

Wolverhampton City Council

Ernest Bold Resource Centre

Inspection report

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Date of inspection visit: 6 October 2015
Date of publication: 31/12/2015

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

This unannounced inspection took place on 6 October 2015. At the last inspection on 20 August 2014, we asked the provider to take action. This was to ensure that there were enough members of staff to keep people safe, that care and support was provided with people's consent and that there were effective systems in place to regularly assess and monitor the quality of service. During this inspection we found the provider was meeting the regulations.

Ernest Bold Resource Centre provides respite care for up to eight people with learning disabilities. At the time of

the inspection there were six people staying at the service. The service had 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'. 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.

There were sufficient numbers of staff on duty to meet people's care and support needs. People were kept safe by staff who were trained and understood their

Summary of findings

responsibilities in protecting people from harm. We saw that the provider had systems in place to ensure that staff they recruited were safe to support and care for people. Risks to people's health and welfare were assessed and managed in a way that promoted people's independence. People were supported to take their medicines as prescribed and these were stored and managed safely.

Staff gained people's consent before carrying out care and support. The provider had taken appropriate action to ensure that people's rights were protected and they were not restricted unlawfully. People were supported to eat and drink and a variety of food was available so that people could choose according to their likes and dislikes. The service worked with other professionals and people's families to ensure that people's health needs were met.

People were cared for by staff who took an interest in their well-being. The atmosphere at the service was relaxed and people were comfortable approaching staff when they needed support. Where people were unable to express their needs, the service involved relatives to ensure that decisions were made in people's best interests.

People had care plans that were detailed according to their needs. People and their family members were involved in the reviews along with other professionals involved in their care. People's relatives told us they knew how to raise concerns or complaints and were confident that the staff and registered manager would listen and take appropriate action. The registered manager was honest about where improvements were needed at the service and planned to make positive changes with the support of relatives and staff.

The manager was working to develop an open culture that encouraged people to be involved in the service. Family members were invited to regular coffee mornings to allow them to give feedback on the service or talk through any issues or suggestions they had. The provider had systems in place to monitor the quality of care that people received. This included gathering feedback from people, relatives and staff and through audits carried out in relation to the management of the 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 supported by sufficient numbers of staff to meet their care and support needs. Risks to people were identified and appropriately managed and staff knew how to report any concerns. People received their medicines as prescribed and they were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff that were knowledgeable and trained to meet their needs. People's consent was sought and their rights and freedom were protected. People had enough to eat and drink and staff knew their likes and dislikes. People's health needs were monitored and they were able to access relevant health services.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind and caring and promoted choice. Staff knew people well and people were given information so they could make their own decisions.

Good



Is the service responsive?

The service was responsive.

People received care that was individual to them and were supported to take part in activities that were of interest to them. People's relatives knew how to complain or give feedback about the service.

Good



Is the service well-led?

The service was well-led.

The registered manager was open and approachable and staff felt supported in their role. The provider had quality assurance systems in place to monitor the service and took appropriate action to address issues of concern.

Good



Ernest Bold Resource 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 6 October 2015 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was learning disability. During the inspection we

carried out observations of the support and care that people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at information we held about the service. This included statutory notifications which are notifications the provider must send to inform us about certain events. We also contacted the local authority safeguarding team for information they held about the service.

We spoke with one person who used the service, four staff, 11 relatives and the registered manager. We looked at care records and records relating to the management of the service. We looked at two people's care records, records relating to health and safety, two staff files and the medicines records for two people.

Is the service safe?

Our findings

At the last inspection on 20 August 2014 we found that the provider had not taken adequate steps to ensure that there were enough qualified, skilled and experienced staff employed to meet people's needs. At this inspection we found that these concerns had been addressed.

