

# Birmingham Rathbone Society Longmore House

## 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

This inspection took place on 19 and 26 February 2015. We gave the provider 48 hours' notice of our visit so that we could make sure that the relevant people would be available to facilitate the inspection.

This service provides care and support to people who have learning disabilities so that they can live in their own homes in the community. At the time of our inspection 21 people were using the service.

There is a registered manager at this 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 using this service told us that they felt safe. They expressed confidence that the staff would respond and help them if they reported abuse. There were good systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

# Summary of findings

People told us that they were happy with the service provided and staff helped them to develop skills and to be as independent as possible. They said that they decided how they wanted to live their lives and staff helped them to put this into practice.

Staff treated people with dignity and respect. Staff working in this service understood the needs and aspirations of the people for whom they provided care and support.

Staff were appropriately trained and skilled to provide care and support to people. They all received an induction when they started work for the service and they understood their roles and responsibilities. The staff had also completed relevant training to make sure that the care provided to people was safe and effective to meet their needs.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure that the rights of people who may lack mental capacity to make decisions are protected. The MCA

Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to deprive someone of their liberty. The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service. We did not find anyone being deprived of their liberty.

The registered manager assessed and monitored the quality of care consistently. There were good systems for the supervision of staff. There was an open and inclusive culture where the manager valued the views of staff and people who used the service. People who used the service were included in decisions at all levels, including their own care and support, the selection of staff and how the service was run.

The registered manager encouraged feedback from people who used the service, their family members, advocates and professional visitors, which she used to make improvements to 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 told us that they felt safe and had confidence that staff could keep them safe.

Staff were trained in safeguarding people and they knew how to recognise and report concerns to the appropriate authorities.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

Staff supported people to keep and take their medication safely.

Good



### Is the service effective?

The service was effective.

People were supported to live the lives they wanted to lead by staff who had the skills and knowledge to meet their needs.

People were supported to eat and drink in ways which maintained their health and respected their preferences.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

Good



### Is the service caring?

The service was caring.

People were happy with the support they received. People told us that staff were kind and caring in their interactions with them.

People were involved in planning the support they received and staff enabled them to develop skills so that they could be as independent as possible.

Staff respected people's privacy and maintained their dignity when supporting them.

Good



### Is the service responsive?

The service was responsive to people's needs.

There were good systems for planning the care and support which people needed and people were involved in planning their care.

People's comments and complaints were listened to and appropriate changes were made in relation to complaints.

Good



### Is the service well-led?

The service was well led.

The registered manager sought the views of people using the service when making decisions at all levels.

Good



# Summary of findings

There was an open and inclusive culture where people who used the service and staff felt that their views were valued.

The service worked in partnership with other organisations to ensure that the service took account of latest best practice and met the requirements of the law.

There were good systems for audit and quality assurance to ensure safe and appropriate support to people.

# Longmore House

## 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 19 and 26 February 2015. We gave the provider 48 hours' notice of our visit so that we could make sure that the relevant people would be available to facilitate the inspection.

This inspection was carried out by one inspector. Prior to the inspection we sent questionnaires to people who used the service to find out their views. 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 also reviewed the information we held about the service.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with the manager and five members of staff. We observed the interaction between staff and people who used the service. We spoke with five people who used the service and sought and received the views of several relatives of people who used the service as well as professional visitors. We sampled the care records for five people and looked at records relating to staff employment, supervision and training as well as audit and quality assurance records.

# Is the service safe?

## Our findings

People told us that they felt safe and had confidence that the staff would help them if they did not feel safe. One person told us, "If I wasn't safe I would tell (staff name) and she would put it right." People told us that staff had told them what to do if they did not feel safe. The manager explained that staff explained that the policies in relation to abuse were made available to people in 'easy read' versions and staff provided training for people in keeping safe. Staff checked people's knowledge in this area at meetings, through questions in annual surveys and on a one to one basis.

A professional who had been involved in a situation where someone had been at risk of abuse from an external source told us, "I found the staff and the management had responded very quickly to the situation and put strategies in place to safeguard the person from any further abuse. I noticed that the staff and the management has encouraged/ supported the client to be part of the safeguarding process and put strategies in place with client's involvement/ consent. On the whole from my experience of working with Birmingham Rathbone on a few cases, I found the staff and the management are caring, supportive and responding to situations like safeguarding issues quite effectively."

The manager and staff told us that all staff were trained in recognising possible signs of abuse and they knew how to report any possible suspicions to the relevant authority. There was an out of hours helpline telephone number for staff and people using the service in case they needed to discuss an issue with a manager. We saw that staff had reported incidents which had sometimes occurred between people using the service and their suspicions about third parties so that appropriate investigations could take place.

