

Birmingham Multi-Care Greswolde Park Road

Inspection report

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B27

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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

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Greswolde Park Road was last inspected in November 2013. At that time the provider met all the regulations we checked. This current inspection was unannounced which meant that staff did not know we were visiting.

The home provides periods of short term (respite) care to adults who have a learning disability. Up to four people can stay at the home. People's stay could be flexible according to what was needed, and the home had occasionally responded to emergency respite requests.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Our observations and discussions with family members showed that there were positive caring relationships between staff and the people that used the service. We

Summary of findings

saw that people were treated with respect. We observed that people were relaxed with staff. All the relatives we spoke with told us that they were very pleased with the care that their relative received.

During the inspection the provider commenced the process of making the appropriate applications for people who used the service who may have had their liberty restricted.

Arrangements were in place to ensure that people were cared for during their stay. We found that people had their needs assessed before they stayed at the home. Care plans were in place and these were personalised. People's health care needs were met with support by their main carer's. However; relevant information was

detailed in people's care records to ensure continuity of care whilst in the home. Risks to people were identified and plans were in place to make sure people were kept safe during their stay.

People were supported to take part in hobbies and interests of their choice. These took place both in the home and in the local community. People were supported to maintain their usual links with their local community and where appropriate were supported to attend any day service placement.

We saw that systems were in place to monitor and check the quality of care and to make sure a safe environment was provided.

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?

This service was safe.

Staff knew about people's needs and were aware of any risks and what they needed to do, to make sure people were safe.

Safeguarding procedures were in place and staff knew about their responsibility to protect people from harm.

Staff had basic knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager commenced the process of making applications to the local authority to make sure that people's needs were met in the least restrictive way.

Systems for assessing staffing levels were robust and ensured that people received appropriate care.

Good



Is the service effective?

This service was effective.

Staff had the knowledge and skills needed to care for people effectively.

People received the support they needed to ensure they received a healthy and balanced diet. People's diverse dietary needs were catered for.

People received the support they needed to maintain good health and wellbeing. Information about meeting their healthcare needs were shared effectively with the person's main carer to ensure continuity of people's care.

Good



Is the service caring?

This service was caring.

People were treated with kindness and compassion. Throughout our visit we observed that staff were caring and kind. Relatives we spoke with confirmed our observations.

People were supported to express their views. We observed that staff took time to communicate effectively and care was delivered at a level and pace that was appropriate.

People were treated with dignity and respect. We saw that staff were caring and compassionate in their role.

Good



Is the service responsive?

This service was responsive.

We saw that people received personalised care that met their needs.

People and their relatives were asked their views about their care. We saw that people received the care they needed, in a timely manner.

The service had arrangements in place for dealing with concerns and complaints. Relatives told us that if they needed to raise complaints, they were confident that they would be listened to and their concerns would be dealt with.

Good



Summary of findings

Is the service well-led?

This service was well led.

We found that the service promoted a positive and open culture. This was confirmed by the staff and relatives we spoke with.

The service was well managed. The manager led by example. Some systems were in place to promote the on going development of the service.

Good



Greswolde Park Road

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'.

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We asked the local authority for their opinion of the service and we were told that there were no concerns about the service.

The inspection was undertaken by an inspector, an expert by experience and their supporter. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert had experience of using services for people with a learning disability.

As part of our inspection process, we asked the provider to complete a Provider Information Return (PIR) about their

service under the five key questions areas of safe, effective, caring, responsive and well-led. We received the PIR within the required timescale and used information from this to inform the inspection planning.

We spoke with inspectors who carried out our previous inspection and we checked the information we held about the service and the provider. This included notification's received from the provider about accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We spoke with two people staying at the home and one person who was on an introductory visit to the home, and had arrived to join people for tea. We spent periods observing people being supported by staff and we spoke with four family members on the telephone. We also spoke with two staff members and the registered manager. We informally observed how the staff interacted with the people who used the service. We looked at three people's care records to see if their records were accurate and up to date. We looked at staff recruitment files, staff training records, minutes of meetings, complaint records, and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

We spent time observing the staff supporting people, as all the people we met could not tell us in detail about their care. We saw that interactions between people that used the service and staff were friendly and relaxed. We heard staff speaking to people in a polite and friendly manner. People were relaxed and smiled back in response to staff talking to them.

A relative told us, "I know he can't verbalise his opinion, but I know he loves going to stay there. He is very happy and I know he is safe". Another relative told us, "They are happy and safe there".

