatives. We saw that 'easy read' surveys were given to people at the end of each stay at the service. The feedback received about the service was positive. Where people raised areas for improvement, this feedback was welcomed and actions were taken. The registered manager told us that people and relatives had commented that the bedrooms were too warm so fans have been added to the rooms. We saw examples of other improvements made as a result of feedback received. We saw that one person's feedback said "Just to go swimming would be great! Going to disco or just a ride out." We saw from this person's care records that they had recently been to a disco, they told us during the inspection that they had been swimming and we saw them going for a ride out to the shops with a member of staff.

Requires improvement

Is the service well-led?

Our findings

We found that improvement was required in some areas of record keeping and quality monitoring within the service. The Human Resources (HR) department were unable to provide details of the dates of all recruitment checks that had been completed due to a change in the council's recording systems in 2009. We also found that records relating to people's training were not robust. For example, staff told us that they had received training in manual handling and the registered manager confirmed this, however evidence of this training was not available. Audits relating to the management of medicines were not detailed and did not demonstrate the checks that had been completed. We found evidence that these audits did not always identify the errors made, for example we found a recording error that had not been identified by the daily audit.

Staff received training in the theory of medicines management although managers did not routinely check their competence in administering medicines unless errors occurred. The registered manager had a system in place to investigate errors, which included staff questionnaires and interviews although this practice had stopped in 2014. The registered manager was not able to provide evidence of these investigations having been completed in 2015 for the errors that had been identified.

Audits and quality assurance systems relating to health and safety were comprehensive. These systems included the review of elements of care plans such as accidents and incidents. We saw that extensive checks were completed in these areas and we saw that findings were analysed for trends and areas of improvement. We saw quarterly reports and ongoing trend analysis developed and reviewed. We were shown evidence of improvements that had been made as a result of this analysis and action plans that had been developed with actions completed recorded.

People were supported by a team of committed staff who were passionate about their jobs. People knew who the registered manager was and told us that they felt comfortable sharing their views with staff. Relatives told us that they felt the management team within the service were open and approachable. Staff members spoke positively about the management of the service and felt that they could approach the registered manager with any issues or concerns. People and staff felt listened to and felt that improvements would be made as a result of sharing their views. We were told by one member of staff that the registered manager's door was always open and that they were actively encouraged by the registered manager to challenge decisions that were made. Another member of staff told us that the registered manager had developed an open culture within the service and they would feel comfortable in sharing their views about the service.

Staff told us that they felt supported by the management within the home. One member of staff praised the additional support that is provided for staff when required by management. One staff member described the support that they had received since working at the service that had enabled them to gain additional qualifications and increased their personal confidence. This confidence has increased this staff members commitment to the service and the experience that people receive.

Staff told us that if they were short staffed due to staff absence then managers would happily work with people staying at the service to support the staff team. Staff understood their role and responsibilities and felt supported in their work. We saw that regular staff meetings were held where actions needed were noted and these actions were reviewed at the subsequent meeting with any outstanding issues recorded. The registered manager kept a file of documents for review at team meetings on key areas such as DoLS, CQC's Fundamental Standards and the new care certificate. The care certificate looks to improve the consistency and transfer of the important knowledge, skills, values and actions of staff. We found the registered manager to be visible within the service and aware of the areas of excellence and areas of improvement needed.