

Birmingham Multi-Care Support Services Ltd

Greswolde Park Road

Inspection report

4 Greswolde Park Road
Acocks Green
Birmingham
West Midlands
B27 6QD

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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 ●

Summary of findings

Overall summary

About the service: Greswolde Park Road is a residential care home providing personal care on a short-term respite care basis for four people with a learning disability at the time of the inspection.

People's experience of using this service:

People were protected from the risk of abuse and risks to safety were assessed and managed. Staff were trained and able to support people's needs.

People were treated with kindness by staff who knew them and understood their preferences. People could choose for themselves. People had their privacy and dignity respected and their independence was promoted.

People could access activities and do things they enjoyed. People, relatives and other professionals were involved in the planning and review of their care.

People's views were sought about the care they received. The systems in place to monitor the quality of care were effective and actions plans were driving improvements.

The home had a positive culture and clear vision for supporting people and their families. The registered manager understood their responsibilities. Learning and partnership were encouraged.

The service met the characteristics of Good in all areas;

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection the service was rated Good (report published 7 July 2016).

Why we inspected: This was a scheduled inspection based on previous rating.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well Led findings below.

Good ●

Greswolde Park Road

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Greswolde Park Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to make.

We reviewed other information we held about the service, such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

During the inspection we spoke with three people who used the service. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with one member of staff, the deputy manager and the registered manager.

We looked at the care records of three people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included, incident reports, medicines administration records and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked at evidence people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes:

- People told us they felt safe. One person said, "It is safe here, I like coming here, I love it."
- Staff could tell us how to recognise abuse and about the procedures for reporting any safeguarding incidents.
- The registered manager could describe how incidents would be investigated and reported to the local safeguarding authority as required.

Assessing risk, safety monitoring and management:

- People had their risks assessed and plans put in place to minimise them.
- One person was at risk of harm due to a health condition. There was a detailed plan in place to guide staff on supporting the person safely.
- Another person was at risk when eating and drinking. The care plan had guidance for staff which we saw staff following during our inspection.

Staffing levels:

- There were enough, safely recruited staff to meet people's needs.
- People told us there were enough staff to help them when they needed it. One person said, "The staff are here all the time."
- We spoke with staff and they felt there was enough of them to meet people's needs.
- The registered manager told us they made sure there was enough staff to meet people's needs, and that there were arrangements in place to provide consistent cover for any staff absences.

Using medicines safely:

- People received their medicines as prescribed. Records we saw confirmed people received their medicines as prescribed.
- Medicines were stored safely and regular stock checks ensured people had an adequate supply of their medicines.
- Where people had medicines, which needed to be taken on an 'as required' basis there was guidance in place for staff.

Preventing and controlling infection:

- The home was clean and checks were in place to ensure the home remained clean, well maintained and free from the risk of infection.
 - Staff used protective clothing when supporting people and had access to training in infection control.
- Learning lessons when things go wrong:

- The registered manager had reviewed an incident which had taken place the only one since the last inspection.
- The registered manager told us they were in the process of reviewing systems and they were planning to introduce a system to record their review of incidents.
- The registered manager told us the system they were introducing would review incidents and allow an action plan to be put in place to prevent any reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People had their needs assessed and plans put in place to meet them. The assessment and care plan considered people's diverse needs such as culture, religion, disability and sexuality.
- Plans were reviewed on a regular basis to ensure changes to people's needs were met.
- Where needed other professionals provided guidance on managing specific health concerns for people and people and their relatives were involved in the assessment process.

Staff skills, knowledge and experience:

- People received support from staff who had the required skills and knowledge.
- The provider told us in the PIR staff received training on a regular basis. Staff confirmed this describing training using face to face, online and DVD to get regular updates to their training.
- Staff were supported in their role. Staff told us they had regular opportunities to speak with the registered manager through supervisions and meetings to discuss their role.

Supporting people to eat and drink enough with choice in a balanced diet:

- People received support to eat and drink enough to maintain a healthy diet and could choose their own meals. One person told us, "I like the meals here, I had chicken last night and cornflakes for my breakfast."
- One person had risks associated with eating and drinking. These were clearly documented and guidance was in place for staff. We saw staff followed the guidance during the inspection.
- There were clear plans in place which detailed the support people needed for meals and drinks and people's preferences were also documented. Where possible people were encouraged to take part in meal times. For example, one person was clearing away the crockery in the kitchen and loading the dishwasher.

Staff providing consistent, effective, timely care:

- Staff provided consistent support. Staff told us they worked well together and with other professionals to provide effective care to people.
- We saw people that used the service were also able to access other services whilst staying at the location.
- We found communication between services was done effectively and people had consistent support.

