Langstone Society

Attwood Street

Inspection report

38 Attwood Street
Halesowen
West Midlands
B63 3UE

Tel: 01215850491

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16 December 2015

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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

Our inspection was unannounced and took place on 16 December 2015.Our last inspection of this service took place on 21 October 2013. The provider was meeting all regulations at the last inspection.

Attwood Street is registered to provide accommodation for five people with learning disabilities or autistic spectrum disorder, physical disabilities and sensory impairments. At the time of the inspection there were five people living at the home.

The home had a registered manager. 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 2008 and associated Regulations about how the service is run.

We saw that people felt safe and that staff had an understanding of how to identify and report abuse.

We saw that the registered manager could demonstrate learning from accidents and incidents and used this to make changes where required.

We saw that there were a suitable amount of staff with the skills and training required to meet people's needs.

Medication was stored and administered in a safe way.

We saw that people's capacity to make decisions had been made in line with the Mental Capacity Act 2005.

People were given choices at mealtimes and were supported to have enough food and drink.

People's health needs were met as they were supported to access a range of healthcare support.

Staff had a kind and caring approach and supported people to maintain their independence.

People and their relatives were involved in the planning and review of their care.

People were supported to take part on activities that they had chosen, based on their interests.

Relatives were aware of how to make complaints and were encouraged to provide feedback on the home through questionnaires.

The registered manager completed quality assurance audits to ensure the quality of the service provided was maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had an awareness of how to report concerns and felt confident to do this.

There were a suitable amount of staff on duty to meet people's needs.

Medication was stored and administered in a safe way.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge required to meet people's needs.

Staff acted in accordance with the Mental Capacity Act 2005.

People were supported to eat and drink to maintain their wellbeing.

People had access to healthcare support where required to maintain good health.

Is the service caring?

Good

The service was caring.

Staff had a kind and caring approach with people.

People were supported to maintain their independence.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Relatives were involved in the planning and review of care.

People were supported to take part in activities that they had chosen for themselves.

People were informed about how to make complaints and staff were aware of how to handle complaints made.

Is the service well-led?

Good

The service was well led.

Relatives and staff spoke positively about the leadership at the service.

The registered manager was aware of their legal responsibilities to report incidents.

The registered manager sought feedback from relatives and staff about the service.

Quality assurance audits were completed to maintain quality at the service.

Attwood Street

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 16 December 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the home including notifications sent to us by the provider. Notifications are forms that the provider is required to send to us to inform us of incidents that occur at the service.

People living at the home were unable to tell us about their views about the care they receive and so we spent some time observing people to determine their experience of the service. To do this we used a Short Observational Framework for Inspection (SOFI). The SOFI tool is a way of observing care to help us understand people's experiences at the home. We also spoke with four relatives, three members of staff and the registered manager.

We reviewed documents including; care records for three people, medication records for four people, one staff file, records kept on accidents and incidents and quality assurance audits.

Good

Is the service safe?

Our findings

We saw that people living at the service felt safe. One person who was anxious about visitors being in the building and shouted when around strangers showed signs of being reassured and happy once staff were with them. We saw this continue throughout the day. This showed that people felt safe with staff. Relatives we spoke with told us they felt their relative was safe. One relative said, "I think [relative] is safe, 100 per cent". Another relative told us, "They are very safe".

Staff we spoke with told us they had received training in how to protect people from abuse. Staff could describe the action they would take if they saw or suspected abuse. One member of staff told us, "If I had to raise a safeguarding I would go to the manager and if I couldn't go to them I would go above them to the higher management". We spoke with the registered manager who told us they encourage staff to raise any concerns they have. Staff confirmed they were supported by the manager to raise any issues and felt comfortable enough to do this.

Staff spoken with knew how to keep people safe and manage risks. Staff gave examples including; maintaining safety of premises, asking for a form of identification when people visit and making sure equipment is safe to use. Staff could explain the individual risks posed to each person at the service and how they support them to minimise these. One member of staff told us, "We have risk assessments in place. You have to rate the risk and then decide what action needs to be taken to minimise this". We saw that risks had been identified in records and staff told us any changes to these were passed on in their daily handover. One member of staff told us, "The communication book gets completed to inform us of any changes and it goes in the handover book too. Anyone can write in these and get people to sign and acknowledge they have read it". We looked at a handover record and could see that changes to people's needs had been identified and passed on to staff.

