

Trident Reach The People Charity

Trescott 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

This inspection took place on 22 March 2016 and was unannounced. When we last inspected this service in July 2014 we found it compliant with all the regulations we looked at.

Trescott Road is a care home without nursing for up to seven people who have learning disabilities and autism. At the time of our visit there were seven people using the service. The property is a purpose built home with accommodation on two floors. There is a stair lift to facilitate access. People who live there help to look after a pet cat in the home.

The person who was named as the registered manager had left the service over a year ago. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a new manager at the home who had been in post since August 2015.

The provider had not ensured that the registration of the former manager had been cancelled. Although a new manager was in post their application to CQC to become registered as the manager was still outstanding and the provider had failed to ensure that a complete application had been submitted. You can see what action we have asked the provider to take at the back of the report.

People who used the service and their relatives told us that the home was safe. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice.

People were protected from possible errors in their medication because the arrangements for the storage, administration and recording of medication were good and there were robust systems for checking that medication had been administered in the correct way. The manager had taken the appropriate action when errors had been identified so people did not come to harm.

People who lived in this home and their relatives, told us that they were very happy with the care provided. People had opportunities to participate in a range of activities in the home and community which they said they enjoyed. Many activities people engaged in promoted their independence. People were supported to keep in touch with their families and friends.

People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect.

Staff working in this home understood the needs of the people who lived there and how to engage with people who could not communicate verbally. We saw that staff communicated well with each other and spoke highly of the management and leadership they received.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills. The manager had a good support network of manager's from the provider's other locations when they needed advice and guidance.

The manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service. The appropriate actions were taken to ensure decision about people's health care needs were made in their best interests

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. The manager sought and took advice from relevant health professionals when needed.

People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and suited their preferences.

There was effective leadership from the manager and senior members of staff to ensure that staff in all roles were well motivated and enthusiastic. The manager and provider assessed and monitored the quality of care through observation and regular audits of events and practice.

The manager consulted people in the home and their relatives to find out their views on the care provided and used this information to make improvements, where possible.

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.

There were enough members of suitably recruited staff to meet people's needs.

People were safe from the risk associated with their specific conditions by staff who knew how to support people in line with their care plans.

Staff knew how to identify signs of abuse and how to report any concerns to the appropriate authorities.

Is the service effective?

Good ●

This service was effective.

Relatives told us that people's conditions and wellbeing had improved since using the service.

People were involved in making decisions about their care and their views were respected by staff.

People received care from members of staff who knew their specific nutritional needs and what they liked to eat.

Is the service caring?

Good ●

This service was caring.

People and their relatives were regularly approached for their views about the service. When necessary staff helped people to express their views.

Relatives told us that staff were kind and treated people with dignity and respect.

Staff spoke fondly about the people they supported.

Is the service responsive?

Good ●

This service was responsive.

People were involved in planning their care and maintain relationships which were known to be important to them.

People were supported to engage in activities staff knew they liked.

The manager and staff responded appropriately to comments and complaints about the service.

Is the service well-led?

This service was not always well-led.

There had not been a registered manager working at the service for over 12 months. The provider had not ensured that the registration of the new manager and cancellation of the former manager had been applied for.

People expressed confidence in the manager and staff enjoyed working at the service.

Requires Improvement 

Trescott Road

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 22 March 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we asked the provider to complete a 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We looked at information provided by the commissioners of the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with two people who used the service and the relatives of three people on the telephone. We also spoke with the manager and six carers. We sampled the records, including four people's care plans, staffing records, complaints, medication and quality monitoring.

Is the service safe?

Our findings

People told us they felt safe in the home. One person who used the service told us, "I feel safe." A relative told us, "[Person's name] is really safe. They have a good rapport with everyone." We saw that people were relaxed and confident to approach staff and that staff would intervene promptly when a person required assistance.

