

Prokare Limited

The Birches

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 2 March 2017. This was an unannounced inspection. This was the first inspection of this service.

The service provides support to seven people with an acquired brain injury; three people were living in the home at the time of our inspection.

There was a registered manager in the service. 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.

People made decisions about their care and staff sought people's consent. Where people lacked capacity they were helped to make decisions, although capacity assessments had not always been completed. Where people's liberty was restricted, this had been identified and action taken to ensure this was lawful.

People were protected from the risks of abuse because staff understood where harm may be caused and knew how to take action when people were at risk. People were supported to take responsible risks at home and when out and encouraged to be independent and develop life skills. Where people were concerned about their safety they knew who to speak with.

People's health and wellbeing needs were monitored and they were supported to organise and attend health appointments when these were needed. Medicines were managed safely to ensure that people received their medicines as prescribed and to keep well.

There were sufficient numbers of staff to meet peoples need. People received personalised care and were confident that staff provided care in the way they wanted to be supported. Staff knew people's likes and dislikes and records reflected how care was provided.

Staff listened to people's views about their care and they were able to influence the development of the service. People knew how to complain about their care and concerns were responded to.

The provider and manager assessed and monitored the quality of care to ensure standards were met and maintained. They understood the requirements of their registration with us informed us of information that we needed to know.

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 were protected from abuse and avoidable harm. People were supported to understand how to be safe and to take responsible risks. People received their medicines when they needed these. There were sufficient staff to support people to do what they wanted to do who had been suitably recruited to the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were supported to make decisions although where they lacked capacity; specific assessments had not been completed to demonstrate why these were made in their best interests. Staff knew how to support people and promote their independence and well-being. People received healthcare to keep well and could choose what they wanted to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy and dignity were promoted. There was a calm, relaxed atmosphere and people had developed positive relationships with people and had a good understanding of how they wanted to be supported.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to develop and maintain their independence. There were a variety of activities which people could take part in within the home or when out. People could raise concerns or make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to monitor the quality of care in the home. People were able to comment about the service and where improvements could be made. There was a registered manager in post who was supportive to people and staff.

The Birches

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 2 March 2017 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

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. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

People who used the service had complex needs and some people were unable to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We spoke with two people who used the service, two members of care staff, the registered manager, a social care professional and the community service manager. We did this to gain people's views about the care and to check that standards of care were being met. We also consulted with commissioners of the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People felt safe within the service and staff had a good understanding of how to protect people. One person told us, "The staff are very good at looking out for us." The staff were confident they could address potential abuse or harm and would speak to senior staff or the manager if they had any concerns. One member of staff told us, "We've all had safeguarding training and this covered how to identify abuse and what to do if we had any worries." The staff knew how to escalate concerns and were confident that action would be taken.

People were supported to take responsible risks and staff helped them with living skills. People were encouraged to be independent and had a support plan which recorded what support they needed with specific activities; this was recorded in a detailed sequence for each support task. One member of staff explained, "The sequence is recorded because if we all do it the same way, it can reinforce this for people and help them to develop these skills and to reduce any risk. We review the support plan so we can see how people are progressing or if they need more support. This way, each step is an individual goal and achievable. These protocols mean that if a new member of staff or agency staff work here, it's very clear how people need to be supported."

There were sufficient staff to provide support to people. People chose where to go and how to spend their time and we saw people were asked what they wanted to do that day. We saw staff were available to provide support and spent time with people to meet all their support needs, and keep them safe. The staff were not rushed and where people wanted their attention this was given and staff took their time when engaging with all activities. One member of staff told us, "It's lovely at the moment as we only have three people living here, but we have other people moving here and we will increase the number of staff. This time has been good because we are a new service and it has enabled us to get to know each other and we now work really well as a team."

People were supported by staff who they knew well. The staff told us that most of the support was provided from within the existing staff team and agency staff were used rarely. The registered manager told us, "Where we do have to use agency staff, we use the same small group of staff so people know who they are. We have given the agency staff the training they need to be able to support people so we know they can do the things the right way."

