Broadening Choices for Older People

Robert Harvey House

Inspection report

Hawthorn Park Road
Handsworth Wood
Birmingham B20 1AD
Tel: 0121 554 8964
Website: www.bcop.org.uk

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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?	Good

Overall summary

This was an unannounced inspection which took place on 1 and 2 December 2014. We last inspected this service on 25 September 2013, there were no breaches of the regulations we looked at.

Robert Harvey House is a purpose built residential care and nursing home for up to 52 people. At the time of our inspection 46 people were living at the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Everyone who lived at the home told us they felt safe. We saw people with different ways of expressing their feelings communicate through their body gestures and smiling showing they were relaxed. Relatives and staff all said they felt people were kept safe and cared for. We saw that the provider had processes and systems in place to keep people safe and protected them from the risk of harm.

Summary of findings

People that required support with their medicine received it safely because procedures were in place to make sure this was done without harm. People received their medicine as prescribed by their doctor. People's needs were individually assessed and written in care records that minimised any identified risks so reducing the risk of harm.

We found there were enough staff to meet people's identified needs because the provider ensured staff were recruited and trained to meet the care needs of people.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their care or treatment they receive. The provider had made the appropriate applications in line with the DoLS legislation.

We saw that people were supported to have choices and received food and drink at regular times throughout the day. People spoke positively about the choice and quality of the food available. Staff supported people to eat their meals when needed. People, who could not communicate verbally, were supported by staff with their choice of meal, through the use of pictures.

People were supported to access other health care professionals to ensure that their health care needs were met.

People and relatives told us that staff was kind, caring and friendly and treated people with dignity and respect. We saw that staff supported people who could not communicate verbally, in a dignified way, ensuring staff remained respectful.

We found that people's health care needs were assessed and regularly reviewed. People and their relatives told us they were confident that if they had any concerns or complaints they would be listened to and addressed quickly.

We saw that the management of the service was stable and that the manager carried out regular audits. The provider had well established management systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service and their relatives.

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.

Staff understood their responsibilities to keep people safe and reduce the risk of harm.

People's care needs were assessed and where any risk was identified, appropriate actions were taken by staff.

People received their medicines safely.

Good

Is the service effective?
The service was effective.

Staff received effective peer support, training, and individualised development to support them to meet people's needs.

People had a choice of meals and enjoyed an enhanced dining experience.

People were supported to access other health care services when required.

Good

Is the service caring?
The service was caring.

People said they were treated well by staff and their privacy and dignity was respected and promoted at all times.

Staff were seen to be involved and motivated about the care they provided.

Staff knew people's likes and dislikes and how people wanted to be supported.

Good

Is the service responsive?
The service was responsive.

People had their care and support needs regularly reviewed.

People received a service that was personalised, based on their agreed needs.

People were supported to participate in a range of group or individual activities that they enjoyed.

People and their relatives were confident that their concerns would be listened to and acted upon.

Good

Is the service well-led?
The service was well led.

People, relatives and staff were actively encouraged in developing and running the service.

The provider was making innovative improvements in the development of the service.

Staff told us the management team motivated them and led by example.

Quality assurance processes were in place to monitor the service so people received a high standard of care.

Good

Robert Harvey 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 unannounced inspection took place on 1 and 2 December 2014. The inspection team consisted of two inspectors 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.

Before our inspection we looked at 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.

During our visit we spoke with nine people, nine relatives, four health care professionals, the registered manager, deputy manager and five care and nursing staff. We also spent time observing the care people received and the interactions between staff and the people that lived there.

We looked at records in relation to four people's care and medication records to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment and training files; to check staff were recruited safely, trained and supported, to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to ensure people received a quality service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel very safe here, the staff and the building make me feel secure, I would tell them [staff] if I was frightened." Staff supported a person, with different ways of communicating, to transfer from their wheelchair to a lounge chair safely. We could see from the person's demeanour and facial expressions they were comfortable and relaxed. Staff maintained regular eye contact with the person throughout the move; we could see this reassured them. A relative told us, "It's the staff that ensures [person's name] feels safe here."

Staff told us they had received safeguarding training. Staff explained to us about their responsibilities for reducing the risk of abuse to people who lived there. One staff member said, "I would go straight to the senior staff on duty and report it." Staff explained to us what actions they would take, if they saw people were at risk of abuse or being harmed. We looked at records that confirmed staff received regular training. In addition, the systems and processes for recording safeguarding concerns were well documented. The provider had taken appropriate action, liaising with the local authority and Care Quality Commission (CQC) to ensure the safety and welfare of the people involved.

