

Bournville Village Trust

Bournville Village Trust - 191 Redditch Road

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 21 July 2015 and was unannounced. We last inspected this service in April 2013. At that time the provider was meeting the regulations and the needs of the people living at the home.

191 Redditch Road is home for up to five people who have a learning disability. The accommodation is on the ground floor. People each have their own bedroom and they share a lounge/diner and the kitchen. The home has two bathrooms which have been adapted to meet the needs of people who require support with their mobility.

There was 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.

People using this service were safe. The registered manager and provider had been pro-active in assessing, identifying and acting upon risks that people may present

Summary of findings

or be exposed to. Measures had been put in place to ensure these risks were well managed and that people were protected, however this was undertaken in a way that still enabled people to enjoy freedom, independence and to maintain their human rights.

Adequate numbers of staff were on duty. The staff had been well trained and had been supported to develop the skills they needed to meet the needs of the people they were working with. Robust checks were made on staff before they started work in the home to ensure they were suitable to work in adult social care.

Medicines were safely managed. Evidence was available to show people had received the medicines they had been prescribed.

People had been supported to stay healthy. Opportunities were provided and people had been supported to see a wide range of health professionals and to attend health related appointments.

People had access to a wide range of food and drinks. Assessments had been undertaken for people at risk of not eating and drinking sufficient amounts. People received food according to guidelines regarding the textures needed to enable them to swallow safely.

Staff were aware of their responsibilities under the Mental Capacity Act 2005. They had ensured people received the assessments and support they required and when necessary had made applications to the local supervisory body for Deprivations of Liberty Safeguards (DoLS) to protect their rights.

We observed and were informed that staff were kind and compassionate in the way they supported and cared for people. People were treated as individuals and had chance to pursue interests and hobbies that were of interest to them.

There was a complaints procedure in place. Following this would ensure that any complaints were identified and acted upon. No complaints had been received about the service offered at the home.

We received consistent feedback that 191 Redditch Road was a good place to live, to work and visit. We were informed that the home was well managed, and the findings of our inspection supported this. The registered provider had developed and used a wide range of tools and systems to ensure the service being offered was consistently safe and of good quality.

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.

We were consistently told that people living here were safe.

There were established systems to assess and plan for risks people might experience.

Systems were in place to ensure there were adequate numbers of staff that could meet peoples' needs, including supporting them with their medicines, and moving and handling.

Good



Is the service effective?

The service was effective.

We were consistently told that people living here received good care.

Staff received the training they required to develop and maintain the skills necessary to meet the needs of the people they were supporting.

Arrangements were in place to ensure people had enough to eat and drink. People had opportunity to choose the menu, and participate in cooking and preparing meals and drinks.

People were supported to maintain good health. Advice was sought from health and social care professionals when a person's needs changed.

Good



Is the service caring?

The service was caring.

People, relatives and professionals consistently told us that staff cared and worked with kindness and compassion.

People were supported to maintain their dignity and their human rights.

Staff were motivated and passionate about providing good care. They spoke with pride about the service they delivered and with enthusiasm about the people they supported.

Good



Is the service responsive?

The service was responsive

We were consistently told that care was delivered in an individual way, and that regular reviews ensured the care and support provided always met people's current needs.

People were supported to undertake activities that they enjoyed, that were individual to them, and which reflected their hobbies and interests.

Systems were in place to ensure that concerns and complaints would be taken seriously.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

We were consistently informed that this was a good service with an effective and approachable management team.

The registered provider and registered manager continually strived to improve the service and build on developments already made.

Bournville Village Trust - 191 Redditch Road

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 unannounced inspection took place on 21 July 2015. The visit was undertaken by one inspector. Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. The provider was asked to complete 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. This information was received when we requested it. Prior to our visit we also spoke with service commissioners (people that purchase this service on behalf of people living at the home) to obtain their feedback.

During the inspection we met and spoke with all five of the people living at the home, spoke with five members of staff, spoke with three relatives or friends of people, and two health care professionals. Some people's needs meant they were unable to verbally tell us how they found living at 191 Redditch Road, so we observed how staff supported people throughout the inspection. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us. We looked at records about staff recruitment, training, care and support and the quality and audit systems in place at the home.

Is the service safe?

Our findings

We observed the support staff offered to people during our inspection and we saw that people appeared comfortable, relaxed and that staff worked in ways that reassured people and reduced their anxiety. Relatives of people who lived at the home told us they had no concerns for people's safety and told us, "I have no concerns about [name of relative] safety" and, "My relative is unable to say much, however they would let me know if they were unhappy, and in all honesty, I have never seen[name of person] happier."

Staff we spoke with were all able to describe a wide range of safeguarding concerns, and described the action they would take in response to abuse being reported or suspected. Staff described the actions they took each day to keep people safe. They were aware of their own responsibilities for the safe running of the home for that shift and the needs and risks associated with particular people they were supporting that day. Staff we spoke with told us, "I have never had any concerns about the safety of the people here" and "This is one of the safest places I have ever been. Staff are so attentive and the organisation is very hot on working safely."