The staff told us and records confirmed that they received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused including reporting their concerns to external agencies. Staff told us they were confident concerns would be taken seriously. There was information and guidance about reporting concerns around the home and we saw that keeping people safe was regularly discussed at meetings with staff and visitors.

People were encouraged to have as full a life as possible, whilst remaining safe. We saw that the manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities such as preparing meals which may have posed a risk to staff or people using the service. The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people.

Staff told us that checks to assess their suitability to support people had been carried out prior to starting work. The manager told us that they were supported by the provider's human resources department to recruit staff and could not offer people employment until the department confirmed that all suitable checks had been completed. A member of staff we spoke to confirmed this had also been their experience.

We saw that there were enough staff on each shift. A member of staff told us, "It can be busy sometimes but it is not usually a problem." Relatives we spoke with said they felt there were enough staff to meet people's care needs. One relative however said additional staff would mean people would be able to go out more, however they did not consider this a big problem. Staff told us they could not always respond to impromptu requests to take people out but said that additional staff would be arranged to help people attend health appointments and social events in the community. The manager told us that action had been taken to increase the number of staffing hours at the service. They intended to employ an activities coordinator to support people with ad hoc requests and engage in activities which promoted people's independence and development of life skills. We saw staff in communal areas at all times, either reassuring people or engaged in activities with them. This ensured that people were cared for by staff who knew them and their needs.

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitable safe location. The medicines were administered by staff that were trained to do so and the manager conducted regular assessments of staff's competencies to continue to administer medication. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions which would identify when they should be administered. Staff had signed to indicate that they had read these. We sampled the Medication

Administration Records (MARs) and found that they had been had been correctly completed There were regular audits of the medication and the manager had taken effective action when any errors had been identified.

Is the service effective?

Our findings

The people and relatives who we spoke with told us that the staff were good at meeting their needs. One person said, "Staff are good, they ask me all sorts". Another person told us, "Staff help me walk around." One relative we spoke with said, "Staff are always telling me everything. They seem to know what they are doing." Several relatives told us that people's behaviour and happiness had improved since joining the service.

Staff had the skills and knowledge to meet people's needs. One relative told us, "[Person's name] has two key workers, they've been here for ages. She really likes them." Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. One member of staff told us, "The training is fine, you get a lot." Staff then received additional training when necessary to meet people's specific care needs. Staff demonstrated that they knew and understood the implications of people's mental and physical health conditions on how they needed care and support. We observed that staff understood the specific communication styles of people who were unable to verbalise their needs. Staff were able to identify when people wanted support with a drink, snack or personal care from their specific gestures and sounds. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary. The manager told us that staff's training was being matched against the recently introduced 'care certificate' to ensure they had received all of the necessary introductory training.

Staff confirmed that they received informal and formal supervision from the senior management team on a regular basis. One member of staff described these as a, "Positive," experience and they were used as opportunities to develop their professional skills and knowledge. They felt well supported by the manager and other team members. There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

Staff communicated well with each other. Staff reported good relationships between themselves and demonstrated how they worked well as a team. One member of staff said, "We all get on well. There are no disputes." This enabled staff to share their knowledge about people's specific conditions and identify how best to support them.

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 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. The manager and the staff demonstrated that they were aware of the requirements in relation to the MCA. When necessary the

manager had contacted the local safeguarding authority to ensure people were supported appropriately when there was a risk that the care they received could have restricted their freedom. There was one person who used the service who was subjected to a DoLS order. Staff were able to explain how they supported the person in line with the order and the manager had a process to review the order before it expired and reapply if necessary.

We saw staff seek consent from people before supporting them. Records showed that when people were assessed as lacking mental capacity the manager had involved advocates and held best interest meetings to ensure people were supported appropriately. When people were making financial contributions to cover group activities, such as caring for the pet cat, the manager reviewed these arrangements to ensure people had consented to do so. We saw that when a person chose not to consent to these costs their decision was respected.