All staff we spoke with were knowledgeable about safeguarding issues. Staff were able to tell us how they would respond to allegations or concerns that abuse had occurred. Our records showed that we had received no incidents of abuse about this service. The registered provider is required to inform us of any incidents of abuse that occur in the service this includes omissions of care or action that could harm.

Some people that used the service sometimes needed support to manage behaviour that challenged. Staff told us that they could manage people's needs and knew what to do if people were upset or distressed. We saw that staff had been trained in managing and supporting people with these needs. Care records looked at provided information to guide staff in supporting people so the person would be supported in a caring and consistent way.

We spoke with two care staff and they demonstrated that they had a basic understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that some staff training had taken place and some further training would be planned. The homes policies were in the process of being updated in light of the recent supreme court decision in relation to DoLS. We had a discussion with the registered manager about the impact of the recent decision and following external advice the registered manager confirmed that an application would be made for one person who used the service who may have had their liberty restricted.

We saw that there was sufficient numbers of staff on duty to provide people with the support they needed. We saw that care staff involved people in completing daily living tasks and were available to respond to request from people. All the relatives we spoke with told us that there was sufficient staff numbers to provide people's care and support.

Care staff told us that there was enough staff on duty and if extra staff was needed they would be provided. They told us that the registered manager was very involved in people's direct care and adjustments would be made to staffing levels to ensure a safe environment. The registered manager described to us the process for scheduling peoples respite stay and how staffing resources were planned and used flexibly to ensure people's safety and wellbeing. They were in the process of recruiting to two vacant posts and the registered manager talked through the process they were following to make sure the right staff was recruited.

Is the service effective?

Our findings

We saw that staff actively listened to people and communicated in an effective and sensitive manner. We observed one person communicated by pointing to what they wanted and we saw that staff were able to understand their needs. Staff were able to explain in detail people's likes and preferences which showed they knew and understood people's needs well.

Our observations of staff interaction with people throughout the inspection showed they knew people's needs well. Staff told us that they received the support and training they needed to carry out their role. They told us that they could speak with the manager or deputy manager whenever they needed to. The staff members we spoke with were established staff who had worked at the service for a long time. They told us that new staff completed an induction and shadowed experienced staff. The registered manager told us that they saw staff almost every day and supervision was sometimes informal and not always recorded.

Relatives we spoke with confirmed that as the primary carer's that they were responsible for their relative's health care needs and appointments. They confirmed that if their relatives became unwell during their stay at Greswolde Park Road that staff always dealt with this promptly and proactively and that they would agree between them how

best to manage the situation. Care records we looked at had the information about people's health care needs. This meant staff had the information they need to know, to support and monitor people's health and wellbeing.

Relatives told us that they had experience of staff contacting them if they needed to know any information or to just check something out with them. We saw care records were in the process of being updated. The records gave detail about people's health and personal care needs. These records provided staff with the information they needed so they could provide care to people effectively, in a way that the person wanted.

During our inspection we saw that people were offered choices of drinks and snacks. We saw that staff checked care records to confirm people's dietary needs before preparing food. Staff explained to us that they looked at the scheduling plan for the week ahead and planned the food for the people who would be staying there. People would then be offered a daily choice at meal times. A menu book was kept and this showed what people had been offered and what they had actually eaten. The registered manager confirmed they monitored this to make sure people were well nourished during their stay. This information was shared with their relatives when they returned home. Staff also contacted people's day centre to check what people had eaten so that they were not offered the same food twice in a day. A relative told us, "My relative has dietary needs; they know these needs and cater for them well. They keep me informed of what they have eaten".

Is the service caring?

Our findings

Throughout the inspection we saw good interactions between staff and people that used the service. We saw that people were supported with kindness and compassion.

We saw that people were dressed in individual styles of clothing reflecting their age, gender and the weather conditions. We saw that people's hair had been groomed and they looked well cared for. This meant that staff recognised the importance of people's personal appearance and this respected people's dignity. A relative told us, "The staff are very caring and they provide really good personal care. When (person's name) comes home they are shining, and their clothing is spotless, it shows the staff really care."

We saw that people were supported to make choices and decisions about their lives. For example during the visit we saw and heard people being offered choices of hobbies and interests, choice of food and drink and where to spend their time. We saw staff sit and spend time talking to people and helping them to do activities that people wanted to do. One of the people wanted some help to play some music and a DVD and staff took time supporting them to do this.