We saw that accidents and incidents were analysed by the registered manager on a monthly basis in order to identify trends in accidents and prevent these from reoccurring. We saw that for one person who had an accident, the registered manager had identified the cause of the incident and had taken steps to minimise risk in future, including involving health professionals and making changes to the person's environment. We saw that where a specific risk had been identified in the accidents and incidents audit, this had been clearly communicated to staff who were able to explain the risk and actions to take.

Staff we spoke with confirmed that checks had been completed before they were able to start work at the home. This included obtaining two references and a check with the Disclosure and Barring service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults.

We saw that there were sufficient numbers of staff available to assist people and that people were responded to promptly when required. We saw one person shouting at various times and saw staff came to the person's assistance in a timely way each time this occurred. Relatives we spoke with felt there were enough staff on duty to meet their relative's needs. One relative told us, "There is enough staff. If someone

[living at the home] is poorly then extra staff come in or staff on shift will stay later". Staff told us they felt they were sufficiently staffed and did not feel rushed to get jobs done. One staff member said, "There is definitely enough staff. There's also a list of staff phone numbers and the distance they live from the home in case we need someone urgently". We spoke with the registered manager who told us, "There is always a minimum three staff here. If someone has an appointment we will increase staffing levels to ensure there are always three people at the home".

The home had safe systems for managing medication. We saw that medication was stored and secured safely. Relatives we spoke with told us their relatives got their medications on time and we saw that for people who required medication at specific times of the day, staff were aware of this and ensured this was given at the correct time. Where people had medication on an 'as and when required' basis, there were protocols in place for staff to follow that explained when the medication should be given. Staff we spoke with knew when 'as and when required' medications were to be given. We saw medication being given to people and saw that this was done in a safe way. We checked records kept on medication and saw that the number of tablets given reflected accurately the amounts recorded on the Medication Administration Record (MAR). This showed that people had been given their medication as prescribed.

Good

Is the service effective?

Our findings

Relatives spoken with told us they thought staff had the skills and knowledge to care for their relative. One relative said, "From what I see, the staff have the skills". Another relative told us, "As far as I know the staff are skilled, the staff I have seen all seem to know what they are doing".

Staff told us they received training to support them in their role. All staff spoken with told us they had received an induction that included learning about the company and shadowing more experienced staff members. We spoke with a member of staff who had recently started work at the home. They told us that shadowing was based around people, rather than tasks and explained how they spent approximately three days with each person living at the home as part of the induction so they could get to know each other. One member of staff told us they had recently completed the Care Certificate. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care. The registered manager told us how they had arranged training sessions with a community nurse that were centred on each individual's care needs. This meant that the training provided to staff was personalised to the needs of each person they would be supporting. Staff spoken with confirmed they had regular supervisions with their manager and could discuss any extra support or further training needs in these.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that staff sought consent from people. Every person at the service had a camera that they took out with them on day trips. We saw staff ask people for permission to look at their camera before showing us any of the pictures on there. We spoke with staff about how they ensure they are gaining consent from people who are not able to verbally communicate. Staff had a good knowledge of the way each person communicated and how certain non verbal signs would indicate consent. One member of staff told us, "We use their body language and what we know about them". The registered manager told us that DoLS applications had recently been submitted for people living at the home. Staff we spoke with were unclear about who required a DoLS application and the reasons for these. However, we saw through staff practice that staff knew how to work in line with the MCA and use the least restrictive method when supporting people.

People were supported to make their own choices at mealtimes. We saw that details of the meals on offer

were provided in pictoral form in the dining area so that people could see the choices available. Staff told us that if people did not want a meal that was on offer, they would prepare a meal that they did want. Where people required support to eat, we saw that staff encouraged people to do things for themselves and allowed people the time they needed to do this. We saw one staff member support a person to eat. The staff member spoke to the person throughout, reminding them of how to use the spoon and then encouraging them to try this themselves. The person visibly enjoyed this, and sat laughing with the member of staff. Relatives we spoke with were happy with the meals provided. One relative told us that their relative required a specialist diet and that the staff ensured this was adhered to and kept in touch with a dietician to ensure the diet remained appropriate for the person. Staff spoken with had a good knowledge of people's dietary requirements and this information was available in the kitchen for the person responsible for cooking to refer to. There were records in the kitchen that gave staff information on how each person requires their food prepared, what assistance they require with eating and areas of risk to look out for.