We saw that staff had carried out nutritional assessments in relation to people. They had sought and taken the advice of relevant health professionals, including speech and language practitioners in relation to people's diets. Staff we spoke to were aware of people's specific nutritional needs. Additional guidance was available in the kitchen and written on people's records which were in the dining areas.

People told us that they enjoyed their meals. One person told us about their favourite sandwich and said they could have it when they wanted. A relative said, "Staff know she loves her cups of tea and it has to be thickened." Menus were individualised depending on people's preferences and people were encouraged to prepare meals if they wanted. During our visit two people were supported to attend a cooking lesson in the community. They returned with homemade beef burgers which staff were going to help them cook for their tea. When necessary people were helped by staff to eat and prompted to engage in social interaction with other diners. Meal times were promoted as a social event and staff told us they would regularly sit and eat with the people in the home. There was a regular, "Take away theme night," which people's relatives were encouraged to participate in.

People in the home were supported to make use of the services of a variety of mental and physical health professionals including opticians and chiropodists. People were registered with several different GPs, according to their preference. The service took part in the provider's healthy eating programme and records showed that a physical exercise instructed regular conducted exercise classes at the service to help improve people's general health and fitness.

Is the service caring?

Our findings

People who used the service and relatives told us that the manager and staff were caring. One person told us, "[Staff are] respectful of people's privacy." Relative's comments included, "Staff are always very good with us when we visit. She has a good relationship with them," and, "We think all the staff are caring."

We observed staff were kind and patient with people and offered reassurance when necessary. Staff were keen to instruct our inspection staff about how to communicate effectively with people and we saw that they encouraged people to express how they felt.

We saw that there were clear records of how people wanted to be addressed by staff and heard staff addressing people by their preferred names. Staff knew what people liked to do and were keen to support people in their interests and to keep in touch with their families. We noted that the home had held a birthday party for a person who used the service the day before our visit and people told us that there were regular celebrations. We found that people felt that staff were kind and caring.

Relatives told us that the manager and staff asked them about how their loved one liked to be cared for and supported when they first started to use the service. The relatives of people who were unable to express their preferences told us they were regularly asked if the service was supporting people in line with their known values and beliefs.

People were involved in making decisions about their care. One person who used the service had been supported to produce and update a care plan for the home's pet cat. This was in the same style as the person's own plans which helped them to understand and comment on how they wanted their own care to be delivered. The manager had arranged for a local MP and councillor to visit the home and explain how a forthcoming national referendum may impact on them. This helped people decide how they wanted to vote. Relatives told us and records confirmed that there were opportunities to attend resident meetings and engage in regular reviews of their loved one's care. We saw staff checking and asking people what they wanted them to do or where they wanted to be in the home. Staff actively sought out and respected people's views.

People told us that members of staff respected their privacy and took care to ask permission before entering their rooms. During our visit there was a large delivery of personal care items which the manager ensured were stored discreetly in people's rooms. We observed the manager discuss with staff if further storage was required to ensure all items of a personal nature were stored appropriately. This helped to promote people's dignity and respected their personal space. We noted however that there were substantial amounts of information for staff and visitors displayed in public areas and people's bedrooms. This did not enhance the homeliness of the service.

People were supported to maintain their independence and encouraged to be involved in how the home operated. Some people had taken responsibility for specific tasks around the home such as ensuring notice boards were up to date, helping to recycle rubbish and supporting staff to conduct environmental audits.

Two people we spoke with were clearly very proud of how they assisted around the home. This helped people feel valued and achieve a sense of ownership and control over their environment.

Is the service responsive?

Our findings

Staff and the people we spoke with told us about the activities that people enjoyed and we saw that staff supported people to choose what they did each day. Relatives told us they felt there were enough activities available and people were supported to engage in activities they liked. A relative told us, "Staff are open minded to let him try different things." We observed staff asking people to support them with tasks people told us they liked to do. We noted that the day after our visit it was planned that people who were interested in gardening were to visit a garden centre to learn how to build and maintain a pond in the home's garden. The manager told us that they were in the process of recruiting an activities coordinator to further ensure people were engaged in activities they liked and which would promote their independence.

