

Mrs Marcella Marie Higgins

Care Home for Special Needs

Inspection report

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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 

Overall summary

Our inspection was unannounced and took place on 04 February 2016. The inspection was carried out by one inspector.

The provider is registered to accommodate and deliver personal care to a maximum of four adults who lived with a learning disability. At the time of our inspection three people lived at the home and one person visited the home for day care.

At our last planned inspection of November 2013 the provider was meeting all of the regulations that we assessed.

The registered provider is also the manager. 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.

People and their relatives told us they felt safe and that staff treated them well. The manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns.

Staff had a good understanding of risks associated with people's care needs and knew how to support them. There were enough staff to support people safely and

Summary of findings

provide people with support in the home and whilst outside of the home. Recruitment procedures made sure that only staff of a suitable character to care for people were employed.

Medicines were stored and administered safely, and people received their medicines as prescribed. People were supported to attend health care appointments when they needed to and received healthcare that supported them to maintain their wellbeing.

The manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence. When they were not able to make these decisions relatives and healthcare professionals were consulted for their advice and input.

People were supported to eat and drink food that met their dietary requirements and that they enjoyed eating. People were supported to pursue their hobbies and interests both within and outside of the home. Activities were arranged according to people's individual preferences, needs and abilities.

Staff felt that they had received adequate training to ensure that they had the skills and knowledge they needed to provide safe and appropriate support to the people who lived at the home.

Complaints systems were available for people to use if needed. Arrangements were in place to monitor the service and ensure that people received a caring and personalised service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe because they received support from staff who understood the risks relating to people's care and supported people safely.

Staff knew how to safeguard people from harm and there were sufficient staff to meet people's needs.

Medicines were managed safely, and people received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were supported by staff who had received appropriate training to help them carry out their role.

People were supported to access a variety of healthcare services to maintain their health and wellbeing.

Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind and caring and there was a happy and positive atmosphere within the home.

People were treated with respect and had privacy when they needed it.

People were treated with dignity and respect and their independence was promoted.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in decisions about their lives and how they wanted to be supported.

People were given support to access interests and hobbies that met their preferences.

People and their relatives told us they knew how to make a complaint if they needed to.

Good



Is the service well-led?

The service was well led.

People benefitted from an open and inclusive atmosphere in the home.

The home was well led by a manager that was visible in the home and knew people well.

Systems were in place to assess and monitor the quality of the service provided to people.

Good



Care Home for Special Needs

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.

The inspection visit took place on 04 February 2016 and was carried out by one inspector. We observed the care and support provided to people who lived at the service. Some people had limited verbal communication and were unable to tell us in any detail about the service they received.

We spoke with the manager and two members of staff and one relative. We looked at the records of two people who used the service and two staff records. We also reviewed quality monitoring records.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from the local authority commissioners of adult social care services. We looked at the care records of two people, the medicine management processes and records maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a quality service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe with the staff. We saw people laugh and engage with staff members. A relative told us that they were confident that their family member was safe living at the home. They told us that they would see changes in the person's behaviour if something or someone had upset them. The atmosphere was relaxed friendly and welcoming.

Staff we spoke with told us that they understood their responsibility to keep people safe. Staff told us they had received training so that they knew what they would do to minimise the risk of harm to people. Staff were knowledgeable about the types of potential abuse and gave examples of the types of things they would consider to be unacceptable. Staff told us that any concerns they had would be passed onto the manager. We saw that there was information displayed in the office for staff to refer to if needed. Records we hold showed us that the provider reported concerns as required and referrals were made to the appropriate authority.

Staff knew the risks associated with people's care and how to manage the risks. For example, Staff knew how to support people with their mobility to minimise any risks to their safety. Staff know how to support people who may become upset or agitated and how to minimise the risk of this happening.

We saw that staff were available to respond to people's request for care when they needed it.

On the day of our inspection there was two staff and the manager on duty. Staff told us that they had enough time to sit and talk to people and support people to do activities at home and in the community. Our observations during the inspection confirmed that there was enough staff to keep people safe. Records looked at confirmed that during the day there were sufficient staff on duty so that people could participate in in house activities and trips out in the community.

