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Care Home for Special Needs

Inspection report

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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 

Summary of findings

Overall summary

About the service

Care Home for Special Needs is a residential care home providing personal care to two people with a learning disability at the time of the inspection. The service can support up to four people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The provider continually checked that people were satisfied and confident in the standard of care provided within the service. However, there was a lack of formal auditing systems and records in place. Quality assurance systems needed development to ensure they consistently identified and addressed any shortfalls.

Some areas of medicine practice and management of risk regarding water temperatures and the fire risk assessment needed review regarding the fire exit arrangements.

People received safe care by the provider and staff who understood how to recognise signs of abuse or risk and understood what to do to safely support people. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. People received support from staff when needed.

People's care and support reflected their individual assessed needs. Staff had the appropriate skills and knowledge to meet people's needs and received training and ongoing support. People had been supported to maintain their health and wellbeing and had access to healthcare services when required. People were supported to have enough to eat and drink to maintain their well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People received help and support from a kind and compassionate staff team with whom they had positive relationships with. Staff showed respect for people's rights, privacy, dignity and independence. People were

involved in making decisions about their care and support needs.

The provider and staff were committed to delivering care in a person-centred way based on people's preferences and wishes. They were knowledgeable about the people they supported and had built trusting and meaningful relationships with them. People were supported to maintain relationships with those that were important to them. Activities were tailor-made to people's preferences and interests. People were encouraged to go out and form relationships with members of the community. People knew how to make a complaint if they were unhappy.

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

Rating at last inspection

The last rating for this service was requires improvement (published 30 April 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care Home for Special Needs

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The provider is an individual who also manages the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since

the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with one member of staff, a student on a one-week placement and the manager (provider).

We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one relative on the telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had systems in place to carry out regular health and safety checks. For example, in relation to the fire alarms, stair lift and water temperatures. However, the checks of water temperatures were not sufficient as staff only checked these by hand and did not use a temperature measuring device to ensure they were safe and in line with health and safety legislation.
- Fire procedures were in place and people's ability to evacuate the building had been considered in the event of a fire. One evacuation route was onto a flat roof. This did not have any railings or method of escape. Since our last inspection the provider had obtained some temporary railings, but these were not robust or secured in place. The fire risk assessment needed review to reflect these changes. The provider advised people would always have staff so would be safe in the event of using this exit.
- Care plans we sampled demonstrated risk assessments had been completed in relation to people's identified risks. Care staff were able to explain how they supported people to ensure any risks to their safety were minimised.
- One person needed food and fluids provided in a specific texture to prevent them choking. Staff were aware of these risks and ensured food was provided in line with the person's assessed needs. The provider had also ensured a student on placement at the home was also aware of this risk.

Using medicines safely

- We looked at the current medicine administration records for two people. One evening dose of medicine had not been signed as given for 11 days. However, the blister pack and discussion with staff and the person indicated the medicine had been given and it was a recording issue.
- A relative told us their family member received their medicine when needed.
- Since our last inspection, staff who administered medicine had received refresher training. Discussion with the provider showed that there were no formal systems in place to assess staff competency.
- Following our last inspection, the provider had sought the advice of the GP regarding the homely remedy being taken by one person to make sure they did not interact with any prescribed medicines.
- Medicines were stored securely.

Preventing and controlling infection

- The environment was kept clean but discussions with the provider confirmed that infection control audits were not completed. The provider told us they would ensure these were introduced.
- Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.

Learning lessons when things go wrong

- There had been few accidents or incidents occurring at the home. One person had experienced a recent fall, this was recorded on an accident record. Whilst there was no record of any lesson learnt or action taken to reduce future risk the provider was able to tell us and demonstrate action to reduce risk had been taken.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe at the home. When we asked if there was anything that frightened them one person told us, "No, I feel alright here."
- A member of staff told us they had completed training in safeguarding adults. They could explain potential signs of abuse and their responsibility to report any concerns.
- The provider knew their responsibility to report concerns to the local authority safeguarding team. They knew the process to notify us, as required by law, when there were safeguarding concerns. There had been no safeguarding concerns in the last 12 months.

Staffing and recruitment

- The provider lived on site and provided much of the care along with two long term members of care staff.
- When asked if there were enough staff to help them, people confirmed this.
- We noted each person had individual support from the provider or staff when and if they needed it.
- The provider told us that no new staff had been recruited since our last inspection and was able to confirm a robust procedure would be followed should any new staff be employed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 assessments of their needs which included information about how they wanted to be supported.
- The provider and staff member were able to demonstrate to us they knew about the needs of people they were supporting.

