Care Quality Commission

Birmingham Association For Mental Health(The)

Ludford Road Residential Care

Inspection report

75 Ludford Road
Bartley Green
Birmingham
B32 3PQ
Tel: 0121 683 8855
Website: www.birminghammind.org

Date of inspection visit: 26 November 2015
Date of publication: 06/06/2016

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?	**Requires improvement**

Overall summary

This inspection took place on the 26 and 27 November 2015. The inspection was unannounced and undertaken by one inspector. Ludford Road Residential Care is a residential home that provides accommodation and personal care for up to eight people of working age with mental health conditions. At the time of the inspection there were five people living at Ludford Road. People had their own rooms and the use of a number of comfortable communal areas, including a kitchen, lounges and garden areas.

Ludford Road is required to have a registered manager in post. 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'.

Summary of findings

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. At the time of the inspection, Ludford Road had a registered manager in post.

Organisations registered with CQC have a legal obligation to tell us about certain events at their service. The registered manager had not notified the CQC of one event.

People told us that they felt safe receiving care from staff that supported them. All of the relatives told us that they were happy about the way their relative's care was being delivered.

People received their prescribed medicines as required and in some cases were supported to maintain medicines themselves.

People felt the staff knew how to look after them. People received care from staff that had the knowledge and skills they needed to deliver care effectively to meet the needs of the people they supported.

Staff sought people's consent before providing care and support. Staff understood the requirements of the Mental Capacity act (2005) and the Deprivation of Liberty Safeguards (DoLS). When necessary staff sought the guidance of other professionals to ensure people were being supported in the least restrictive way.

People were encouraged by staff to maintain a healthy diet, and were supported to attend their appointments with health care professionals.

We observed positive interactions between staff, the manager and people who used the service. Staff worked with people in a respectful, caring and informal way. We saw staff respected people's privacy and dignity and there were private spaces in the home that people could use if they wanted privacy.

People felt comfortable to talk with staff and were reassured that staff responded to people's day-to-day needs. People knew who to speak with to raise any concerns they may have. People we spoke with all knew the manager and had positive regard for them.

We saw that there were systems in place to monitor the quality of the service, and the manager and senior manager of the service undertook quality audits.

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

Good

People felt safe with staff and received support from staff who knew them.

Staff we spoke with knew how to recognise abuse and reported any concerns regarding the safety of people to the registered manager.

There were sufficient staff on duty to meet people's needs and people received their prescribed medicines as required.

Is the service effective?
The service was effective

Good

People felt the staff had the knowledge and skills they needed to look after them effectively and that staff met their needs.

People's rights were protected because staff sought people's consent before providing care and support. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People were encouraged and supported by staff to maintain a healthy diet.

People were supported by staff to attend their appointments with health care professionals

Is the service caring?
The service was caring

Good

Staff respected people's privacy and dignity and there were private spaces in the home that people could use if they wanted privacy.

People were supported to be independent where possible and make choices and decisions about their daily life, including, when people wanted to meet their friends and relatives.

Is the service responsive?
The service was responsive

Good

People were comfortable to talk with staff and knew that staff would provide help and support when needed

People were involved in the review of their needs and preferences in various ways.

Complaints procedures were in place for people and relatives to voice their concerns.

Summary of findings

Is the service well-led?

The service was not always well led

We saw that systems to monitor the safety and quality of the service provided to people were not always effective.

Records were not always up to date or available.

People we spoke with had positive regard for the registered manager.

Requires improvement

Ludford Road Residential Care

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 the 26 and 27 November 2015. The inspection was unannounced and undertaken by one inspector.

Before the inspection, we reviewed information held by us on the service and provider. This included details of statutory notifications, which are details of incidents that the provider is required to send to us by law.

During the inspection, we spoke to three people who used the service, three members of staff and the registered manager. We also spoke with three relatives of people who used the service and one health care professional on the telephone after the visit. We undertook observations of staff interaction with people who used the service during the inspection.

We looked at records held by the service including; the care records of three people who used the service, the medicine and money management processes. We also looked at records about incident reporting, staffing, training and audits looking at the quality of the service.

Good

Is the service safe?

Our findings

We looked at how the provider managed incidents and accidents that occurred within the home. Whilst we found that some incidents and agreed actions were recorded, this was not consistently applied for all situations. We were made aware, by the registered manager, of an incident that resulted in a visit from the fire officer. The fire officer had made a number of recommendations. However, it was after the inspection that the provider told us about all the actions they had taken to address the recommendations.