People told us how staff helped them to understand possible risks and supported them to be as safe as possible whilst developing their independence skills. For example, people told us how staff had helped them to learn how to travel independently, crossing roads and using public transport. People's plans contained risk assessments showing the possible risks to people, including those from the environment and activities. The plans included details of the ways in which staff minimised the risks to keep people as safe as possible.

People told us that there were enough staff to provide the care and support which they needed. Staff said that they had time to do their jobs properly.

Staff were appointed through a standard process which included obtaining two references and checks through the Disclosure and Barring Service (DBS), before they started work, to ensure that staff were suitable for their role. The checks were repeated on an annual basis and staff signed to confirm that they were responsible for reporting any incidents between checks.

People showed us the lockable storage which was used for storing their medication and they told us how staff supported them to take their medication at the right times. We saw instructions for staff showing which medication people needed to take. Staff told us that they had all received training in managing and administering medication. There were guidelines for staff to show when to give people medication which was prescribed to be taken 'when needed.' Staff had recorded the doses of medication which each person had taken. Staff told us about the systems for making sure that people's medication was ordered at the appropriate times and that there were regular audits of the stocks.

Staff had access to suitable equipment such as gloves and aprons when carrying out personal care tasks. There were policies and procedures in relation to the control of infection and staff had received training in this area.

# Is the service effective?

## Our findings

People told us that they thought the staff were good at doing their jobs. Professional visitors told us that the staff were competent. A professional involved with someone using the service told us, “I found from my experience that the staff and management of the service are following the support plan promptly and provide a safe and effective service to clients.” A relative told us, “Lately, (relative’s name)’s issues have demanded a delicate, intelligent approach. (manager’s name) and her team are providing this support. I hope that this can continue.”

Staff told us that they had received induction training when they first started to work for the service. This covered the necessary basic areas and was renewed on a regular basis. Staff received ongoing training to make sure that they continued to have the skills to provide people with appropriate care and support. Staff told us that they felt well supported by managers when undertaking training and described how managers had enabled them to overcome specific obstacles to their own learning. One member of staff said, “We have the best training.”

The manager told us, and records confirmed, that all staff, with the exception of three members of the team who were completing their training, were trained to NVQ level 3. The manager was undertaking level 5 Diploma in Leadership for Adult Health & Social Care and Children and Young People’s Services. There were arrangements to ensure that staff were provided with appropriate training to undertake specific tasks in relation to people’s needs.

Staff told us that they received a good level of support and supervision from their managers. One member of staff told us, “There is brilliant support from managers. Everyone has their manager’s phone number and they use it.” Another member of staff said, “We are very well supported.” Staff received regular one to one supervision with their

managers and annual performance development reviews. This provided staff with opportunities to learn through reflecting on their practice and feedback from their managers as well as identifying future training needs.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to deprive someone of their liberty. The manager was aware that, in some circumstances, DoLS applications could be made for people who were receiving support in their own homes. At the time of our inspection there was no indication that anyone had been deprived of their liberty.

The manager and staff demonstrated that they understood the relevant requirements of the Mental Capacity Act 2005 in relation to people providing consent to care and treatment. The records showed that people had signed to indicate that they understood and consented to staff carrying out tasks.

People told us that they chose what they ate and drank. Staff told us, and the records confirmed, that where people had specific needs in terms of nutrition or where they needed support to reach what was considered to be a more healthy weight, the services of relevant professionals were used and staff provided support and guidance, whilst still respecting people’s choices.

The care plans we looked at included details of people’s medical conditions and relevant instructions for staff about care and support needs related to people’s health. Staff displayed a good level of knowledge about people’s health needs. Staff had access to contact details for health professionals who worked with people in case of changes in their health. They had summaries of people’s health histories and medication to inform health professionals when people were admitted to hospital.

# Is the service caring?

## Our findings

People spoke with affection about the staff who supported them. One person told us, “They are kind.” Another person who responded to the questionnaire wrote, “The service that provide care and support for me are very helpful.” A relative told us, “(relative’s name) is very happy in her home. ....staff are generally supportive of her needs and caring.”

A professional visitor to some people who used the service told us, “I have always found the staff very approachable and have observed that they maintain a good working relationship with the clients they support.”

We observed positive, warm interactions between staff and people using the service and people seemed relaxed and comfortable in staff company. We saw staff putting people at ease when we visited them and explaining why we wanted to speak with them.