Staff knew the procedures for handling emergencies such as medical emergencies. Staff told us that there was always a senior staff member on duty who was available to support and advise in an emergency.

Staff told us that all the required recruitment checks required by law were undertaken before they started working. Staff records we looked at confirmed that all required checks had been undertaken. This included Disclosure and Barring Service checks (DBS), these are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services.

We saw that administration records detailing when people had received their medicines had been completed by staff. We checked daily records of two people and counted the medicine that confirmed people had received their medicine as prescribed.

Is the service effective?

Our findings

One of the people told us, “I like the staff. I can talk to them, they are nice”. A relative told us, “The staff and the manager are all very good”.

A staff member told us that they had completed an induction programme and ‘shadowed’ an experienced member of staff on shifts before they supported people. The manager told us that she was aware of the Care Certificate and we saw that training packages were in place for any new staff. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people. Staff we spoke with said they had completed an induction and had regular refresher training to keep their skills up to date. Staff told us that they had regular supervision with the manager to discuss their performance and learning and development needs. The manager told us that it is a small staff team so when possible she encouraged staff to take part in training away from the home. She felt that this gave staff a greater opportunity for learning and developing their knowledge and skills.

The manager and staff had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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.

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 were being met. The manager told us that no one living at the home had a DoLS in place. The manager and staff understood issues around people’s capacity to make certain decisions. Where decisions had been made on people’s behalf we saw meetings had been held to make sure decisions were made in the person’s best interest. For example meetings had taken place where important decisions about people’s health care needed to be made.

Each person had a health support plan that identified their health needs and the support they needed to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Records showed people were supported to attend health appointments and received care and treatment from health care professionals for example their GP, dentist and optician.

When we first arrived at the home one of the people told us that they had just had breakfast. They told us, “I had scramble, egg and tomatoes, it was very nice”. We were invited to join people for lunch. The meal time was a relaxed sociable time. The table was set with table mats and people selected from a range of drinks. The meal was very well presented and people told us they enjoyed the food. One person told us, “Nice” and another person nodded. People were offered support from staff when needed. Staff told us that they went out shopping with people most days to buy food items. They told us they visited a variety of shops to purchase food items including a farm shop to buy organic vegetables.

Is the service caring?

Our findings

We observed that all staff were caring to people who lived at the home. There was a happy, calm and relaxed atmosphere throughout our visit. We spent time observing the interactions between staff and people and the interactions were sociable and friendly, we saw staff sitting and talking to people throughout our visit.

One person showed us their bedroom and they were very proud of all their personal items and their own private space. Bedrooms we viewed were decorated differently and reflected the person's individual needs and preferences and contained a range of personal items.

People were supported to make choices and decisions about their care and how it was delivered. Choices included how they spend their day, where they went, what time they went to bed. We saw during our visit that one person liked to spend time in the garden and another person spent some time in their own bedroom, they were supported to do this. Staff told us about how they had supported one of the people to make a decision about not attending a formal day centre and instead spending the day time accessing the local community and doing things they enjoyed. A relative we spoke with confirmed how their family member was supported with making this decision.

People received care from staff who knew and understood their likes, dislikes and personal support needs and people were able to spend their time as they chose. Staff understood people's communication skills and communicated effectively with people who had limited verbal communication.

Staff had a good understanding of the importance of respecting people's privacy and dignity and supported people to maintain their independence by doing things for themselves. People were supported to carry out their own personal care behind closed doors, with staff only providing assistance where requested or required. We saw that staff were respectful towards people they supported. For example, staff respected people's views and opinions and asked for permission to go into people's bedrooms.

People were dressed in their own individual styles of clothing that reflected their age, gender and personality. One person showed us their handbag collection and clothes that they wore when they went dancing. One person told us that they saw their relatives regularly. Staff told us that people were supported to maintain contact with family members.

We saw that the provider had a confidentiality policy and that staff had signed to say that they had read and understood it. We saw that records relating to people's care were stored securely.

Is the service responsive?

Our findings

One person told us, “The staff ask me what I want to do”. A relative told us that they were very involved with their family members care. They told us that they were kept fully informed about their family member and had regular discussions with the staff and manager.