Staff we spoke with knew they had to raise any concerns of abuse to the registered manager to protect people and to keep them safe. Staff told us they had received training in protecting people from abuse and harm. They were able to talk about different forms of abuse, how to recognise signs of potential abuse occurring and what to do to protect people from bullying and harassment.

People we spoke with told us that they felt safe receiving care from the staff that supported them. They told us if they had any concerns that they would speak to the staff or the registered manager. One person said, "I go to bed at night knowing someone is sleeping in who I can call for help if I need it". Another person said, "I feel safe here with the other residents and staff". All of the relatives told us that when they visited, they were happy about the way their relative's care was delivered by the provider.

Risks associated with people's physical and emotional wellbeing were well known to the people who used the service as well as to the staff team. As an example, one person explained to us that they were aware of the risks that could have a direct impact on their mental health. They were confident that the staff understood these risks and supported them when changes in their condition occurred. This gave the person reassurance that because staff understood their needs, any changes to their care and treatment would be identified and addressed.

People told us that there were enough staff on duty to support them to meet their needs. We heard examples of how the numbers of staff required took account of activities that people were doing. One person told us that if they wanted to go out and wanted support from a staff member to do this, a member of staff would always be available. Staff told us that there were enough staff available; to meet not only people's care and treatment but also their social needs too. Our observations indicated that, staff supported people when they needed it and, that staff took their time with people to ensure they received the right level of support. One staff member said, "We have time to spend with people".

We spoke with the registered manager to understand how they worked out how many people were needed for each shift. They said they looked at a number of factors including individual risk assessments of people, the level of support required for the activities planned and the location of the activity. When people required support to attend appointments, this was also considered. One person explained how they felt reassured because, a staff member was going to attend a healthcare appointment with them that they had not been to before.

The home had systems to make sure people received their medicines safely. People's level of dependence in taking medication varied and staff supported them as needed. For example, some people sought out staff when it was time to take their tablets. For other people staff prompted and administered medication. People we spoke with had a clear understanding of why they took their medication and the staff also had a good understanding the medicines, their intended benefits and contra-indications.

The registered manager told us that only staff that had received training gave people their medicines. As well as training, the registered manager undertook observations of staff when they administered medication. They did this to assure themselves that staff administered medicines safely. We saw records showing all staff had received training on giving people medication. One staff member explained that although she had done the training, there were other systems in place such as staff mentoring and shadowing of medicine administration until they felt confident to administer medicines.

Good

Is the service effective?

Our findings

One person who used the service said, “When I first came here staff took time out to find out about me”. Another person said, “Staff know how to look after me because they are used to me”. Relatives we spoke with said that the staff looked after their family members. Staff we spoke with were able to tell us the needs of the people they supported. This was consistent with the information we saw in people’s care plans and what people told us about them-selves.

We looked at how the provider supported staff to develop the knowledge and skills they needed to deliver care effectively. A training programme was available to all staff. One member of staff told us they had, “Received enough training” and, “The organisation has a big training programme”. A second staff member spoke highly about the training they received and commented that this was not only available to staff, but that it was also open to people who used the service. This gave staff and people a better insight into why and how care was delivered within the organisation in a particular way.

One of the staff we spoke with said the training and induction gave them, “Good all-round knowledge of how to support the residents”. Another member of staff told us that the training they had undertaken gave them, “Confidence, insight and understanding” and so had helped them do a better job.

Staff said the registered manager supported them to attend training. Staff met with their line manager regularly to discuss their performance and their overall learning and development needs. From our observations, we saw that staff had the skills needed to support people meet their care needs.

Staff also said the registered manager held a monthly team meeting at the home to discuss organisation matters and people’s longer-term care needs. Staff we spoke with said they found these meetings helpful. One staff told us that at these meetings, they shared with each other their own knowledge and experience about people they worked with, in order to enable them to improve the care provided.

There was a handover system to ensure that, staff coming on duty, were knowledgeable about the events that had occurred and also, to be made aware of any considerations such as health appointments that people needed to attend. Staff said they had the handover meetings twice a day and found them useful. They used these as a way of gaining knowledge about people to ensure the care they were delivering care that was effective to meet people’s needs.

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 people 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 majority of the people had capacity to make their own decisions and choices about their care. Throughout the inspection, we saw staff seeking consent from people and involving them in making choices and decisions about their care. For example, we saw that one person had planned to go shopping and staff negotiated with them the time to go because, the person wanted to share their views with the inspector first. Where a concern had been identified about the capacity of a person recently, the staff member contacted a health care professional to gain advice and further support in the person’s best interests.

