

CLH Care Homes Limited

306-308 Packington Avenue

## Inspection report

306-308 Packington Avenue  
Shard End  
Birmingham  
B34 7RT  
Tel: 0121 747 3739  
Website: [www.example.com](http://www.example.com)

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 1 May 2015 and was unannounced. We had brought forward our planned inspection in response to concerns we had received. At our last inspection of 19 August 2014 the provider was meeting all the regulations assessed at that time.

306-308 Packington Avenue is a residential care home providing accommodation and personal care for up to eight people with learning disabilities. At the time of our inspection seven people were living there.

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 responsibilities for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Not everyone that lived at 306-308 Packington Avenue was able to tell us their views verbally. We used other methods to get a view of the care provided including speaking with relatives, observing body language, facial expressions and relationships between staff and people.

# Summary of findings

People were protected from harm because staff were able to identify abuse, were aware of the procedures and able to raise their concerns so that people were protect.

There were procedures in place to assess and manage risks associated with people's care.

There were sufficient staff available on duty to support and meet people's needs.

Recruitment checks were undertaken Staff recruitment was not sufficiently robust to ensure that staff were suitably recruited people were fully protected.

People received care from staff that were caring and respected their wishes, privacy, dignity and independence.

People were involved in assessing and planning their care and staff knew the people they supported and people felt their needs were being met. People were able to raise their concerns or complaints.

Systems were in place to monitor the quality of the service; however, repairs were not always addressed in a timely manner and staff did not always feel listened to.

# 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 not consistently safe.

Procedures were in place so staff could report concerns and knew how to keep people safe from abuse.

Risks relating to people's needs were assessed and managed appropriately and there were sufficient staff to meet people's care needs.

Recruitment procedures were not always implemented effectively to ensure that people were suitable for employment.

People were support to take their medication where required so they remained healthy.

Requires Improvement



### Is the service effective?

The service was effective

Staff were trained to support people and had the skills and knowledge to meet people's care needs.

People were supported with food and drink as required. Health care needs were met and referrals were made to other healthcare professionals where required.

Good



### Is the service caring?

The service was caring.

People told us they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Good



### Is the service responsive?

The service was responsive.

People were involved in decisions about their care and the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service.

Good



### Is the service well-led?

The service was not consistently well led

People told us they received a service that met their care needs and their views were sought about the service provided.

Requires Improvement



# Summary of findings

There were systems in place to monitor the service provided to people however; staff did not always feel listened to.

The management of the service was stable open and receptive to continual improvement. However repairs were not always completed in a timely manner.

# 306-308 Packington Avenue

## 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 1 May 2015 and was unannounced. This planned inspection was brought forward due to concerns that had been raised with us. The inspection was undertaken by two inspectors.

During our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also reviewed regular reports sent to us by the local authority that purchased the care on behalf of people, to see what information they held about the service.

During our inspection we spoke with five people that used the service, four relatives, five care staff and the registered manager. We looked complaints records and sampled four people's care records; this included their medication administration records. We also looked at the recruitment records of three care staff, minutes of staff meetings and quality assurance records.

# Is the service safe?

## Our findings

People were protected from harm because staff were able to recognise the signs of abuse and knew how to escalate concerns if they had any. The people we saw and spoke with looked comfortable in the presence of the staff that supported them and we saw that they were able to ask questions and got responses to their questions. One person told us he felt safe in the home. Relatives spoken with told us they felt their family members were safe in the home. One relative told us, "I feel he is safe at the home. I don't worry about him. I know he is alright." Another relative told us they felt their family member was safe and said, "He likes the staff, never said he doesn't like the staff." Staff spoken with told us they had undertaken training in how to protect people from harm. Records we held about the service showed that any suspicions of abuse were raised with the local authority and the appropriate investigations took place as required.

People were protected from unnecessary harm because risks associated with their needs were assessed and management plans put in place to manage them. During our inspection we saw that one person was supervised whilst they ate their breakfast as they were at a risk of choking as identified in their risk assessment. One relative confirmed that their family member was able to travel independently and another confirmed that their family member had to have their use of the computer managed to ensure that they interacted with other people to prevent them becoming isolated. Relatives told us that when their family members moved into the home they were asked to provide information about their needs and we saw that care records included this information and risk management plans were in place to minimise the risk of harm

to people. Risks included people's ability to travel independently, behaviours that staff sometimes found difficult to manage and risks associated with day to day and leisure time activities.