Relatives told us that the registered manager and care staff kept in regular contact with them and kept them informed about their relatives stay. All the relatives we spoke with told us that the home was a lovely welcoming place to visit. A relative told us, "I know that (person's name) is happy and they have become a lot more confident since they started going for respite breaks".

All the staff we spoke with told us that they aim to provide a 'home from home' respite service that is safe and caring. Staff were able to describe to us how they promoted people's involvement in their care. Staff spoke confidently about the people they provided a service to. They told us they knew people's needs and preferences.

We saw that people's privacy and dignity were promoted. Staff closed people's bedroom doors and knocked on people's door before they attended to their care.

Care records we looked at had information about people's lives, likes and dislikes, hobbies and interests. This provided staff with the information they needed about people's preferences and personal histories so they understood their needs.

Is the service responsive?

Our findings

We observed that staff were responsive to people's needs. When we first arrived at the home staff made us aware of information we needed to know. This ensured our actions and presence, arriving unannounced, had minimum impact on one of the people that used the service who did not respond well to change. The steps the staff member took minimised the impact on the person and demonstrated how well the person was cared for.

A relative told us, "When (person's name) first started using the service we met with the manager and she wanted to know our views, she really listened to us. The staff team really understand their needs well. "Another relative told us, "They treat (person's name) as an individual and they encourage them to be independent".

We saw that equipment and facilities were available to support people with complex physical disabilities. This included specialist beds and equipment to help people to transfer safely and promote people's independence. The registered manager told us that people's stay at the service was carefully planned to ensure when people stayed they had access to the right facilities and equipment to meet their needs.

People were supported to continue to attend day centres and local community activities so they could maintain their usual routines, hobbies and interests and relationships with their friends. One person indicated to us that they were looking forward to going to the day centre that day, and they were pleased when the transport arrived to pick them up for the day centre.

During our visit we saw that people were supported to spend time in the garden, go out for a walk, listen to music or watch a DVD. Relatives told us that during their stay people were encouraged and supported to take part in different activities including going out for meals, cinema, shopping and walks. Staff told us that activities were planned around the interests and needs of the people staying at the service at a particular time.

The registered manager told us that people and their relatives were encouraged to provide feedback to the service after each respite stay. This demonstrated that the service was willing to listen and learn from people's experience and make improvements if they needed to. Feedback information we saw in people's care records was entirely positive.

All the relatives we spoke with told us that if they needed to they would have no hesitation in raising their concerns. They told us that the care staff and the registered manager were approachable and that they would feel comfortable speaking about their relatives care. A relative told us, "I know (person's name) is more than happy to go to Grewolde Park Road for respite. We have been really pleased with everything. I would let the staff or the manager know straight away if I had any complaints or concerns".

We saw the home had a complaints procedure and records for recording complaints were in place. The registered manager told us that they had not received any complaints about the service.

Is the service well-led?

Our findings

We observed that during the inspection the registered manager worked alongside care staff, supporting people. The atmosphere was friendly and relaxed and staff and the registered manager communicated well with each other.

A relative told us, “The manager is so caring I have been so pleased with my relatives care, it is the best decision I made to use the respite service. The communication is very good and staff will contact me immediately if they need to. They are caring and professional.”

Staff told us that the registered manager expected high standards from staff. A staff member told us, “The manager is firm and doesn’t take any nonsense; she will put her foot down if she needs to. She is a very caring person”. Staff were clear about their role, spoke positively about the leadership of the home and knew the lines of responsibility in the organisation. Staff told us that they felt confident that any concerns they raised would be dealt with by the registered manager and or the provider.

The registered manager told us that they audited medication records, care records and accident and incident records. They also carried out spot checks of staff

performance and staff that we spoke with confirmed this. The provider’s representative carried out monthly audits and we saw the records of their last visit and this showed that people’s care was discussed and checks made of records and the environment. We saw that improvements were being made to people’s care records to add more detail and to ensure information was up to date. This meant that systems were in place to monitor and check the quality of the service, and respond to issues to improve the quality of the service.

There was guidance and procedures for staff to follow so they knew what to do in an emergency. All the staff we spoke with knew what the procedures were.

The registered manager told us and relatives confirmed that feedback was requested after each stay. However, questionnaires sent to relatives were not completed very often. The registered manager told us that they had decided to introduce different ways of doing this and had also planned to introduce a quality questionnaire for external agencies connected to the service to complete and these would be in place by March 2015. This meant that the provider had recognised that the views and opinions of professionals would be of assistance in determining how the service could be further improved.