People told us any risks to their care were identified and managed appropriately. One relative told us, "[Person's name] does not like the hoist but staff ease their fear and [person's name] is becoming more confident each time they use it." Staff told us all people had risk assessments completed to ensure they meet the people's individual needs. These were updated as people's needs changed or new risks identified. For example, one person's care records showed that staff had noticed the person was exhibiting signs of discomfort. This was monitored and staff quickly identified the problem and made sure the appropriate steps were taken to reduce the risk of damage to their skin.

Staff told us that safety checks of the premises and equipment had been completed and were up to date. They told us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

The manager and deputy manager said there were sufficient numbers of staff on duty to meet people's individual needs. One person said, "There always seems to be enough staff around." A relative said, "Whenever we have visited, the staff have always attended quickly." A staff member said, "We all work as a team and when we are really busy, the manager always gets more staff in, it's not a problem." We saw that there were sufficient staff on duty to support people with their needs.

Staff told us they had pre-employment checks completed before starting work. The provider had a recruitment process to make sure they recruited staff with the correct skills and experience. Three staff files showed all the pre-recruitment checks required by law were completed, including a Disclosure and Barring Service (DBS) check and references. The DBS check helps employers to make safer decisions when recruiting and reduces the risk of employing unsuitable people.

People told us they received their medicine as prescribed by their doctor. The senior nurse on duty checked the Medication Administration Records (MAR) charts each day to identify any errors or omissions. If any were identified this enabled staff to deal with them immediately. We looked at four MAR charts, the controlled drugs book and saw these had been completed correctly. Medicines coming into the home had been clearly recorded. Medicines were stored safely and there was an effective stock rotation system in place. Where records showed a person administered their own medicine; a risk assessment was in place to support them to do so safely. The person told us, "They always come in and check I've got it right, they keep an eye on me." We saw that staff supported people to take their medicines safely and found the provider's processes for managing people's medicines ensured staff administered medicines in a safe way.

Good

Is the service effective?

Our findings

People and relatives said they thought the staff were knowledgeable and trained to support people's individual needs. One person told us, "Staff have the right training to look after me." A relative told us, "I'm confident the staff have the correct skills to support [person's name], they have delicate skin and the staff know how to lift and move [person's name] without causing distress and pain."

A staff member told us, "When I started, I completed a three week training induction programme, when I'd finished I felt well prepared for my role," another staff member said, "We do have regular supervision and if I am worried about anything, I can raise it with the manager." The provider had a planned training programme for the year and it tracked the training requirement for each member of staff. The provider encouraged additional staff training through external courses organised by universities and colleges. Staff said the skills they had learnt from their training had been put to effective use. For example, one staff member said, "I received the training needed to do my job and now I feel more confident about caring for people and meeting their individual needs."

Staff told us they had received training around the Mental Capacity Act 2005 and Deprivation of Liberty. The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions about care and medical treatment. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for the authority to deprive someone of their liberty, in order to keep them safe.

Staff confidently demonstrated to us they had an understanding of the principles of the Acts in relation to their role. For example, a staff member explained a person they were supporting was unable to leave the home. The person was living with dementia and it would be unsafe for them to go out unaccompanied. A mental capacity assessment had been completed and a DoLS application made.

Care records we looked at included a mental capacity assessment for one person who was assessed as not having capacity. The person's representative and the GP had discussed and agreed, who should make decisions in the person's best interest, in accordance with the Act.

Mental capacity assessments had been completed for people that did not have capacity to make decisions about their care. Applications for DoLS had been submitted to the Supervisory Body, this ensured the provider complied with the law and protected the rights of people living at the home.

Everyone was complimentary about the quality of the food and people said, they were able to choose their meals and were supported to maintain a healthy diet. One person said, "The chef comes round every morning with the menu but they will always cook an alternative if I don't like the choices." Picture cards were also used to support people with different communication styles. Another person said, "The food is lovely" and "There's always plenty of choice."

At lunch time staff sat with people in the dining room. The atmosphere was calm and relaxed. Each of the dining tables were laid with linen table cloths, salt, pepper, vinegar, napkins, centrepiece and crystal style glasses. This added to an enhanced dining experience. This is important for people living with dementia because it may help to make eating a social activity. A good dining experience may have a positive impact on the person's health and wellbeing.