We saw that there were sufficient numbers of staff available on duty to meet the needs of people in the home. Relatives told us that there was always enough staff at the home when they visited their family members and that people were taken by staff for home visits and for people to be taken out to activities of their choice. Staff told us that there had been a recent turnover of staff. This was confirmed by the registered manager who was recruiting to fill any gaps that arose.

Recruitment procedures were not always followed to ensure that only suitable people were employed. Staff told us that employment checks were carried out before they commenced their employment. Staff files looked at showed that employment checks were undertaken. Risk assessments for unsatisfactory feedback from other professional bodies were not completed to show how and why the individuals had been taken on for their role. Written reference requests were not always obtained and verbal references were not always recorded to establish staffs conduct in their previous employments.

There were people who required medicine 'as and when' (PRN), we saw there were PRN procedures in place to ensure this was recorded when administered. All medicines received into the home were safely stored, administered, recorded and disposed of when no longer in use. We looked at the Medication Administration Records (MAR) charts and saw that these had been completed accurately. Staff that administered medicines were trained so that people's medicines were administered safely.

# Is the service effective?

## Our findings

Relatives and people who lived in the home were all complimentary about the staff. One person put his thumbs up to show he liked the staff. Relative told us that they were involved in providing information about their relatives so staff knew how to provide peoples care based on this information. We observed staff assisting people with various activities they liked to do. For example, people attended a college where they participated in wood work. One person told us, "Wood work good."

People received care and support from staff that had the skills and knowledge to do this safely. Relatives told us that they thought staff knew what they were doing and appeared well trained. One relative told us that their family member was being supported to develop life skills to live independently. A staff member told us, "We do have supervision and ongoing training." Records showed that staff received regular supervision so they could discuss their role and received feedback on their performance. New staff were required to complete an induction period to ensure that they had the knowledge and skills to undertake their role. Discussions with staff demonstrated to us, they had a good understanding of people's needs. Some staff told us they had received ongoing training that met their needs but others felt this could be improved.

People living in the home were able to make day to day decisions about their care. We saw that people were able to get up and go to bed when they wanted and staff respected their choices. Staff were able to describe how they involved people in making choices about their care and asked them for their consent. We observed staff consulting people about their care. For example, one person was unwell and staff asked if they wanted the

doctor to be called and respected the person's choice not to see the doctor. 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 to consent or refuse care. Most staff told us they had an understanding of the MCA but had not received training. The registered manager told us that Deprivation of Liberty Safeguards applications had been submitted for the people that required them to ensure that people's rights were maintained.

People were supported to eat and drink sufficient amounts to remain healthy. We saw picture menus on display so that people could be reminded of the meals that had been chosen by them. People were supported to prepare drinks and meals where appropriate but there were also meals prepared by the staff for people unable to undertake this task. Two people spoken with told us they liked the meals. Relatives told that people were encouraged to eat a healthy diet and we saw that snacks were available but access was restricted to prevent some people from eating them in excess. We saw that nutritional assessments had been completed and referrals made to the appropriate professionals where required. We saw that people who required special diets including soft and cultural meals were provided. People at risk of choking were provided with the appropriate support.

Staff confirmed that each person had an assessment of their health needs. We saw that care records were in place to support staff by providing them with clear guidance on what action they would need to take in order to meet people's health needs. Health action plans were in place to ensure there was evidence of what support people needed to manage any health conditions they had and who was involved in providing this care.

# Is the service caring?

## Our findings

People who were able to tell us said that they were happy with their care and that staff were kind. One person indicated that he liked the staff by giving a 'thumbs up' sign. Another person told, "Yes, staff good." One relative spoken with told us, "[Name of person] is happy and content. He has a very good relationship with the staff. Not unhappy, never complained to me. He can say if he is unhappy." Another relative told us, "He [person] is absolutely fine. It's a home from home. He regards them [staff and people] as his family and home now." We observed staff spoke to people in a kind and caring way. We saw that staff were respectful, patient and spoke with people kindly. Staff spoken with showed that they knew people and were able to respond to them in a way that ensured people could understand.