We saw that people were supported to maintain good health by accessing healthcare services. Relatives we spoke with told us that their relatives were supported to see the GP when required. One relative told us, "We are kept informed of everything. They call us up if [relative] needs a GP". Another relative said, "They keep me informed when [relative] is ill". Staff told us and records we looked at confirmed that people had been supported to have annual health checks as well as visits with dentists and opticians.

Good

Is the service caring?

Our findings

We saw that staff had a caring approach with people. We saw staff respond to a person who was upset in a reassuring and calming way and the person looked relaxed in their company. We saw that where staff arrived on duty, they took time to go to each person and say hello before starting work. Relatives we spoke with also felt that the staff were kind and caring. One relative said, "[Relative] is looked after 100 per cent, no one could do a better job". Another relative told us, "The staff are caring, they are very good at the job". Staff we spoke with talked about people in a caring way. One staff member said, "It doesn't feel like work, you get to know the residents and they become like your family". We saw that staff had taken time to make scrapbooks for people with photos from their day trips as a keepsake. A staff member also told us about a quiz night being held at the home, that staff were attending in their own time to support people. The staff member told us, "We are all friendly like that".

We saw that people's views about care were sought. Where people were unable to verbally express their views, staff had a good understanding of how they could tell if people were happy. All the staff we spoke with knew the behaviours people exhibited if they were unhappy and took this into account when planning their care. When discussing how staff get people's views on what activities they like to do, the staff member said, "I know it is what they want as they will show they are enjoying it, they will clap and join in, if they don't want to do it, they won't". Relatives told us they were kept involved in the relative's care. One relative told us, "Everything is discussed with us. We were all included, even down to the bedroom being decorated; we get input and are involved in it". The relative explained how the home had consulted them and kept them involved when new furniture was required for their relative. Another relative said, "They take my views into consideration".

We saw that people were supported to maintain their independence. Staff told us that each person had a training programme in place that identified targets that people should be aiming for to remain independent. These targets included tasks such as carrying their own plate and glass to the kitchen when finishing a meal and carrying own items to the laundry to be washed. We saw staff putting this into action and people responded positively to having tasks to do.

We saw people being treated with dignity. We saw that for one person who was accessing a communal toilet and had left the bathroom door open, staff responded quickly and closed the door to maintain the person's dignity. We saw that staff had signed up to be 'Dignity Champions'. This initiative provided them with a toolkit of resources and educational materials. The initiative encourages people to challenge and influence others, promote the issue of dignity as a basic human right and to stand up and challenge disrespectful behaviour. Information on the initiative was available for people on the noticeboard. Staff we spoke with could give examples of how they promote people's dignity. One member of staff told us, "If people having personal care, we close doors so no one can see in, and use a towel to cover people who require hoisting to make sure they don't become exposed".

Relatives we spoke with told us they could visit at any time. One relative said, "There are no restrictions on when I visit but I do call ahead as [relative] can be out". Another relative told us, "I can visit whenever I like".

The registered manager told us that advocacy services were available for people where required and could give an example of a time they had supported someone to access the support of an advocate. Information on advocacy services was available in the home informing people how this can be accessed.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us they were involved in the planning of their relative's care. One relative told us, "They transitioned [relative] into the home slowly and we were involved all the way. Before [relative] came here, they spent a good month visiting to get to know [relative]". Another relative said, "I did have input into the care".

We saw that each person living at the home had a key worker who was responsible for reviewing their care. The key worker would look at the person's care each month and identify any areas of their care that may need updating and then inform the manager. The staff were able to involve people in this by having an awareness of how people communicate and being able to identify areas where people were not happy without them verbally communicating this. One staff member told us, "I know that I am caring for them the way that they would like through their body language and how they react to things". We saw records that showed these reviews had taken place monthly. Relatives told us they were invited to reviews of care. One relative told us, "If there is ever a meeting, they let me know so I can attend".

Staff we spoke with had a good understanding of people's preferences and likes and dislikes. We asked one member of staff to tell us about a person living at the home and the staff member was able to show they knew the person's interests, health needs and ways they communicate. We saw that staff delivered care in line with people's preferences. We saw one person spend a lot of time in a small area of the home. We spoke with staff who told us that this is where the person liked to spend their time and so the area was adapted to suit the person's needs. Staff also ensured the person had items of interest with them in this space. This showed that staff knew how people liked to be supported and acted in accordance with this.

We saw records that gave personalised information about people, including what different hand gestures or sounds people would make to communicate certain things. The records also gave information about what time people would like to go to bed, whether the person preferred a bath or shower and how they like their hair to be styled.