Staff knew people well and knew what people liked to do. Staff were able to tell us about the things that were important to people. Staff were able to give detailed explanations about people’s needs as well as their life history, their likes and dislikes and preferred routines. The manager told us that it was a small staff team that worked very closely with people. We saw that the manager was fully involved in supporting and caring for people on a daily basis. The manager told us that they worked closely with other social and healthcare professionals to ensure people got the support they needed.

We looked at two people’s care records. We saw that these contained up to date and detailed information for staff to provide appropriate levels of care and support to people. Care records were individualised and informed staff about what people liked and how people wanted their support delivered. Care records included how staff should involve people in decisions about their care for example, choosing what activities they wanted to do and encouraging people’s independence.

People were supported to pursue their individual hobbies and interests. One person told us that they had been out to a shopping centre and for a pub meal the previous day. People told us and records confirmed that they were supported to take part in activities at home and in the local community. This included shopping, meals out, social club, dances and regular visits to a holiday caravan owned by the provider. In the lounge we saw that there were pictures displayed on the wall of people involved in activities in the home such as art and craft, leisure activities and day trips. The home was close to a local park and people and staff told us that they made good use of this facility.

We saw that people were free to practice their faith and religion as they wished. One person told us that they sometimes go to church. Staff told us that they ask people if they want to go to church and supported people to do so.

We saw people had a monthly meeting to discuss menus, activities and any concerns people may have. There was information in easy read pictorial format to support people who had difficulty reading to make a complaint. Staff knew people very well and said they would be able to identify changes in moods or behaviours that could indicate people were unhappy about something. One person told us, “I would speak to staff if I wasn’t happy about something”. The provider had procedures in place to support people to make complaints and there was a structured approach to how complaints would be dealt with. There had been no complaints since our last visit to the service.

Is the service well-led?

Our findings

People who could tell us told us they were happy with the care they received. A relative that we spoke with told us that they were very happy with their relatives care and the way that the home was run.

We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. Staff were enthusiastic about their role and the quality of the service provided. Staff told us they had regular supervisions to discuss their performance and training needs. All staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "I would report any concerns to the manager straight away and she would deal with it".

The manager made themselves available and was visible around the home. We saw that the manager spoke with and interacted with people. People responded to the manager by smiling and communicating with them. We saw throughout our inspection that the manager led by example, guiding and supporting staff and modelling a positive response to people's needs. Our discussions with the manager confirmed that they knew the people who lived at the home and their individual circumstances very well and there was a strong focus on the individual needs of people.

The registered provider was also the manager of the service and lived in at the service. They had managed the home for a number of years. This meant that the people who lived in the home had experienced a service that had been managed in a stable and consistent way. The manager told us that they strived to be part of their local community for the benefit of the people living at the service. This included attending the local church, social clubs and developing friendships with people in the local community.

The provider had met their legal requirements and notified us about events that they were required to by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

We saw that the manager and staff were motivated and committed to providing people with a good quality of care and support. The manager ensured that she had kept herself up to date with new developments. She had attended conference organised by CQC so she was up to date with current legal requirements and changes in the legislation. The manager had developed a monitoring tool that linked directly to the five domains of the key lines of enquiry (KLOE) safe, effective, caring, responsive and well led. This was innovative and we saw that examples of good practice were captured and showed how the service was meeting the requirements set out in the regulations. For example, under 'effective' the manager had copies of letters from healthcare professionals who had made comments in formal letters about the high standard of the general health of people who lived at the home. Under 'caring' we saw that policy and procedures had been developed to guide and inform staff about providing care in a way that ensured it was person centred.

We saw that there was a system of internal audits and checks completed within the home by the manager to ensure the safety and quality of service was maintained. For example, regular checks of medicines management, care plans, fire safety and safety checks on equipment. This ensured that various aspects of the service were monitored so care was provided safely and the environment was well maintained.

Before the inspection we asked the provider to send us provider information return (PIR). This is a report that gives us information about the service. This was returned to us completed and within the timescale requested. They told us what they did well at the service and plans and ideas for future developments. Our findings of the inspection were consistent with what the provider had shared with us in their PIR.