We checked whether the service was working within the principles of the MCA. We saw that the registered manager and staff showed they had some understanding of the Deprivation of Liberty Safeguards (DoLS) principles. We saw records that showed staff had received training about DoLS principles. At the time of the inspection, no one at the home had had their liberty restricted by a DoLS and, we did not see any restrictions in place.

People we spoke with said that each person had their own front door key. We saw people freely coming and going from the home throughout the inspection. We also saw people freely accessing the kitchen, smoke room and other parts of the home.

Staff supported people to attend their health appointments. For example, one person said, “Staff help me to make appointments with my doctor”. Another person said, “[Staff] has been helping me do my exercises”. Staff told us that they supported people to attend hospital

Good

Is the service effective?

appointments. We saw in people's records information about their healthcare and hospital appointments. Staff had up to date knowledge of people's healthcare needs. For example, one person needed support with a certain health issue. All staff we spoke with clearly understood how to support this person and the reasons why. Another person told us that because, staff knew her staff knew when they were feeling mentally unwell and provided them with more support.

Staff said they encouraged people to take responsibility to attend review appointments concerning their mental and physical health care but understood when people had capacity to make their own decisions. One staff said, "People make their own decisions and we respect that". However, one person did tell us how the staff had positively influenced them to see a healthcare professional for a Diabetes check. This resulted in lifestyle and diet changes for the person. The person told us that the staff had supported them with making and maintaining the changes.

We saw that people had the choice of various foods to eat throughout the day. All people ate their breakfast and evening meal in the home but some had their midday meal in the community or in the home depending on their choice of activity. We saw a monthly evening meal planner that staff displayed in the kitchen so that people knew the meal for the day.

This was a four weekly menu plan for main evening meals. People said the registered manager had consulted them as to the meals on the plan. People also said they had a choice to eat the prepared food or to make something for themselves. People told us they liked the food on offer. One person said, "[Registered manager] gets me food that I want to eat". The staff said they supported people to make healthy choices when people chose the menu plan for the evening meal.

Good

Is the service caring?

Our findings

One person who used the service said, “I have no problems here, the staff are nice, kind caring people”, and another person said, “I like my way of life here”. A relative we spoke with said, “I trust them with my [relative]. What more can I say”. Another relative said that, “Staff engage well with [relative]”. A third relative said that, “Whenever [relative] visits me the staff ring up to ask if everything is alright”. We saw that all people were dressed in individual styles indicating staff recognised the importance of how the way people looked affected their wellbeing and self-esteem.

We observed positive interactions between staff, the registered manager and people who used the service. Staff worked with people in a respectful, caring and informal way. The health care professional we spoke to said, that when they visited they noted that staff interacted with people in a warm and friendly way. One relative told us that when they visited staff were always polite to them and their family member.

We were told by one of the people who used the service that, “Staff always knock on my door, they never barge in”. We saw during the day that staff did knock and sought permission before entering bedrooms. Staff were able to explain to us how they respected people’s privacy and dignity with matters such as personal care.

We observed that there were private spaces in the home that people could use if they wanted privacy. People had single occupancy bedrooms that they could access if they wanted privacy. We saw that people were able to go to their rooms anytime they wanted and staff respected this.

We saw that people were able to meet their friends and relatives without any restrictions. One person told us that their, “[Relative] could visit whenever they wanted”. Another person said, “I meet my friend every week”. A relative told us that, “[Person who used the service] comes and sees me regular”.

People were supported to be independent where possible and make choices and decisions about their daily life. For instance, we saw one person visited the local shop to purchase some extra milk for hot drinks. Staff told us people who used the service had chosen to take responsibility for purchasing day-to-day items like milk and sugar. We observed a small group of people who attended a regular check-up appointment booking the taxi and leaving as a group without any staff support. Another person who used the service told us they attended a day care service independently. One person told us their review meetings were undertaken on a one to one basis because they were nervous in groups. The person said the staff had supported them with this decision.

We saw that that all personal records and files of people who used the service were kept securely. We saw that staff did not talk about people’s needs in front of other people. Staff accompanied people into the office or other private areas when people wanted to discuss matters. This was a good example of how staff promoted people’s privacy.

Good

Is the service responsive?

Our findings

One person told us, “Staff know when I’m ill or well and know how to help me”. Another person said that, “I feel comfortable to talk with staff if I was worried and know that the staff will help out”. We saw that staff responded to people’s day-to-day needs. For example, we saw staff supporting people to make lunch at a time of their choosing. We also saw two people talk with staff regarding what they wanted to do on that day. We heard staff discussing with each other, at the afternoon handover, to make sure staff would be available at the time chosen by the people to provide them with support.