People were supported to take their medicines. Some people knew they needed medicines to keep well and where they had capacity, they had recorded their consent to receive these from staff. One person told us, "The staff are responsible for my medicines. I know what all of them are for." Staff told us that they only supported people to take medicines after they had received training and underwent competency checks for administering medication. One member of staff said, "We did medication training when we started here and I'm confident I know what to do." Information was available to identify where people needed 'as required' medicines (PRN) and staff knew why people needed these. There were effective systems in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Recruitment checks were carried out to ensure new staff were suitable to work with people. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. One member of staff told us, "I had to wait until I had all the checks came back before I could start to work here."

Is the service effective?

Our findings

People were supported by staff who were trained to support them safely and one person told us, "The staff seem to have it all and know what they are doing." New staff completed an induction into the service and there were plans for staff to complete the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager told us, "Our induction and training is very specific to meet the needs of people who live here. We go above and beyond what is expected of the care certificate although we will be starting to support staff to complete this too and mapping out how this matches our own induction." One member of staff told us, "We did our induction before people moved into the home and it was really interesting and gave us time to reflect on what we had learnt. This was really good as we've been able to develop with the service. The manager does competency checks so they can be confident we put into practice what we have learnt." Another member of staff told us, "The training here is excellent and is based on the specific concerns of people who live here and tailored to people's needs. Recently we have studied sleep apnoea and understanding movement and spasm following brain trauma."

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 provider 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 consent was sought before staff provided support for people and where people could, they made everyday decisions about their care and support. The staff told us that some people may lack the capacity to make certain decisions, for example, whether to take medicines. We saw it was recorded that some people did not have capacity and a GP had been involved in making a decision whether any medicines were needed in their best interests. However, a capacity assessment had not been completed to establish whether they had capacity to make this specific decision.

We recommend that the provider seeks advice on best practice, to assess people's capacity in relation to specific decisions for people living at the home.

We saw some people had restrictions placed on them as they could not leave the home without support. The staff told us that these people would not be safe and needed support to ensure their safety. The registered manager had identified that they may be restricted and an application to lawfully restrict their liberty had been made.

People were supported to eat and drink and told us they had enough to eat. One person said, "We have the choice to go shopping and to do the cooking and the baking. We go to the butchers every week so we plan our meals around what we have bought. We don't always stick to the menu as we like to cook things from fresh." Where people needed assistance they were supported to make drinks independently and one member of staff told us, "The kitchen is designed so everyone can join in. We have a low kitchen unit so if people use a wheelchair or need to sit down they can still help with food preparation and cooking."

People were supported with their day to day healthcare and attended appointments to get their health checked. People had an agreed health plan with their GP which recognised their complex health needs and enabled them to book longer appointments. The care records included information about health care and support plans had been developed which included the professional's advice.

Is the service caring?

Our findings

People were happy and liked to live in their home. They told us the staff were kind and caring and were always happy to help. One person told us, "They all go out of their way to help you. I can't fault them; they do such a good job." People were recognised and valued as adults and staff showed a passionate commitment to enabling people. We saw staff used adult language when speaking with people and supported people differently according to their preferences. Where people had limited verbal communication we saw staff using gestures and language that was meaningful to that person. People were given time to consider their options before making a decision and staff encouraged people to express their views and listened to their responses. For example, we heard people choosing where to go later in the day and what activities to be involved in.

People could make choices and decisions about their care. We saw that people were asked whether they wanted to help us with the inspection and whether we could look at their care records. Staff helped people to understand information about their choices so they could make a decision.

People were treated with kindness and the staff knew each person, their personal histories and their interests well. People were comfortable and happy around staff and there were smiles and laughter between them when they spent time together. The staff talked with people about their lives, who and what mattered to them and significant events.

People's privacy and dignity was respected and they had facilities in their room to keep personal items safe. People also had a key to their bedroom and we saw they kept their rooms locked. One person told us, "My bedroom locks and I have a key so everything is safe. It's like my own little flat in there I have my own bathroom and can decorate it how I want."