People and their relatives told us they thought the service was safe. One person's relative told us, "They're safe, yes, absolutely. Even the most innocuous event they will contact us and always help us keep fully informed." Another relative told us, "Yes its safe; [person's name] wouldn't go there if I didn't think it was safe." Another person's relative said, "I don't worry when [name] is there. It's allowed me to switch off from worrying and get on with other things, like work." During the inspection visit there were sufficient numbers of staff on duty to meet people's care and support needs. Staff were available to assist people as and when required and people did not have to wait for support. We observed that people were comfortable in the presence of staff and they looked relaxed when approaching staff for support. The registered manager told us how they worked out staffing levels and made sure that there were appropriate levels of management support available to staff. We looked at the staffing rota for the service and saw that appropriate numbers of staff were allocated to work both during the daytime and throughout the night to ensure people's needs could be met. People's relatives told us they felt there were enough staff available to support people.

People were protected from avoidable harm by staff who understood their responsibilities in how to keep them safe. We saw that regular checks were carried out by senior staff to ensure that people's money and belongings were safe. Staff we spoke with had received training in protecting people from harm. They were able to share examples of how they would identify any signs of abuse, and knew what action to take should they needed to report any concerns. However, staff explained that they would be confident to report concerns to the relevant agencies if they felt that the registered manager or provider were not acting appropriately.

We saw that staff had a good understanding of how to manage risk in a way that promoted people's independence and did not unnecessarily restrict them. We saw that one person was keen to leave the building to greet

people in the car park as they were arriving home; staffs were aware of the potential risks to this person. They supported them from a distance, giving clear but discreet prompts and guidance to ensure the person stayed safe. Staff explained to us that risks were managed by appropriate staffing levels and that the staff worked together to keep people safe while both at the home and out on activities. Staff told us that while risk assessments were carried out for each person, the risks were managed flexibly throughout each shift to ensure that people were supported to do things they enjoyed. The provider had a system in place for recording accidents and incidents and the registered manager explained that they reviewed all of the alerts and then discussed them with the staff team. The registered manager told us, "We look at how we can reduce the chance of this happening again; any changes to the way that we support people are then filtered down to the staff team."

Staff told us that they were required to have pre-employment checks before they were allowed to start work at the service. We spoke with the registered manager who told us about the recruitment process and how they ensured they employed people with the right values to support people at the service. Some of the staff we spoke with had worked at the service through a staffing agency before being employed by the provider; they felt that this had given the provider a chance to see if they were a good fit for the service before offering them an opportunity to apply for a permanent role. We looked at two recruitment files and saw that appropriate checks had been carried out before people were able to start work.

People received their medicines when they needed them and in accordance with guidance provided by their doctor. One person told us they got their tablets on time and when they needed them. A relative told us "We believe they [the staff] are very diligent with paperwork about medicines." Staff showed us the system for managing people's medicines. We saw that people's medicines were checked in by two staff members when people arrived for their short break and were stored safely and securely. The staff member we spoke with was knowledgeable about people's medicines. They showed us the detailed checks that were made when people received their medicines and when people took them home at the end of their stay. We looked at the medicines records for two people and they showed that people had received their medicines as prescribed. There was a robust system in place for ensuring staff were

Is the service safe?

safe to support people with their medicines. This included training sessions followed by competency assessments before people were signed off to support people with their medicines. We saw that the provider had taken appropriate

action where errors had been made in relation to people receiving their medicines safely. This included reporting the incident to us and alerting the local authority safeguarding team.

Is the service effective?

Our findings

At the last inspection we found that the provider had not taken adequate steps to ensure that care and support was provided with people's consent. At this inspection we found that these concerns had been addressed.

We saw that staff gained people's consent before providing them with care. Staff were able to explain in detail how people who did not use words to communicate would agree to or refuse personal care. We saw a number of occasions where staff offered people choices and the staff understood that they were refusing, by the sounds they made or their body language. As people returned home in afternoon we saw staff offering them personal care. When people refused the staff gave them time and space before asking again. We saw a member of staff ask a person if they would prefer another member of staff to support them, when the person said yes, the other staff member quickly arrived to support the person.