Adapting service, design, decoration to meet people's needs:

- The environment met people's needs and suitable adaptation had been made for people.
- People had a choice of bath or shower. Where required people could bring in items of equipment to use during their stay.
- People had the opportunity to bring in items for their stay to help personalise their bedrooms.
- There was a homely feel to the service and the communal areas were accessible. There was a level access garden, ramp to the front door and ceiling track hoists were in place for when people needed them.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to support with their health and wellbeing. People were supported on a short stay basis at the service.
- Staff were aware of people's individual health needs and there were clear plans in place to support people with their health and wellbeing.
- Where people had health professionals involved in their care, information was shared with the service to ensure consistent support during their stay.
- People could access their own doctor or a local doctor if they became unwell during their stay.

Ensuring consent to care and treatment in line with law and guidance:

- The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff understood their responsibilities under the MCA and followed the principles of the MCA.
- When people were being deprived of their liberty, the service had applied for the appropriate authority to do so.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People told us staff were nice and they got on well with them. Comments included, "The staff are lovely." We saw feedback from relatives about peoples stay and they were all positive. Comments included, "Thank you for looking after him so well, for your kindness and your care." Another comment said, "[Person's name] always has a good time and enjoys their stay with you."
- One staff member said, "We get to know people quite well as they come on a regular basis. We understand the family dynamics and get to know peoples likes and dislikes."
- We saw staff interacting with people and they were kind and considerate. People responded well to staff and were observed smiling and appearing comfortable.

Supporting people to express their views and be involved in making decisions about their care:

- People were supported to make decisions and choose for themselves. One person told us, they chose what time to get up and how to spend their day.
- Staff told us people had the choice of meals, when to get up and go to bed and what activities to do during their stay.
- We saw people were given a choice for meals and drinks and could make decisions about how they spent their time.
- People had their communication needs assessed and there were plans which staff used to ensure people were fully involved in their care.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity were respected by staff. One person described having privacy in their bedroom, "I have my own room, I can come up here when I want to."
- Staff knocked doors, when going to peoples bedrooms. We saw staff were respectful of privacy and ensured they were discreet when speaking with people.
- People were encouraged to maintain their independence and do things for themselves. We saw people were encouraged to do things for themselves, such as getting up and dressed where they were able to, having a shower and accessing the kitchen.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received person centred care. People and their relatives were involved in their assessments and developing a care plan for their stay.
- We saw all aspects of people's lives had been considered in the assessment and care plans including information about people's diverse backgrounds.
- Staff told us the care plans were useful in helping them get to know people and people had introductory visits where they came for tea and built up to an overnight stay to help staff get to know them.
- People had access to activities they enjoyed. One person told us, "I like to bring my books and DVDs with me." Another person told us, "I am going out today to my day centre."
- Staff told us people were able to carry on with any activities they usually attended whilst staying at the home and they also arranged trips out and activities such as going to the park and cooking.

Improving care quality in response to complaints or concerns:

- People were able to make a complaint. There was a policy in place to consider any complaints. The registered manager told us there had not been any complaints since the last inspection.
- Staff knew how to respond to complaints and the registered manager confirmed all complaints would be recorded, investigated and responded to in line with the procedures in place.

End of life care and support:

- At the time of the inspection no-one was receiving end of life care so this has not been considered.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager told us the vision was for families to be supported and for people to have a place where they could come and stay whilst families had a break. The registered manager said the service was about promoting independence and choice.
- Staff confirmed this, with one staff member telling us, "The different people coming here all with different characters is great, it's a real homely place and its lovely to work here."
- The registered manager understood their responsibilities and acted on duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The provider had systems in place to check the quality of the service. For example, there were checks on medicines administration to ensure people had sufficient medicines available to them and records were accurately completed.
- We saw there were regular checks on care delivery by the registered manger to ensure records were accurate.
- Cleaning schedules were in place to ensure the home maintained a good standard of hygiene and other checks on the environment and health safety were carried out on a regular basis.

Engaging and involving people using the service, the public and staff:

- People and relatives were involved in reviewing the quality of the service. The registered manger told us they used questionnaires to gain feedback about peoples stays and used this to make improvements.
- We saw the feedback about the service had been reviewed by the registered manager and was positive about peoples stay.
- Staff were engaged in the service and felt able to make suggestions to the registered manager. One staff member told us, "We have regular meetings and supervision where we can make suggestions."

Continuous learning and improving care:

- The provider had systems in place to continuously learn and improve the quality of the care. For example, the registered manger told us about local and national forums they accessed for information.

- The registered manager also had access to a range of training and learning materials through the provider and was able to attend events to learn about different approaches.

Working in partnership with others:

- The registered manager told us they worked in partnership with families and other care providers to support the people that came to use the service. The partnership was important to ensure people were settled during their stay.
- Staff confirmed information from other professionals involved with people was made available to them to help with providing consistency when people had their short stay at the service.