

## Birmingham City Council

# Ann Marie Howes Centre

### Inspection report

20 Platt Brook way  
Sheldon  
Birmingham  
B26 2DU  
Tel: 01216752015  
Website: [www.example.com](http://www.example.com)

Date of inspection visit: 5&9 March 2015  
Date of publication: 11/05/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 5 and 9 of March 2015 and was an unannounced inspection. We last inspected the service on 8 October 2013. At the last inspection the provider was meeting all regulations inspected.

The home is located within a care centre which has other facilities available for people who live in the home to access if they wish.

Ann Marie Howes Centre provides accommodation for 32 people. The service did not have a registered manager in post. An application had been submitted to us for the current acting manager to become registered. A

registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe with the staff that supported them because staff knew how to protect people from harm. Procedures were in place that ensured the service was safe and that people's rights were protected.

# Summary of findings

There were sufficient numbers of suitably recruited staff available to support people. Staff had received training that ensured they had the skills and knowledge to care for people.

People were consulted about their care so their wishes, choices and preferences were known so they could receive care on an individualised basis.

People were supported to access health care services and timely referrals were made to ensure people remained healthy.

People were supported to undertake activities of their choice in the home and out in the community. Facilities were available for activities and included computers and an activity centre.

Systems were in place to monitor and check the quality of care provided and where changes for improvement were required we saw that action was taken. External reviews by the provider was completed regular to support the manager of the service which included gathering people views about the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good



The service was safe.

People said they felt safe. Procedures were in place to keep people safe and staff knew how to how to protect people from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that were safely recruited to provide care and support to people.

### Is the service effective?

Good



The service was effective

People received care that was based on their assessed needs and preferences.

Staff had been provided with training to equip them with the knowledge they needed to protect people's rights. A DoLS applications had been made for one person. The manager had recognised that further applications were required.

People received adequate and appropriate food and drink to remain healthy. Medical needs were met by referral to a variety of healthcare professionals.

### Is the service caring?

Good



The service was caring.

People said 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.

### Is the service responsive?

Good



The service was responsive.

People received care and support in a personalised way and staff worked closely with health and social care professionals to provide people with care that met their needs. People's changing needs were identified and met.

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

People were able to raise concerns and felt confident that these would be listened to and action taken.

### Is the service well-led?

Good



The manager was visible in the home and promoted an inclusive and open environment.

The views of people, staff and relatives were sought to ensure that they were happy and that their comments for improving the service could be considered.

# Summary of findings

---

There were processes in place to monitor the quality of the service and the manager took action to address any shortfalls.

---

# Ann Marie Howes Centre

## 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 5 and 9 March 2015 and was unannounced. The inspection was undertaken by one inspector. Ann Marie Howes Centre is a residential care home for adults with dementia and/or a physical disability, with a maximum capacity for 32 people to live there.

In planning 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 contacted the local authority who purchased the care on behalf of people so they could give us their views about the service provided to people.

During our inspection we spoke with nine people that lived at the home, six relatives, the manager and six care staff. We looked at the care records of one person. We observed how people were being care for using a short observational frame work for inspectors. [SOFI]. SOFI is a way of observing people's care to help us understand the experience of people who live there.

# Is the service safe?

## Our findings

People who used the service told us that they felt secure and staff ensured that they were safe. One person told us, “I am okay, yes I feel safe here, I can lock my door if I want to but staff are always about so I am not worried about being safe.”

Some people could not tell us in detail about their care so we spent time observing the staff when they supported them. We saw that staff used equipment such as hoist safely when helping people and records showed that equipment was regularly serviced to ensure it was safe to use. People spoken with told us they felt safe living at the home and the staff were very nice. Relatives we spoke with were confident about the staff’s ability to keep people safe and were confident that any concerns would be acted upon. One relative told us, “I think staff do a brilliant job. I know that people are safe or I would not leave the [person name] here.”

Staff we spoke gave us example how to reduce the risk to people when support them with their care. For example when using a hoist or assisting people to move around the home making sure brakes were on wheel chairs and reporting repairs or faulty equipment. We spoke with four staff who knew the different types of abuse and the signs that someone was at risk of harm and what to look out for. They told us how they would respond to allegations or concerns. For example reporting any concern to the manager. We saw that safeguarding people from abuse was included in the training plan for all staff which all staff had undertaken. One staff told us, “It is our job to ensure that people are looked after and any signs that this is not happening then I would report this.”

The manager was clear about reporting any concerns that may be potential abuse to the appropriate authority so the concerns could be investigated. The manager told us the safety and care of the people who lived there was a priority.

Risks to people's health and wellbeing had been reviewed with individuals so that staff had up to date information about how to reduce the risks. We saw that people had been consulted about the risk they wanted to take. For example one person went to the shops without support as

this was what they wanted to do. The risks had been discussed with the person and plans put in place to minimise any risk which had been agreed with the individual.