We saw that where people had their freedom restricted the staff team had identified this and acted accordingly. Deprivation of Liberty Safeguards (DoLS) is a legal framework. This may need to be applied to some people in care settings who may lack capacity and need to be deprived of their liberty in their own best interests to protect them from injury or harm. The registered manager and the staff team understood their responsibilities in relation to this and had undertaken training in this area. One person who used the service had a DoLS authorisation in place and the provider had submitted further applications to the local authority for assessment regarding possible DoLS issues. These applications were still on-going at the time of the inspection visit.

People we spoke with told us that in their view the service was effective. One relative told us how the staff were trained specifically to support their family member's health needs. People were assisted by staff that were supported in their roles by team leaders and the registered manager. Staff told that they had regular one-to-one meetings in which they discussed any concerns they had and were also given feedback on their performance. The registered manager told us that the way that these meetings were carried out had recently changed. This was to ensure that staff had an opportunity to discuss the support provided to the people who they were acting as a key worker for. Staff we spoke with told us they had an induction before they

were allowed to work alone. One staff member said "Once I'd done my induction I felt ready, I could ask for help, if I had a problem they would act straight away." New staff were supported by senior staff who worked alongside them until they were confident in their role. Staff received training to develop their knowledge and were able to identify where things they had learned on training had helped them to better support people. One staff member said "I just learned how to handle an emergency situation better, I feel much more confident now." We saw throughout our visit that staff had the skills they needed to meet people's needs.

People and their relatives expressed they were happy with the food. One relative described how pleased they were that the staff had considered their family member's preferences when they stayed overnight for the first time. "The cook did come out to say to [name], I'm your cook, I'm doing one of your favourite meals tonight." During mealtimes the atmosphere was calm and relaxed. People enjoyed their food and there were friendly interactions between people and staff. We saw people being offered a choice of hot and cold drinks and saw one member of staff say to a person "I can make it, or you can come and do it yourself if you like?" People were supported and encouraged to participate in making drinks if they were able to, which encouraged their independence. The staff we spoke with showed a good understanding of people's dietary needs, they knew which people had specific dietary requirements and how to cater for these. We saw staff discussing food portion size with people to make sure they were happy with the amount of food they were eating. The cook told us about a detailed list they kept of food that were allergens or irritable to individual people. This information was stored in a confidential way, but also allowed staff to access it when required. The cook told us "We've a list of what people eat, whether it's for specific health, cultural or religious needs."

Due to the nature of the short breaks service most people's health needs were primarily managed by their families, however staff we spoke with understood people's health needs. One relative told us, "The community nurse comes in and usually notifies Ernest Bold of anything as well as I do. We're all connected – there's good communication." People had health action plans which are personal plans about what people need to do to stay healthy. These were developed by the community nurses and led by the families; however the service participated in these to an

Is the service effective?

appropriate level. One person's relative told us "When [name] had their last seizure, they had two members of staff with them. Staff went to hospital with them to meet me there. They were brilliant." The registered manager told us that some work had been done to improve some staff

knowledge around managing people's seizures to ensure that they were kept safe. Staff told us that they had been supported to learn and develop more confidence when managing people's health needs, which meant that people were protected from avoidable harm.

Is the service caring?

Our findings

All of the relatives we spoke with told us that the service was caring. One relative told us “I sometimes joke and say to [name] ‘You stop at home and I’ll go to Ernest Bold’ and [name] says ‘No! I’m going there!’ So they do like it.” Another person’s relative said, “They are kind. When I speak with people at the service they are courteous, well-informed and intelligent.” During our visit we saw that staff were caring towards people. We saw staff checking with people that they had what they needed, ensuring people were dressed appropriately and were not kept waiting for the help that they needed.

Staff we spoke with took an active interest in people’s well-being and understood what was important for people. One member of staff told us that they had supported a person to make a card for a relative who was ill and this helped the person express how they were feeling. Another member of staff told us, “I think we are caring, I try and put myself in people’s shoes, what is it like to come and stay here?” We saw a number of occasions where people expressed that they were anxious and staff responded quickly to reassure them. One person was concerned about their family members and staff reassured them by telling them what time their relatives would be calling to speak with them.