Staff reminded people of the choices of lunch available after each course. Food that was pureed or soft was presented in an appetising display of textures and colour. Staff provided support when people needed assistance with eating and supported people at a pace that was suitable to the person's individual needs. For example, one person became anxious because another person was ruffling up the table cloth. The staff member came down to the person's eye level and offered reassurance. They did not rush the person when they tried to explain their worry about the cloth. The staff member, smoothed the cloth so the person was relaxed and continued to eat their lunch. People could choose to eat in their rooms or in the dining room and drinks and snacks were made available throughout the day. A relative told us, "The food is very tasty and if [person's name] wants something to eat between meals, staff will make it."

Staff told us people were assessed to meet their individual needs and to ensure people received a healthy and balanced diet. Care records showed people's dietary needs, preferences and allergies, were shared with kitchen staff. Staff said they had received training on supporting people to maintain a balanced diet, and how to monitor people's

Good

Is the service effective?

food and fluid intake. Staff were able to demonstrate to us the actions they would take where a person was at risk of losing weight, had specific dietary needs. For example, we saw that fortified food and drinks were provided where needed and records showed people were referred to a dietician and speech and language support (SALT) where appropriate.

People said they were regularly seen by the doctor and other health care professionals. One person said, "The doctor comes to see me every Tuesday," and another person said, "When I need the optician I just tell the staff and it's arranged." Relatives had no concerns about people's health care needs. A relative said, "The doctor visits every week and sees people in their own room." Health care professionals had told us staff identified when people's health had deteriorated. They would contact them quickly, when the person's needs changed, which supported people to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People and relatives told us the staff were very caring, friendly and kind. One person told us, "I do feel the staff are excellent and very kind," another person said, "Staff are compassionate and caring" and a relative told us, "I can't sing their praises [staff] enough, excellent. The care here is outstanding."

There was a vibrant atmosphere with staff speaking and completing activities with people. There were people, singing and dancing to music; we could see from people's reactions, their body language and smiles that they were relaxed and happy. A relative told us, "This place has a good feel to it, [person's name] is relaxed and the staff all know their tasks, excellent care." Staff treated people with kindness and empathy; they spoke to people in a sensitive, respectful and caring manner. Staff understood people's communication needs and gave people the time to express their views, listening to what people said. Staff were able to demonstrate they knew people's individual needs, their likes and dislikes and this ensured staff cared for people in a way that was agreeable to them. We saw and heard staff respond to people in a patient and sensitive manner.

People said they were involved in deciding how they were cared for and supported. One person said, "I can make decisions about my care, I am happy as it is." Another person said, "Staff do listen to what I have to say, I'm very pleased." Records we looked at included information about people's previous lives, their likes and dislikes and their individual preferences. Records showed how people wanted to be supported and, where appropriate, the relatives involvement.

Staff were able to explain to us how they could support people who could not verbally communicate their wishes. For example, staff said once they got to know people, they could tell by facial expressions and body language, whether the person was happy with their care. Alternatively, staff could also identify from a person's reaction when they were not happy. Staff said they would make sure they would deliver care in a way the person was happy with. If the person was not happy, staff would find different ways to deliver the care until the person was happy. To ensure staff were then kept informed of any changes, the care records would be updated. This would reflect what the changes were, in order for the care to continue, in a way that the person was happy with. This ensured that people were supported to make their own decisions about their care and staff respected people's individual choices.

Information was available in the home about independent advocacy services, although the registered manager confirmed no one was currently being supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes known.

People told us staff respected their privacy and dignity. One person said, "The staff seem to genuinely care for me, they treat me with respect and observe my dignity," another person said, "I have the key to my room but I don't lock it, the staff always knock the door and wait to be invited in." We saw that staff knocked on people's doors and waited to be invited in. Staff were friendly and they laughed with people. People were supported to move around the home with care, staff made sure they moved at the pace suitable for the person. In the downstairs lounge, we saw the interactions between staff and the people were respectful. Staff spent time sitting and talking with people individually and supported them in a sensitive way. For example, there were sensory boxes on tables and the staff would support people to select the items that prompted responses. People were dressed in their individual styles of clothing that reflected their age and gender, this demonstrated that staff were actively listening to people and respecting their wishes and ensured their dignity and privacy was maintained.

People and relatives told us there were no restrictions on visiting. A relative told us "I visit at all hours and there's never a problem, the staff are always very accommodating." There were separate rooms and areas for people to meet with their relatives in private. There were opportunities for relatives to use one of the conservatories for special events, giving people the opportunity to meet with their relatives in private. This showed that people were supported to maintain contact with family and friend relationships.

Good

Is the service responsive?