All staff spoken with told us they had the information they needed to keep people safe. We saw that people had equipment to meet their physical and health care needs such as pressure relieving mattresses and cushions to that the risks of skin damage were reduced. Records confirmed that people were referred to other healthcare professionals such as the falls clinic so preventive measures could be incorporated into individual risk assessments to minimise the risk of falls.

People spoken with told us that they felt there was enough staff. One person told us, “I am always able to have a shower and staff are always available if I need them.” A relative told us, “There are always staff around.” Staff told us there was enough staff to meet people’s needs. Staffing rotas showed that on occasions agency staff were used. The manager told us that they used the same agency staff each time so that people had continuity of care and the staffing numbers were adjusted where needed based on people’s dependency needs. One staff member told us although they were an agency worker they had worked at the home full time for over a year.

People spoken with told us that the staff supported them with their medication and we saw that people were given appropriate drinks when taking their medication. One person told us, “I have my medication now, I did not at home, I kept forgetting. The staff make sure I have it and I feel much better for taking it as I should.” We saw that people’s medication needs were reviewed by their GP regularly to ensure they continued to meet their needs.

People spoken with told us they received their medication on time and we saw that staff explained what the medication was for when a person asked why they needed it. We saw that medication was stored safely.

All staff that administered medication told us they had received training so people received their medication as prescribed. The system for managing medicines in the home was an electronic system.

During our inspection we audited five people's medicines and found some discrepancies with three of these. The stock balances of medicines in the home did not tally with

## Is the service safe?

the stock balances identified on the electronic system. The electronic medication administration records (this is where staff sign to say that medicine had been given to people) were complete.

The system showed that when medication was booked in some medication had not been carried forward so there was more medication in the home. The manager told us that an audit was due to be undertaken and this would complete sooner than was planned.

# Is the service effective?

## Our findings

People who used the service spoken with told us they felt that staff supported them as they want to be supported. One person told us, “I do pretty much what I want, there are not restrictions on what I can and can’t do.” relative told us, “Since moving here I have noticed a change in [the person name] they are much happier and join in the activities.”

People spoken with told us that they felt staff were trained. One person told us, “I think the staff are very skilled at what they do, it’s not just about looking after us it’s about knowing who we are.” Staff spoken with confirmed that they received a range of training some of which was specific to people’s care needs, for example dementia.

Staff spoken with told us that they were very well supported by the manager. They told us they had staff meetings and had regular individual supervision so staff could discuss their training needs and personal development.

One relative told us they felt staff were trained and they demonstrated this in how they looked after people. One relative told us, “Some people can be a bit difficult, but staff are very patient and know how to look after them and calm them down, I think you have to have the skills to do that.”

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty. Staff spoken with had an understanding of the MCA and DoLS and told us they had received training in this area. Staff knew that an application had been made to the supervisory authority for one person that lived at the home.

The manager was aware that other people had some limitations to make decisions about their care and had commenced making applications to ensure the rights of these people were appropriately supported.

People who used the service told us that meals were very good and we saw that people had a choice of meals available to them. However most people we spoke with did not know what they had chosen on the day of our visit, because they had chosen the day before. The meals given to people on the day of our visit looked appetising and were well presented. Everyone told us that they enjoyed their meal and we saw that people were offered second helpings so people’s individual appetites were catered for. People’s dietary preferences were catered for. For example we saw that soft and cultural meals were provided.

We saw that where support was needed by staff to encourage people to eat this was done sensitively with dignity and respect. Staff spoken with told us that if there were concerns about a person’s nutritional needs referrals were made to a dietician. Records confirmed that care plans were in place for people whose appetite could be poor and these were regularly reviewed so action could be taken if needed.

People who used the service told us they had access to doctors and other health care professionals. One person told us, “If you sneeze they get the doctor. Staff are very good and keep us well.” People told us and the manager confirmed that arrangements were made so people could be supported to attend appointments.

We looked at two people’s care files. These gave detailed information about people’s health care needs and provided people with the information they needed to provide appropriate care and support. The records detailed which other healthcare professionals were involved and staff spoken with knew what other services were involved in people’s care.



# Is the service caring?

## Our findings

People told us that they were supported when they needed support. One person told us, “Staff respect the choices I make”. Staff spoken with about people told us that they knew peoples’ individual care needs and were able to demonstrate this throughout our visit.

Relatives spoken with were complimentary about the care their family member received. One relative told us, “[the named person] is brighter and health wise better then they have been in a long time. ’Another relative told us, “I am very happy with the way staff look after [the named person] staff, are very supportive and this gives me lots of reassurance that staff are doing a good job.”

All the people we spoke with told us they felt listened to about how they wanted to be supported. We observed this during our visit. For example, we saw that staff took time to listen and interact with people and staff were always visible so people could ask staff for assistance or just chat. Staff were friendly and we saw that people were comfortable with staff.