People and their relatives were involved in decisions about their care and support. The service maintained good relationships with people’s family members and involved them in planning people’s short breaks. Relatives told us

that they were consulted about their family member’s care and that they felt the staff listened to their point of view. We observed that people who did not use words to communicate responded positively when interacting with staff and staff understood what they wanted and needed. We saw that staff involved people in making decisions about their care and support by offering them choice. Staff supported people to do things for themselves as much as possible, and we saw staff encourage people to be independent and celebrate people’s achievements when they completed tasks.

One person’s relative told us, “The staff are kind and caring, when I’ve gone to collect [name], you can tell. We’ve seen them out in public with people, they respect their dignity.” People’s dignity was respected by staff that knew them well and understood how different things were important to each person. A relative said, “We’ve gone to the service unannounced sometimes and [family member’s name] is always dressed, clean, smart, washed and shaved.” We saw one person being assisted by staff to select their clothing and the staff member told us that the person took pride in what they wore. A relative told us about a time they had visited Ernest Bold and saw how staff supported someone who was anxious. They said staff dealt with it really well, they sat with them, they didn’t upset them; they treated them with respect.” Another relative gave us an example about how staff respected people’s routines and supported them in a specific way to reduce their anxieties. One staff member told us “You can’t just see it as a job; you have to be wanting and willing to go the extra mile.”

Is the service responsive?

Our findings

People and their relatives were involved in the planning of their care and support. One relative told us, “I’m involved in planning stays. They do involve me. We have coffee mornings and they run the activities past some of the relatives and ask for ideas.” Staff we spoke with were knowledgeable about people’s needs and preferences as well as their interests. People’s support plans included useful information for staff about people’s preferred way of communicating. Staff we spoke with told us this enabled them to get to know people quickly and understand what they needed.

One person’s relative told us how pleased they were that the service had coordinated their family member’s stays with people they were friends with from another service. They said “The staff have been really helpful; [person’s name] is going to be so excited about staying there.” People were supported to carry on with their usual activities and routines while staying at Ernest Bold, so they didn’t miss out on the things that they enjoyed. A relative told us, “They are still going to be doing what they do at home while they’re staying there.”

Staff we spoke with knew what people’s individual interests were and used this to plan their stays. One member of staff told us how they had learned about a person’s interest in trains from a review meeting. They were then able to plan more activities that would appeal to the person’s interests. The staff member was pleased to have discovered this and recognised that it was important to the person to take part in activities they enjoyed. We saw that information about activities was displayed in an easy read format which included pictures, so that people were able to see what was planned during their stay. The registered manager told us that improvements were needed in relation to activity planning, particularly during week days, and people and their relatives had been asked to contribute their ideas.

People were supported by staff who encouraged them to make choices for themselves. Staff were able to share an example of how they respected a person’s choice of room during their stay and the reasons for this. The staff member told us that the person would not enjoy their stay if they were asked to sleep in another room and so the service made sure that their preferred room was available. We saw that people felt comfortable spending time in their rooms as well as in the lounge and dining room.

Where people’s health or support needs changed the staff and registered manager had systems in place to ensure that people received up to date and appropriate care. Staff told us the methods they used to pass on important information about people’s changing needs to the rest of the staff team and to other relevant professionals if appropriate. The registered manager told us that a new co-key worker system had recently been introduced. This helped staff to keep up to date with changes to people’s needs so that people always received the care and support they needed at the right time. One person’s relative described how the staff responded when there was a problem with the dates booked for their relative, “They get back to us within 24 hours and reschedule and are very cooperative. They take note of what was requested and if they can fit [person’s name] in, they get in touch.”