People were able to retain their independence and one person told us, "I'm still responsible for everything but the staff help me with my money. If I want to go shopping or need anything, I can ask for a member of staff to help me. I have some money so I can buy what I want." One member of staff told us, "Here it's not about doing things for people but doing things with people."

People were supported by staff who were motivated and enthusiastic and they were helped to be involved with activities that interested them. The registered manager and staff worked flexibly to enable people to attend social activities and understood the importance of these and maintaining friendships. People could maintain relationships with family members and told us they were able to visit them.

Is the service responsive?

Our findings

People were supported to explore different experiences and staff recognised people's diverse interests. People were helped to plan any activity and one person told us, "I went bowling at the weekend and that was fun." A member of staff told us, "We've been on a canal boat and everyone got a turn at steering. [Person who used the service] loves to dance so we went to a Michael Jackson Tribute Band. We had a great time." Another member of staff told us, "We like to try different things. If something doesn't work or people don't like it, then we will try something else but we want people to have opportunities to try." Another member of staff told us, "Every day is different, with different activities and different challenges." We saw one person went walking around the local area and one member of staff told us, "They love to get out and we have enough staff here that when they want to go out, they can." People had a weekly planner to record their hobbies, work and activities on a day to day basis. One person told us, "I like to have a plan so I can remember what's happening." Staff told us the plans were flexible and depended on how people felt and what they wanted to do, but some people needed to have these plans in place to reduce their anxiety.

Care was planned with people and staff knew people's preferences for care and what was important to them. They recognised people's individuality and worked with them to provide care with the minimum of restrictions. For example, some people liked to stay in their rooms or have a lie in which staff respected. One person told us, "I like to spend a lot of my time in my bedroom and that's what I can do if I want." Regular reviews were completed in partnership with people. One member of staff told us, "It's important we review the plans with people so we know it's still what they want. We are still getting to know each other and we want to reflect these changes in the plans."

People knew how to complain if they needed to and one person told us, "I'd speak to the staff if I had anything to say but I haven't got a bad word to say about them. I know I can talk to them in confidence if I needed to. It may just be a quiet word in someone's ear so you don't let things build up. I've always been able to speak to whoever has upset me and I've never had any problems doing it." A member of staff told us, "We discuss the complaints policy with people but it's also about us noticing changes in people's behaviour which may indicate someone is unhappy. Sometimes it's about knowing people and using what we know to help us to make a decision about whether they are happy."

Is the service well-led?

Our findings

The service had a registered manager who spent time working alongside staff. People knew them and we saw them talking happily together. We saw the registered manager and staff's values were based on respect for each other and putting people at the heart of the service. The staff told us that the manager was approachable and provided leadership, guidance and the support they needed to provide good care to people who used the service. One member of staff told us, "The manager is really good and understanding. They make the difference here and I've learnt so much from them. She is mindful of information." Another member of staff told us, "The manager has supported us to become a close knit team and this place is amazing. It's a home from home and run as a home."

People were supported to be involved with the development of the service and when new policies were written, people were able to read these and make any comments. One member of staff told us, "People have a lot of experience and knowledge and we want this service to be inclusive and for people to be able to have a say in how things are managed. It early days but we want to keep building on what we have already achieved."

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the them and appraisals. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. One member of staff told us, "It's been really useful meeting with the manager as we are all so new it's helped us to develop and trust each other." The registered manager told us, "Supervision is an opportunity to evaluate the staff's work and give feedback, which is really important."

The provider and registered manager carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns with quality were identified the registered manager recorded how improvements were to be made. This was the first inspection of this service which was registered with us in 2016. The registered manager was planning to complete an annual quality review and seek people's view on the service with an aim to make further improvements. We will inspect this during our next inspection visit.

Staff had a good understanding of the provider's whistle blowing policy. They were confident that they would be supported to raise any concerns about poor practice in the service. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying. One member of staff told us, "It was made very clear to us that if we see something wrong then we need to speak out. The manager is really supportive and I know something would be done and it would be done properly."

The provider and registered manager understood the responsibilities of their registration with us. They reported significant events to us in accordance with the requirements of their registration.