We observed staff supporting people to move around the home and this was done with care and kindness. We saw that a member of staff sat down with someone and asked them what they had been doing then went on to discuss what was in the newspaper so the person knew what was going on. The person told us, “I cannot see that good but I

do like the chats and staff always make sure they look after me the way I like.” A relative gave us an example of how they felt the staff cared for people, they told us; “When care is being provided it is done with passion and kindness.

During our observations we saw that people’s privacy and dignity were promoted. For example when people were assisted using a hoist, staff ensure that they were covered and not exposed. We saw that staff actively listened to people and communicated in an effective and sensitive manner. We observed that staff were attentive and caring in their approach to people.

We saw that people who could not converse freely because they were living with dementia were given choice and encouraged to express what they wanted. We saw that people were encouraged to be independent for example. Staff ensure people had their walking aid with them so they could get up when they wanted to and during meal times people had special equipment so they could eat independently.

Some people at the home were living with dementia and could not tell us about their experience. We saw that staff constantly interacted with t people. We saw that people responded well and the interaction ensured that they were involved in activities such as having a cup of tea or which TV programme they wanted to watch. One relative told us, “Although [the named person] has little understanding because of illness, staff never let that get in the way, she is as much involved as others who live here.”

# Is the service responsive?

## Our findings

People who used the service told us they were involved in their care and how they wanted staff to support them. One person told us, “Staff always ask what I want doing and do what I ask them to do.” People told us that they attended meetings where they could discuss the service provided to them. People’s needs were assessed, with their involvement when they moved into the home, so that the provider knew whether or not they could meet people’s needs.

Staff spoken with told us that the assessment process included information about people’s background so they knew what people’s preferences were including religion, dietary needs and cultural needs. One person told us, “Staff make sure I am ready for when my son comes.”

We saw that people were dressed in clothes that were appropriate for their age, gender and time of year. People had their hair done in styles that reflected their preferences and cultural backgrounds. People told us that they discussed their care with staff and records confirmed that regular reviews took place and changes were made in how staff supported people if they became more dependent and required more help.

All the people we spoke with told us they were invited to meetings so they could discuss the service. One person told

us “I have a meeting every now and then to see if I am alright with the staff, home and care.” People who used the service and relatives told us that they were involved in how the service was provided. For example meals, activities, choices what they wanted to do or if they needed support.

People were encouraged to maintain and develop relationships. Relatives told us they felt welcomed at the home. One said: “It is very welcoming - open house.” People were encouraged to visit their family members and friends and to keep in touch by Skype which had been installed so people who lived there could keep in contact at all times.

All the people and relatives spoken with told us they felt confident to raise their concerns with the manager. One person told us, “We can complain and they will deal with it.” A relative told us, “The manager is brilliant, if there is anything I go to her.” This indicated that people had confidence that their concerns would be taken seriously.

All staff spoken with knew how to raise concerns on people’s behalf. A member of staff told us, “There is a complaint/concerns book at the front door, the manager checks this daily and makes sure she investigates anything that is in it.” We looked at a sample of concerns/complaints that had been investigated by the manager and we saw that these were investigated and responded to appropriately.

# Is the service well-led?

## Our findings

All the people, relatives and staff spoken with told us, and we saw that the atmosphere in the home was open, friendly and welcoming. People told us and we saw that the manager and all staff were approachable. One person told us, “The manager is very nice I can speak to her at any time.”

All of the people we spoke with told us they thought the service was run very well and felt confident they could talk to all staff about any issues they had and that action would be taken. People living in the home told us that the staff always asked their views about their care. One person told us, “They ask about my family and friends which is important to me, I am very happy living here”.

We saw minutes of staff meetings where areas that needed improvement were discussed and action taken to resolve them. Staff spoken with were fully aware of their roles and responsibilities and the contribution they made to ensure people received a good service. Surveys had been given to people so they could tell the provider their views about the service provided. The manager told us that the results of the surveys had not yet been completed. We saw that previous surveys.

We saw that the result of surveys were analysed, so that the provider had an overview of where the service needed to improve based on people’s views. In addition people and relatives told us that they were able to share their experience during meetings held with the manager and staff.

We saw that regular audits were completed to ensure that the home was safe and met the needs of the people who used the service. These included monitoring risks to people, staffing levels, training for staff, and using feedback from the people who used the service relatives and other and external professionals so improvement could be made if required.

Medication audits had been completed so people received their medication as prescribed however during visit we identified that there were some discrepancy with the electronic monitoring system and the manager told us that a complete audit would be completed. We saw that previous audits were accurate. The records showed that medication was not carried forward when the new supply had been received. All medication administration records had been signed so people had received their medication.

Staff told us the manager was very open and approachable so they felt confident that they could request further training if needed. Record seen showed that training had been delivered based on people specific care needs, for example dementia so staff had the skills to support people.

The provider visited the service so an independent review was undertaken, this included speaking with people who lived there, staff and visitors, and sampling records. If shortfall were identified then an action plan would be completed so issues could be addressed. The provider then monitored the action plan to ensure areas identified had been completed. The manager told us that these reviews happened regularly which also supported her to provide a good service to people.