People were able to make choices on a day to day basis. We saw that people chose when to go to bed, get up and what they wore. A relative told us, "[Name of person] will do what he wants when he wants." We observed one person being given a choice about what they ate. Relatives spoken

with told us that people were able to choose their holidays and people were able to tell us where they had chosen to go for their holiday. Staff spoken with knew the people they cared for and we saw that the care provided reflected people's care plans and ensured that their individual needs were met.

People's privacy and dignity was maintained. We saw that staff knocked on people's bedroom doors before entering and asked people if we could go in and speak with them. We saw that people were well presented and dressed in individual styles which showed that staff understood the importance of looking nice for people's wellbeing. People were supported to be as independent as possible. We saw that people had their mobility aids available to them so that they could move freely around the home by themselves. One person was able to go out alone and able to take responsibility for the cleanliness of his own bedroom. One person showed us their medals that they had displayed in their bedroom. This showed that people's achievements were acknowledged and people received recognition for this.



# Is the service responsive?

## Our findings

People received care that met their individual needs. We saw that people were treated as individuals and care was tailored to meet their specific needs. One person told us they could speak with staff and staff listened. Records confirmed that an individual approach to people's care was planned and we saw this reflected in practice during our inspection. Relatives told us they had been involved in planning their family members care based on their likes, dislikes and preferences. The staff ensured where possible that the individuals were involved in making decisions. Relatives told us that they were consulted about changes in their family member's needs at regular reviews.

People were supported to maintain the relationships that were important to them. One person told us they were going home for the weekend. A relative confirmed that there were no restrictions on visiting. Relatives told us staff supported people to visit them in their family home on a regular basis. During our inspection we saw that people were supported to pack and go home for the weekend.

People told us they could take part in activities if they wanted to. For example one person told us that they had been doing a gardening course and another person told us they went to college to do woodwork. We saw one person playing on their computer and told us he enjoyed playing games. People had activity plans on display and staff told us how they explained the plan for the day to people. We saw that staff took the time to speak with people about things that they were interested in, for example, where they wanted to go for their holidays. Some people told us that sometimes trips were arranged, such as meals out or day trips to the sea side.

People told us they were happy in the home and relatives told us they had the information they needed so if they had any concerns they knew who to raise them with. One person told us, "If I was not happy I would speak with staff, and they would listen. You can always talk with them". Records showed and the manager confirmed that no recent complains had been received. We saw that there were compliment cards from relatives expressing their satisfaction with the care provided.

# Is the service well-led?

## Our findings

People and relatives spoken with were happy about the service provided and complimentary about staff. One relative told us, “We are extremely lucky to have him there.” We saw that people were comfortable in the presence of the manager and happy to talk with her showing that she had regular contact with the people that lived there. Some staff told us that they didn’t feel listened to and that the management style was reactive rather than proactive. For example, two staff members had been requesting training but this had not been provided even though some had been identified as urgent. Staff told us that the manager was approachable, but felt that some issues raised were not dealt with in a timely manager in relation to staffing issues. Staff told us that the manager would listen to the views of people who lived at the home; it was more of staffing issues where there was a time delay.

One relative told us, “They [staff] seem open and honest.” The registered manager was open with us about recent staffing issues that had arisen in the home. We saw that in response to this training had been arranged to ensure that staff felt enabled to raise concerns about practices in the home. We saw that investigations were carried out where issues were brought to the registered manager’s attention.

There was a registered manager in post so staff had leadership and someone to discuss issues or seek advice from when needed. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to inform us about.

There were systems in place to gather the views of the people that used the service. People were asked if they enjoyed the activities and if they had any concerns. Relatives confirmed that questionnaires were sent to them and they were asked at reviews if they were happy with the service provided. One relative told us, “[manager] will ask our opinion if they want to change or introduce something and they will listen. They are open to any suggestions we make.”

The registered manager carried out internal audits, monitored staff performance, reviewed care records and completed a quality assurance checklist to assess the performance of the service. Actions plans were put in place to address any identified shortfalls. A development plan was put in place to ensure that the service improved. For example plans were in place to develop a sensory room, annual appraisals for staff and MCA/DoLS training.

Although the registered manager monitored the environment we saw that the monitoring of repairs and replacement of equipment in the home were not always completed in a timely manner. For example, we saw that one person’s privacy was compromised due to the lack of a privacy blind and the fire door closure to the kitchen had not been repaired. Records showed that there were a number of other outstanding repairs that had not been addressed.