Our findings

People told us they were happy with how their needs were met. One person said, "I see my care plan regularly and staff carry out instructions to the letter." One person told us," I am very happy here; staff do everything I ask for me." Relatives told us that regular meetings had taken place and one relative said, "Staff will always listen and act on any concerns." Another relative told us, I think the staff try very hard to make sure they understand [person's name] needs and they do." We saw that staff responded quickly to call bells and to requests made by people when they required support. Health care professionals told us that all instructions given to care and nursing staff were quickly responded to and that there were never any problems.

Staff were able to tell us about people's individual needs, their likes, dislikes, interests and how people wanted to be supported. The care records we looked at confirmed an assessment of the people's needs had been undertaken at the point of admission and had been regularly reviewed. Visitors confirmed that staff supported their relative, in a way that was responsive to their individual needs. For example, staff regularly monitored one person and made sure they received the appropriate care and treatment. This limited the risk of damage to their skin. We saw that the care records had been updated to reflect the changes in the person's needs. One staff member told us, "I like to help people to have a quality of life; we can take our time with tasks and not rush people here." Any changes in people's health were identified in the care records and showed the involvement of other health care professionals when needed.

There were a number of people living with dementia with different needs. Staff were able to explain to us how dementia could affect the person's individual wellbeing. Staff responded to people with a caring and calm manner and their approach was flexible to meet the person's needs. We saw from the expressions on people's faces and their body language that they were happy with how the staff were supporting them. Staff found creative ways to support people this included reminiscence therapy and therapy that used the sense of smell. This may initiate memories for the person, associated with an event or moment in the past. One staff member told us, "We have a range of different plants and shrubs that have been selected for their scent in order to assist with reminiscence activities."

The staff handover was clear, detailed and thorough. One staff member told us, "Handover is informative; it tells us about anyone's changed needs and what we need to do on shift." This ensured that the staff were fully briefed on people's health and wellbeing that maintained a continuity of care, responsive to the person's needs. A handover is a communication that occurs between two shifts of staff with the purpose to communicate information about people's care and needs.

People took part in group and individual activities throughout the day, in the main lounge and in the sensory room. One of the staff explained their role was to provide, "Important activities that ensured people were able to maintain their hobbies and interests." Staff also told us they aimed to promote people's wellbeing by offering one to one support. For example, sewing and knitting, spending time in the garden and visiting the onsite animal petting farm. Group activities were also offered to those who wanted to participate which included baking, flower arranging, games and virtual tours using DVDs depicting walks and scenery from around the world. People could choose and were encouraged to take part in a group or individual activity.

People told us the provider had arrangements in place for them to continue to practise their preferred faith. Broadening Choices for Older People employed a chef specialising in Caribbean food. They worked various shift patterns at the home on a regular basis.

The provider had modified and extended the building to support people living with dementia. For example, the corridors were spacious and the décor colours were bold and stood out so that people could differentiate between the walls and the floor. People could find their way along corridors, for example, to their bedroom and reduced the risk of confusion to people as to where they were. There were coloured handrails clearly visible and we saw some people could easily locate these and used them to steady themselves to walk independently about the home.

There was soft music playing in the background along corridor areas. Anyone that wished to spend time walking in the corridor areas had background sound which offered reassurance. One person told us, "I like to hear the music sound so I know I am not lost." Throughout the home we saw there were different seating areas. This provided quiet comfortable areas for people who disliked being among groups of people, talking in the communal lounge and

Good

Is the service responsive?

dining areas. One person was seated in one corridor area, staff told us the person disliked noise and had expressed wishes to sit in quiet areas away from groups of people. We saw that all the staff prevented social isolation because they talked with the person. The layout of the home enabled people to have numerous choices about where they wished to spend their time.

The décor of communal bathrooms and individual en-suites were in visually bold colours that stood out. One person told us, "The red toilet seat helps me to see it better. I can be more independent in my bathroom because the colours help me." The bedroom units had mirrors that could be closed and were specifically designed for people living with dementia. One staff member told us, "We have a few people that live here that, on occasion, think their reflection is a person in their room. So to prevent them being anxious, we close their mirror."

There were period style pictures displayed throughout the home to stimulate people's memories; and one room had been designed to a 1950s style hair salon. One staff member told us, "The pictures and theme salon are great as it creates a talking point or distraction if someone is anxious. " This showed us that the décor was used in a way to promote people's wellbeing and reduce anxiety.

We saw there was a small petting farm with a range of animals especially chosen for their gentle nature. One person told us, "Sometimes the guinea pigs come into the home and sit on my lap. It is so nice to stroke their fur." The pet enclosures were large and unrestrictive so people could see the pets clearly without obstruction. People told us they enjoyed having the pets at the home.