People told us that staff helped them to have relationships with people of their choice. Staff had supported people to maintain relationships with people who mattered to them and to avoid contact with people they did not want to see. Staff explained how they enabled people to have the information they needed to make decisions about sexual relationships and the steps they took to make sure that people were making informed choices and protecting their

health. If, depending on the circumstances, it was not appropriate for a member of staff to carry on this role, staff told us that, with the person’s permission, the service would arrange an advocate.

The service had an equality and diversity action plan for staff and had provided equality and diversity training for people who used the service.

Staff demonstrated that they understood the importance of respecting people’s choices and involving them in decisions. One member of staff told us, “It’s all about what they want to do. We come into their houses. They all have their own ways and we need to respect that.”

The service had a variety of systems for involving people in decisions and gathering feedback from them about the service. These included annual surveys, a forum for people using the service, and an advisory group. The manager visited people’s homes on a regular basis to seek people’s views.

Staff respected people’s privacy. In shared accommodation, people had keys to their rooms and staff only entered by invitation. Staff held regular one to one discussions with people using the service and these were carried out in private. Staff only shared information from these sessions with the agreement of the person concerned and kept a range of permissions on people’s files.



# Is the service responsive?

## Our findings

People told us that they chose what care and support they needed and staff supported them to live the lives they wanted to lead. They decided what they wanted staff to do for them. One person said, “I decide what I want to do and staff help me to do it.” People expressed confidence that staff would support them to undertake activities of their choice and to follow their interests.

The manager and staff confirmed that people were involved in drawing up and reviewing the plans for their care and support. These included their needs, choices and aspirations, including needs arising from their culture or religion, their choices in terms of the gender of staff and the times that staff supported them. People’s plans were reviewed on a three monthly basis but were amended more frequently to take account of people’s changing needs and preferences.

Care records were held on computers and all staff had access to these where people lived so that they could record people's activities and progress. This meant that records could be updated easily in response to changes in people’s needs and choices. If, for example a person had an injury, staff could mark this on a bodymap on the computer so that, if necessary the manager could access this from where she was and provide any necessary advice and guidance.

People told us about the variety of activities and hobbies which they engaged in with the support of staff. These included football, swimming, cookery classes, parties and holidays in England and abroad. Most people chose to take part in some social activities with other people in the house in which they lived, or with other people who were receiving support from the service. Staff had enabled some people to travel to and be employed in various jobs.

People said that they knew how to make a complaint and they had confidence that staff would respond and sort the problem out. A relative told us, “I have encountered very few problems over the years and when any have occurred I have found the staff to be responsive and any concerns I have had have been actioned and dealt with in a timely and sympathetic manner with [relative’s name]’s well-being at the forefront of any decision.”

The service had a policy and procedure for dealing with complaints. This included dealing with the complaint and feeding back to the person to let them know the outcome. The manager of the service had made her telephone number available to people who used the service and they were able to contact her directly with comments or worries. The manager told us that if a person decided that they no longer wanted to use the service, or the service could no longer meet their needs, the ‘Move on’ policy ensured that people were supported through the transition process.

# Is the service well-led?

## Our findings

People who used the service, relatives, staff and professional visitors all told us that the manager was accessible and enabling. People provided many examples of the open culture throughout the organisation, which respected diversity and made staff and people who used the service feel that their views were valued and respected.

People who used the service were encouraged to play as full a part as possible in making decisions about the way the service was run through meetings, forums and as elected representatives on the Trustee Board. They had access to policies and procedures in easy read formats and training in areas such as complaints and safeguarding.

Staff were encouraged to speak out about any poor practice and, in addition to staff meetings and one to one meetings with managers, they were asked to complete anonymous surveys prior to an annual staff day. This provided an opportunity for staff to raise issues and the matters raised in the surveys were used for discussion and to plan changes.

The manager had good systems for auditing the quality of the service. These included seeking the views of people at all levels, observing staff and checking on work carried out through accessing the electronic records. There were

audits of health and safety matters and regular reviews and updates of policies and procedures. The manager described the process through which the management team reviewed all complaints, compliments and safeguarding alerts on an annual basis, to identify areas in which improvements could be made.

The service worked in partnership with other agencies. The manager subscribed to several care and disability organisations so that she received updates and alerts in relation to good practice and recent developments. The service was part of several networks, including the Birmingham Care Development Agency and the Birmingham Disability Consortium and was awarded Investors in People in May 2014, for three years. The manager was familiar with the CQC website which she used to make sure that the service was complying with the latest requirements for compliance.

The manager demonstrated that she had considered how to further develop the service for the benefit of people using the service. For example, there were plans to streamline the staff handbook to make it more accessible to staff and to recruit additional trustees to the governing board in order to expand the range of expertise in the field of learning disability and care. The service was committed to achieving the Investor in Excellence standard or similar (eg ISO).