People were supported and encouraged to be as independent as possible. Sometimes there were risks to the person or to others associated with this independence. Staff explained how they tried to help people to do what was important to them while considering the risks. They told us, "We try and support people to do whatever it is they would like to do, we think through the safety and issues and risks and record it."

Some people we met communicated their distress or needs through their behaviour. We observed the way staff supported people to stay calm, and the actions they took throughout the inspection to support and reassure people. Staff explained that one person asked every day about the food on the menu, and which member of staff was sleeping in that night. Staff answered the person's questions quickly understanding this could become a potential source of anxiety for the person if the questions were left unanswered.

The systems to ensure the safe administration of medicines were robust. The stocks of medicine and records we checked provided evidence that all medicines had been administered as prescribed. We observed the staff supporting people at a pace and using words and techniques that they could understand to help them take their medicines safely. The supplying pharmacy confirmed that the medicine management was good. They told us that the staff were well trained, and identified any problems as they checked the medicines into the home, which enabled them to be quickly rectified. This meant people always had the correct medicines available.

We observed staff supporting people to move around the home and out into the community. This activity was completed safely and people were not rushed by the staff supporting them. Staff we spoke with and training records we viewed showed staff had been trained in safe moving and handling techniques.

Members of staff and relatives told us the number and quality of staff working in the home was enough to meet people's needs. We observed that staff were able to respond quickly to people's requests and needs. Some people had dedicated staff to support them with an activity. These staff supported people consistently, and enabled them to have fulfilling and interesting opportunities during the day. We asked the registered manager how they could be certain there were enough staff on duty. They were able to explain how they calculated the numbers and the opportunities they had to "flex" these when people had specific appointments to attend, or if their needs changed.

We looked at recruitment records. New staff did not start work at the home until robust recruitment procedures had been completed. There were also systems in place to ensure people who had worked at the home for some time remained suitable to work in social care. Staff we spoke with confirmed they had been asked to provide references, attend an interview and apply for a Disclosure and barring check (DBS) before being allowed to work in the home.

Is the service effective?

Our findings

Relatives we met and spoke with described having confidence in the staff and their ability to meet their relative's needs. They shared with us specific examples of things members of staff had done with their relative that had a positive experience on their life. These included pursuing specific health related matters for people, as well as helping them achieve personal goals.

Staff we spoke with reported that they had received plentiful, good quality training in their time employed at the home. Their comments included, "We get loads of training, it has all been either about working safely, or about how to meet the needs of the people that live here" and "We've had plenty of very good quality training. I don't think you could beat Bournville Village Trust (BVT) for training their staff."

Staff who had started work more recently told us they had received an induction, and had the opportunity to shadow more experienced members of staff before being expected to work on their own. The staff we spoke with all told us that the needs of the people they were supporting had changed over time and that they had been provided with further training to meet people's needs in areas where they had less experience and knowledge. Feedback we received from professionals who had supported people living in the home was entirely positive about the attitude and skills of the staff team.

Staff we met and spoke with were knowledgeable about the Mental Capacity Act 2005. Staff were aware of the deprivations that had been identified for people living at the home and the actions they were taking in response to these. We observed and heard people being consulted and asked for their consent before being administered their medicines, undertaking an activity or being moved for example. Staff showed a high regard for people's human and legal rights and showed commitment to ensure they worked in a way to protect these rights.

Staff and people's relatives told us about improvements to people's health that had occurred since they had moved to the home. Staff, relatives and records we looked at showed that people had been supported to see a wide range of health professionals and received the support they needed to attend appointments at clinics and hospitals. One member of staff told us, "I think we have every available

professional on board to help people." We looked in detail at the work undertaken by the home to assess risks to people's health (such as changes in their weight), to monitor people's health conditions, and to plan care where a need was identified. We saw that checks to monitor people's health, such as checking the condition of their skin had become an integral part of the daily support staff offered people. This ensured that changes in people's condition and needs would be quickly picked up. One relative we spoke with told us, "They [staff] are very attentive to [my relative's] healthcare needs. They notice even tiny changes and let me know, and involve the necessary professionals." Feedback from health professionals confirmed the home followed their instructions and worked co-operatively with them.

A wide range of food and drinks were available. People were able to contribute to menu planning and to participate in food shopping to ensure they obtained food they liked and which met their cultural needs and preferences. One person's relative explained how pleased they were that their relative had been supported to try new foods, and was now eating a more varied diet. They went on to say, "He loves the food. The staff try to give [my relative] food he likes. Most of the meals are cooked from scratch."

Some people required the texture of their food to be altered to enable them to swallow it safely. We found that specialist assessments and guidelines had been undertaken. We observed the preparation of the lunch time meal and the support people had to eat. We found that these guidelines were strictly followed, and staff we spoke with were aware of each person's individual eating and drinking needs and preferences.

One person's medical needs required their food to be cooked in a specific way. Staff we spoke with were able to describe how they did this, and we observed that it was cooked separately from the other people's food, to ensure everyone had food prepared in a way that would meet their individual needs.