People and relatives told us they were free to raise any concerns and were confident they would be addressed. One person told us, "I know the manager, she is always here and happy to talk, we have regular meetings to discuss any grumbles." We looked at how complaints had been managed and found these had been fully investigated by the manager and a full response provided to the complainant with an action plan where appropriate. Staff knew how to support people to raise concerns or complaints. A relative said, "Any issues that arise they deal with it very quickly." The provider's complaints policy contained the contact details of relevant external organisations, for example, the local authority and CQC.

Good

Is the service well-led?

Our findings

Everyone was very complimentary about the service describing it as, "excellent." One person said, "I know the manager and I feel able to speak with her about any concerns I might have," another person told us, "We have regular meetings and we all feel able to speak with the manager about any concerns, she is very open." We saw that people approached the manager and other staff freely. One person enjoyed sitting in the office talking with the staff, we saw the office was accessible and the door unlocked when staff were present. We saw the manager had a presence around the building speaking with people and visitors. A relative told us, "I have so much regard for the management team here, the manager is always around if you want to talk with them."

On admission to the home, each person and their relatives were provided with a copy of the provider's 'Statement of Purpose'. This document stated the provider's aims and objectives to ensuring people's personal expectations and needs were met. Staff were fully supportive of the provider's vision for the development of the service, one staff member said, "I've worked in a number of different places and this one is by far the best." Another staff member told us, "You can talk to the manager, there is never a problem you can approach her at any time." Staff explained to us the provider's core values in the Statement of Purpose outlined the rights of people. For example, supporting people with compassion, respect and caring. Staff said they worked closely with people and relatives, discussing individual care records and other issues. Monthly meetings were used to raise issues of concern, discuss changes to care records and medicines; so everyone was fully involved in making sure the home continued to meet the individual care needs of the people.

Staff told us they felt like a team, they felt motivated and committed to providing a personalised service to the people living in the home. Staff said the management were knowledgeable and led by example. One staff member told us, "The environment here is so nice," "It's like a second family, wonderful people," another staff member said, "I feel like I am part of a big family, I feel valued, working with fantastic people" and a third member of staff told us, "I have amazing support here. It's a great place to work." Records looked at confirmed staff had training opportunities and were supported through regular supervision. One staff member explained how the training they had received enabled them to carry out their role and continue to meet people's individual needs. Minutes of staff meetings confirmed that staff were involved in the day to day running of the service and had made suggestions to develop the service, for example one staff member told us, "I made an improvement suggestion and it was taken up."

Staff told us about the development of the home's 'Sensory Street'. We saw designs and plans for this outdoor area had been shared with people that lived there. One person told us, "It's going to be fantastic when completed."

People told us they attended meetings at the home and records we looked at confirmed this. Relatives said they attended events that took place at the home and they were encouraged to participate through emails and posters. People were encouraged to give feedback on the quality of the service and this feedback was reviewed by the registered manager for development and learning. After consultation with relatives, the manager had altered the day and timings of meetings to encourage a larger attendance. At the last meeting more relatives had attended.

There was a registered manager in post who had worked at the home for a number of years. Most of the staff had also worked at the home over a number of years; so the management of the service was stable. The provider had a history of meeting legal requirements and the manager had notified us about events that they were required to by law.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if it became necessary to contact CQC or the police. One staff member told us, "I haven't had to use the policy but if I had to I would contact CQC." The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the local authority and CQC. Records showed the provider worked well with the local authority to ensure safeguarding concerns were effectively managed.

The provider had internal quality assurance processes that were completed monthly by the registered manager. For example, staff training, medication, infection control, care records and health and safety processes. The registered manager told us the senior management team also visited regularly, including attendance at quarterly meetings, to

Good

Is the service well-led?

provide management support and guidance. Staff told us that the Chief Executive was very approachable and supportive; people also told us they regularly saw the Chief Executive around the home talking with people.

The Chief Executive worked with Sterling University with regard to creating an animal assisted tool kit for other organisations to use. This was following the experiences and success of the animal petting farm at the home.

The registered manager told us two senior staff were supported to attend a Cancer conference, for people living with dementia, in France through Birmingham University. The senior staff were able to share their learning with colleagues and use the skills to support people living with dementia in the home.

The Chief Executive had visited Holland to review different working practices around dementia care. This contributed to the development of the dementia care within the service and the construction of the sensory street.

The provider also worked alongside Birmingham Nature Centre that provided assistance, advice and support, with the animals, on the animal petting farm.