People were encouraged and helped to maintain contact with friends and family members. Relatives told us they were encouraged to visit and take part in social activities in the home. When requested, people had been supported to participate in the wider community. This involved supporting people to visit social clubs, shops and locations they said they found interesting. Staff explained and records confirmed how people were supported to practice their religious beliefs and attend their chosen place of worship. We saw that each person had a list of activities and goals they wanted to undertake during the year. Staff we spoke to were able to describe how they were supporting people to complete these lists.

The manager ensured people's care plans contained guidance for staff about people's preferences and how they liked to be supported. People's relatives had also been approached to provide information about people's lifestyle choices and what they had enjoyed before moving into their home. This information was updated as people's views changed and as staff got to know the person and observe how they behaved in the home. When necessary people had been helped by relatives and others close to them to help express their views and review their care.

The manager had regular meetings with people living in the home to provide an opportunity for them to raise issues and discuss plans such as changes to the menus or activities. There were various communication aids available to help people express their views. People had made suggestions and we saw that the manager had taken action to bring about the suggested changes.

The home had clear policies and procedures for dealing with complaints. Relatives told us that the manager and staff were approachable and they would tell them if they were not happy or had a complaint. They were confident that the manager would make any necessary changes. We observed that people were confident to approach and speak with the staff who were supporting them. We reviewed records of a recent complaint and saw that it had been managed according to the provider's policy and to the complainant's satisfaction. The manager told us, "It had been a very positive experience. A lot of good came out of it." The manager reviewed complaints and comments in order to learn from adverse events and take action to prevent them from occurring again. The manager demonstrated their duty of candour by promoting a culture of openness and learning from incidences.

Is the service well-led?

Our findings

The person who was registered as the manager no longer worked in the home and had left in April 2015. The provider had not ensured that the registration of the former manager had been cancelled. Although a new manager was in post and had been working in the home since August 2015 their application to CQC to become registered as the manager was still outstanding. The provider had failed to ensure that a complete application had been submitted. This was a breach of Regulation 5 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

People living in the home and relatives told us that they felt that the home was well run. A relative told us, "It's very good. They always phone me." Another relative said, "They make it feel like his home."

Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. Members of staff told us that the manager was supportive and led the staff team well. One member of staff told us, "If it needs to be said, the manager will say it." Another member of staff said, "I like the customers and the team." Staff said they felt involved in developing the service through staff meetings and supervisions with the manager.

The manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents we saw that changes had been made to minimise the chance of the incident happening again.

There was a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care people received. Other staff could approach key workers for guidance and advice on how to meet people's specific needs. We noted however that notes of key worker meetings were not always detailed or fully completed.

The manager had promoted a clear vision of the service which staff understood. They told us it was important to promote the environment as the people's home and provide a person centred approach which reflected people's personal choice and wishes. Staff we spoke with were also able to explain the manager's approach and we observed that care was provided in line with this vision. One member of staff told us, "This is their home, we have to respect that."

The manager demonstrated that she was aware of the requirements of the Regulations in relation to the running of the home. However the provider had failed to notify us, as required by regulations, on one occasion when a DoLS application for one person had been approved by the local safeguarding authority. The manager took action to rectify this during our visit. Relatives said the home had improved since the new manager took over.

The records at the home which we sampled showed that the manager made checks that the standard of care was maintained and improved on where possible. The manager demonstrated that there were systems to make sure that relevant checks had been made on services and equipment in the home and the provider

conducted regular visits to ensure the service was operating effectively. The manager had taken action when necessary to improve the quality of the care people received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 5 Registration Regulations 2009 (Schedule 1) Registered manager condition</p> <p>The provider had not ensured that the registration of the former manager had been cancelled. The provider had failed to ensure that a complete application for registration of the new manager had been submitted.</p> <p>Regulation (5)(1)</p>