The staff team undertook daily handover meetings to discuss any changes to the care and support needs of people. The provider also undertook reviews of people's needs more formally. These were undertaken on a monthly basis. The provider also undertook a more comprehensive six-monthly and yearly review.

People we spoke with said that staff listened to them in their care reviews and that staff were available to respond to requests for help and support. Staff we spoke with were able to talk to us with knowledge about people and how to respond to their changing needs.

The staff told us that the home held a monthly meeting for people who used the service chaired by a member of staff. We saw records of these meetings. We read that topics talked about included deciding what people wanted to do about upcoming events, for example Christmas. People had also discussed aspects of running the home for example the menu’s for their evening meals. Staff told us that these meetings were another way for staff to develop relationships with people who used the service and share information.

We reviewed the systems that the provider had in place to listen to people's complaints and concerns. One person who used the service told us, “I can talk directly to the staff if I have a problem and staff will help out”. Another person told us, “I can talk to staff about an issue and they respond well”. A third person told us that they once raised a complaint and, “[Registered manager] sorted it out straightaway”. One relative we talked to knew how to make a complaint. They told us that they would go to the staff or the registered manager and were confident that any problems would be resolved. We looked at the complaints records. These showed that the registered manager had appropriately recorded the outcomes of issues.

Requires improvement

Is the service well-led?

Our findings

The provider was meeting their legal responsibility of their registration, which stated that they must have a registered manager in place. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Organisations registered with CQC have a legal obligation to tell us about certain events at the service, so that we can take any required follow up action needed. We saw records at the home that the registered manager had not appropriately notified the CQC of one allegation of abuse against a service user, but had looked into the matter themselves. This was in contradiction to the organisation's own policies and procedures. We asked the registered manager about this. They accepted responsibility for not having sent the appropriate notification.

The provider had a system to identify maintenance issues. However, because of the need to report things to the Landlord this meant that issues were not always addressed in a timely way. For instance, we saw that some decoration was in need of repair. The registered manager told us that these items had been this way for a number of weeks. They told us that they had notified their Landlord but that they could not confirm the plans to make changes to the home. The registered manager agreed to get these issues resolved.

We looked at people's care records and found that these were not always available. These records lacked the personal voice of people who used the service and contained limited information on individual goals for people, but people told us they were involved in how their care was delivered.

The provider undertook audits where they looked at quality of the service and, how to improve the service provided to people. These took place every three months. The registered manager, people who used the service and an interested relative/volunteer, reviewed the audit reports. One person told us they attended these meetings. This person told us that they liked the idea of the meeting but sometimes found it, "Difficult to follow what was going on".

People we spoke with all knew the registered manager and had positive regard for them. One person who used the service said, "[Registered manager] is nice and caring".

Another person said, "You can go to [Registered manager] if you are worried about anything". One relative said they thought highly of the registered manager and knew they could speak with them at any time.

We saw that the registered manager was visible at the home and was involved in supporting people and staff. Staff told us they felt supported by the registered manager. One staff told us, "[Registered manager] is approachable and accessible".

Staff we spoke to said they felt valued and supported by the registered manager. One staff said they liked that the registered manager was, "On the ball when it came to training". In addition, that they could approach their colleagues about anything because all the staff worked together as a team. A second member of staff said, "Even the chief executive is available to ask if I have any issues".

Staff also told us about the staff forum. They said this was meeting held between staff representatives and senior management to discuss work related issues. However, two members of staff told us that they did not always feel listened to by senior management. They gave an example when the provider had stopped employing cleaners in the home, which staff said took away time they had with people. They had raised these concerns with the registered manager but had not had a satisfactory explanation for this decision. Staff told us that some working practices done at the home were based on the 'that is the way we have always done things' attitude. For example, the registered manager doing the big shop on the way into work without regularly involving people using the service.

We saw policies on complaints and whistleblowing. Staff we spoke to were aware of the whistleblowing and complaints policies and explained the procedure for raising issues arising at the home. Staff told us that they had raised issues before and the registered manager had dealt with them straightaway or had passed them onto higher management. Staff said that in such cases the registered manager had kept them informed until they had received an answer from senior managers.

One person told us that they had taken part in annual customer feedback questionnaire given to people who lived at the home. They said that the registered manager always gave feedback on the results of the questionnaire. This was a positive way of the service trying to ensure all people who used the service had a chance to express their

Requires improvement

Is the service well-led?

views. When we asked relatives, some told us they had received invites to attend the quality and care review meetings, while another relative told us that they had not received any requests for feedback. They told us that they would have liked the chance to take part in the customer feedback surveys.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.