We saw people being supported to take part in activities that they had chosen. We saw that one person was supported to listen to music, three people sat together to watch a movie and one person went shopping with a member of staff. The people involved in the activities seemed happy with what was happening and expressed this in their facial expressions. We saw that staff were flexible with activities and supported people to make their own choices. One person who was going out changed their mind about where they wanted to go just before leaving and staff accommodated this and changed the activity to meet the person's wishes. Relatives we spoke with told us they were happy with the activities provided. One relative told us, "They have taken [relative] to London to see a show and they go to Hydrotherapy". Another relative said, "[Relative] doesn't do much, but they do try to get her involved". One staff member told us, "We get a lot of one to one time during activities" and went on to explain that as well as going out, in house activities took place including, soft play, sensory time and music mornings. We saw that the day's in house activities were displayed in pictorial form on the noticeboard so that people could see what activities had been planned. We saw that people had been supported to go on holiday to places including Blackpool. One member of

staff told us, "We try and make sure everyone goes on holiday once a year".

Staff we spoke with had a good understanding of how people communicate and could explain how they knew if someone was unhappy. One staff member said, "Even though people can't communicate, they let us know if they are unhappy about something". Relatives of people living at the home told us they had been informed about how to raise concerns. One relative said, "As soon as [relative] came in, they gave us documents about how to raise concerns". Relatives told us they were confident that any concerns raised would be acted upon by the manager. One relative said, 'The manager would deal with it [a concern]". One relative told us they had made a complaint in the past. They told us, "I raised a concern in the past but they sorted it and acted on what I said. They were very apologetic". Staff told us the actions they would take if someone wanted to make a complaint. One member of staff said, "If someone wanted to complain, I would give them a complaints form to fill out". Another member of staff told us, "If the complaint was minor, I would pass it to the senior staff but if not there is a guide in the office of who to make complaints too". We saw that information about how to make complaints were displayed in the home. The registered manager told us, and we saw that no complaints had been made so far this year.

Good

Is the service well-led?

Our findings

We saw that the registered manager had a friendly relationship with the people living at the home. We saw her take time to speak with everyone when she arrived at the home and checked in on people throughout the day. People appeared to be relaxed in her company and smiled when she spoke with them. Relatives we spoke with spoke positively about the leadership of the home. One relative told us, "I see the manager when I go, she always says hello. I can go to work and not worry because I know [relative] is being looked after". Another relative said, "[Registered manager] is first class. I can't fault her at all". The registered manager spoke about people in a warm way. She told us, "I just want to maintain the high level of care for people".

Staff told us they felt supported by the registered manager. One member of staff told us, "[The registered manager] is always here and will always ask you at the end of your shift how the shift went". Another member of staff said, "I am definitely supported, the home is well led".

We saw that there was an open culture within the home. We spoke with staff who all knew how to raise concerns and how to recognise abuse. Staff were aware of how to whistle blow and felt confident to do this if needed. One member of staff told us, "I feel comfortable enough to raise issues with the manager". Another staff member said, "Everyone is open, we are able to talk to each other about things, the communication is there". We spoke with the registered manager about how they encourage and support people to raise concerns. The registered manager told us, "I have an open door policy. Staff can grab me at any time if they need me. I am also at handover and we have team meetings and supervisions". The registered manager understood their legal responsibility in notifying us of incidents that affect people who live at the home but had not needed to send any notifications to us.

Relatives and staff we spoke with confirmed that the registered manager had asked for their feedback on the service. One relative told us, "We get a form to fill in to give feedback, its every six months". Another relative said, "The surveys are a pretty regular occurrence". Staff spoken with confirmed that they had staff meetings and we saw one took place during the inspection. Staff told us that this is where they discuss the service and can make suggestions as to how improvements can be made. One member of staff told us, "I haven't made any suggestions [at the meetings] but the manager would act on them if it benefitted people". The registered manager told us, "I feedback any information given to me by key workers in the team meetings". This showed that the information gathered about people by keyworkers was then passed onto the rest of the team to improve the quality of care given.

The registered manager told us, and records we saw confirmed that quality assurance audits were carried out. We saw that checks on medication, accidents and incidents, wheelchair safety checks and audits of money held on behalf of people were undertaken regularly and that where actions were required, these were recorded on the staff handover book to be completed by the time the next audit was completed. Records showed that audits had been completed each month.