Staff support: induction, training, skills and experience

- Staff had the appropriate skills and knowledge to meet people's needs and received training and ongoing support. Some training needed to be updated, for example food hygiene as it was several years since staff had received this training.
- One staff told us, "The training is good, there is some internal and external training. The provider is also looking into arranging some e-learning training."
- Staff received regular supervisions to monitor their performance in their role.
- A student on placement told us, "They [provider and staff] have been very supportive. On my first day they told me all about the service users [people]."

Supporting people to eat and drink enough to maintain a balanced diet

- People were happy with the meals on offer.
- People were supported to follow a healthy diet and were given options of what they wanted to eat.
- Lunchtime was calm and unhurried. People ate at their own pace and staff supported people when required.
- We saw there was involvement from the Speech and Language Therapist (SALT) for people living at the home, to support people to maintain a healthy diet. A SALT is a health care professional that supports people who have difficulty with swallowing.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff were knowledgeable about people's health needs and knew what action to take in an event of a health emergency or if someone was unwell due to their health conditions.
- Records we looked at showed that people received support from health professionals where required.
- A relative told us their family member's health had improved at the home as the number of hospital admissions needed had reduced.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Staff received training in the MCA. We were informed that DoLS were not required for people at the home.
- Staff could explain how they supported people to make their own decision and choices. This was seen to happen during our visit. They ensured people were involved as much as possible in decisions about their care.

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

- In line with registering the right support, the home was homely and domestic in size.
- People invited us into their bedrooms. We saw rooms reflected people's preferences and interests.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the provider and staff were kind and caring. One person told us, "It's a nice place to live, staff are nice." A relative told us, "The care is very good."
- People were supported by a staff team who knew them very well and who enjoyed their job. One staff told us, "I love working here" and "I think people here are put first."
- Staff knew people's life histories and their likes and dislikes. We saw that people's cultural and religious background had been considered and planned for.
- There were caring interactions between staff and people who used the service. Staff were inclusive and involved people in what was going on around them.
- A student on placement told us, "Staff are all kind and caring, it's like a family environment."

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

- The provider supported people to express their views, so they were involved in making decisions on how their care was delivered.
- People told us they made choices about their care. For example, one person told us they chose when they went to bed.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to provide care in a way that respected people's dignity and independence and we saw ways in which this was to be maintained was detailed in people's care plans.
- Staff explained how they supported people to maintain their privacy and dignity especially when supporting people with personal care.
- People were supported to be as independent as possible. Staff encouraged people to eat independently and to do small tasks for themselves and to get involved in tasks such as cooking or baking.
- Care staff knew the importance of keeping personal information confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff we spoke with displayed a good understanding of people's preferences.
- Support plans were very person centred and included information about what was important to the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider took account of the Accessible Information Standard. Support plans described in detail how people preferred to communicate.
- Elements of people's care documentation and complaints were in an easy read format to support people in their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People led active and meaningful lives and were supported to follow their interests and participated in activities which were socially relevant and suitable to them.
- People could access a wide variety of external activities including attendance at locally run events. We were informed that on the evening of our visit people were due to attend a charity event at the local church.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. The provider had not received any complaints in the time they had been operating.
- People told us they had no complaints but if they were unhappy, they would tell the provider or staff.

End of life care and support

- No one was assessed as requiring end of life care at the time of our visit.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Effective systems were not in operation to continually monitor the quality of the service and address any shortfalls. The provider was not aware of shortfalls in medicine records or of the need to complete staff competency checks and to monitor and record water temperatures.
- The provider did not have effective systems in place to audit areas such as medicine administration or infection control. Our previous inspection had also identified that audits were not always recorded.
- The provider told us that since our last inspection she had obtained quotes from specialist companies to review the fire safety arrangements, but these were too expensive. We were informed that instead, the provider had sought informal advice from an acquaintance in the fire service. The fire risk assessment did not reflect changes to the first floor fire exit and needed review.
- The provider had not identified that the staff rota was not effective in recording the actual day and times worked by staff. There was a seven-day rota covering the whole of 2020, but this was not amended to reflect when staff were on annual leave to show who had worked.

There were insufficient systems in place to monitor and improve the quality of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It is a legal requirement that the overall rating from our last inspection is displayed. We found that the provider had displayed their rating as required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. There had not been any incidents which required notifying to us

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was aware of the importance of obtaining feedback from people, relatives and professionals

to improve the service. Returned surveys were positive in content.

- A relative told us they were able to raise any issues and were listened to.
- One member of staff told us, "The manager [provider] is very approachable, I can raise anything. We are always communicating, discussing and planning."

Continuous learning and improving care; Working in partnership with others

- The provider was responsive to our feedback.
- They told us they attended forums with the local authority and were members of a professional care association to gather new ideas and keep themselves up to date.
- The provider and staff worked in partnership with other professionals and agencies, such as community health services and social workers to ensure that people received the care and support needed. This was confirmed in surveys completed by visiting care professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were insufficient systems in place to monitor and improve the quality of the service.