People’s relatives told us that they were regularly invited to attend review meetings to discuss the care and support that their family member received. One person’s relative explained that they had asked staff to introduce a board with photographs on it to help their family member communicate; they told us that staff had done this and it was working well. Another relative told us they had discussed the bedroom layout during a review and following the meeting the furniture had been rearranged to suit the person who would be staying there. They told us, “We did a mini-review. They’re very good and if I’ve got any problems they help.” All of the relatives we spoke with felt able to contact staff at Ernest Bold if they needed to. One relative told us, “The last time I spoke with [staff member’s name] for about half an hour. I always get to speak to someone and we sort things out. They make a note of my information.” Another relative said, “They have regular coffee mornings and it’s absolutely brilliant. It’s a brilliant place, I couldn’t do without it.”

People’s relatives knew how to make a complaint if they were unhappy about the care and support their family member received. One relative told us, “Any concerns are dealt with.” Another relative said, “Complaints? None. In terms of communication here it is very, very good.” The registered manager explained to us the system they used when dealing with complaints. They told us about an informal complaint they had received recently and how they had addressed it. Staff we spoke with knew what action to take if someone complained to them, or if they

Is the service responsive?

heard or could tell that someone was not happy. Relatives were invited to attend regular coffee mornings which gave them an opportunity to raise any concerns directly with the staff team and the registered manager.

Is the service well-led?

Our findings

At the last inspection we found that the provider did not have effective systems in place to regularly assess and monitor the quality of service that people received. They did not have systems to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. Following the last inspection the provider sent us an action plan of how they planned to address these areas of concern and at this inspection we found that improvements had been made.

We saw that the registered manager and senior staff carried out monthly audits and made checks on the essential aspects of the service including; people's care records, medicines records, people's finances, monitoring of accidents and incidents and matters relating to people's health and safety. We looked at records relating to health and safety and found that where issues of concern had been identified, action had been taken to address concerns so that people were kept safe. An example of this was where the registered manager had identified that visual checks of parts of the building needed to be carried out for the purposes of fire safety and we saw that new checks had been introduced and carried out to reduce the risk of fire.

Staff and people's relatives expressed confidence in the registered manager. One person's relative told us "I think it's well-led because my relative is so happy to go there, very happy when they come back, not distressed or anything." The registered manager was new to the service and had been in post since June 2015. They told us about the changes they had made to the home and about the plans they had for making improvements to the way that people experienced their short break. The registered manager told us that they were trying to improve the culture at the service by encouraging open communication and making sure that people's views and opinions were recognised. A relative told us, "There is an open door policy and we would be made more than welcome to come and talk to them." The registered manager told us that they were trying to improve the way that they kept families up to date with any changes at the service and this included

sending regular newsletters to people and their relatives. Relatives told us that they used coffee mornings to give feedback about the service and offer ideas about activities. One relative told us, "I haven't been to the meetings for families, but I get the updates every month or so."

Staff were invited to contribute to the agenda of monthly staff meeting so that they could discuss the things that mattered to them. Minutes of these meetings were emailed to each staff member so even those who could not attend were kept informed of discussions and action points. Staff told us that they had regular meetings with senior staff and this gave them an opportunity to discuss any concerns as well as receive feedback on their performance. The registered manager told us "I believe that one-to-one's are very important, to achieve development and to discuss with staff how they're coping with their workload. It needs to be a positive experience and we are working on that." Staff told us they were able to contact the registered manager if and when they needed them, and there were senior staff who supported them in the absence of the registered manager. Staff told us they were confident that the provider would take action if any concerns were raised as they had seen how the provider had responded to situations previously and this made them feel valued. Staff we spoke with were enthusiastic about providing good quality care for people and told us they were motivated by seeing people enjoy their short breaks.

The registered manager was open with us about areas where improvements needed to be made. They shared with us things that had not gone well in the past and were honest about what needed to change. They showed us an action plan that they had put together and explained how they planned to involve the staff team in improving people's experiences when they stayed at the service. The manager told us "I want people to say 'It's fun to go to Ernest Bold', it should be a proper break for people." The registered manager recognised that change could be challenging, but recognised it was important to involve people, their relatives and staff in improving the experience that people had when staying at Ernest Bold.