The staff had completed a specialist tool that helped to identify if people may be at risk of not getting enough to eat or drink. This assessment had been kept under review and changes in people's weight had been identified and

Is the service effective?

advice sought from the person's doctor. This was an effective way of ensuring changes in people's needs were picked up quickly and action taken to get the person the support they required.

Is the service caring?

Our findings

We observed members of staff supporting people with compassion and warmth and using friendly greetings when they approached people. Relatives we spoke with us told us, “They [staff] are wonderful, wonderful staff. Just so kind”, “You wouldn’t find another care home in Britain as caring as this one-they are exceptional” and “[name of person] is fortunate in my opinion to be there. They [staff] care for him as a member of their own family.”

We observed staff working consistently in a respectful way, helping people to maintain and promote their dignity. People were offered the opportunity to get up and to undertake their personal care and morning routine at a time that suited them. Staff explained to us that sometimes one person declined to get up. The staff went on to explain that they checked the person was comfortable in bed, gave them a drink, their medicines and something to eat and then left them. Throughout the inspection we observed staff checking and reporting back to ensure this person was comfortable. Doing this was a way of respecting the person’s rights and choices. One relative told us that their family member was often reluctant to undertake their

personal care. They described the ways staff had tried to encourage this, and described staff working patiently, creatively and with compassion to ensure the person maintained a good level of personal hygiene.

We observed that staff support was arranged in such a way that people had time each day where staff were able to spend time with them. During the inspection we observed that some people had quality time talking with staff, talking through anxieties and up-coming events, some people were able to undertake an activity. People’s healthcare needs meant they gave us very limited verbal feedback, but what they did say was positive. We also observed from people’s mood and body language that they were happy and relaxed and had enjoyed the experience of going out. Staff we spoke with demonstrated that they had come to know and value the people they were working with. They were aware of people’s individual interests and goals.

People used a range of different methods to communicate. The sounds and gestures that people used had been recorded in the person’s care plan to ensure all staff had access to this information. People that had the best knowledge of the person, such as staff who had worked with them for a long time or a relative had suggested what they thought the communication meant. This meant the person could be supported by staff that consistently understood what they were communicating.

Is the service responsive?

Our findings

People had been encouraged as far as they were able to plan their care and support needs. Written care records we looked at were individual to each person, and there was a strong sense of the person's views and involvement in developing the plan.

The written plans we looked at were thorough and contained a lot of detail about each person, and how they liked their needs to be met. We saw that the plans had been reviewed each month, and as people's needs had changed to ensure they stayed up to date and reflective of the person's most current needs and wishes. The written records we looked at reflected the person's "whole life" including their goals, skills, their faith and people important to them.

People had opportunities to do things each day that they enjoyed. Staff had worked with each person, and where appropriate other people who were important to them, to find out what each person liked to do, their interests and hobbies. Where possible staff had supported people to take up hobbies or activities that reflected these strengths and interests. Staff explained that one person liked to visit a take away restaurant in the area where they had grown

up, another person liked staff to read passages from the Bible to them, and another person enjoyed going out for breakfast. Staff were also aware of the other activities and venues that were special for each person. One relative explained that their loved one was often reluctant to go out and partake in activities, however they told us, "They [the staff] keep trying to think of and offer him things that he might like to do."

Relatives confirmed that the manager placed great value on maintaining relationships with people's family and friends. Staff we spoke with described how they supported people to take holidays close to relatives they might not see regularly. Relatives we spoke with said, "They always make me feel most welcome", and "It has been very special to have [name of person] visit us at our home. We could never have imagined that happening. "

People were encouraged and supported to give their views and to raise concerns and complaints. People had the opportunity to talk with the manager or their key worker if they had any concerns or questions about any aspect of their care or the running of the home. There had been no complaints, but the provider had a process and procedure by which they could identify, capture and take action on complaints if necessary.

Is the service well-led?

Our findings

People spoken with about 191 Redditch Road have consistently described it as good. Health professionals confirmed that the home worked co-operatively with them, and that the health outcomes for people were positive because of the work and approach undertaken by the staff team. A member of staff we spoke with had worked at the home for many years and they told us, “I love working here.”

The registered provider had set out a vision and values for the organisation. These were on display, and staff we spoke with were aware of them. The observations we undertook in the home showed staff understood and implemented these values in the way they supported and interacted with people.

We observed staff working in ways that were inclusive. Staff enabled people to be as independent as possible, providing support and verbal prompts and encouragement when people needed this. Staff had used pictures, symbols and objects of reference to help people actively contribute to the running of the home, to make decisions about their own care as well as about key decisions such as the décor of the home and menu planning.

Staff we spoke with were clear about their role and what was expected from them. Staff were able to describe the responsibilities and their role for that shift, wider responsibilities they held such as for food hygiene or fire safety, and were able to describe the values and attitudes that were expected of them by the manager and the organisation.

The home had a registered manager. Feedback was consistently good about their leadership of the home. We observed that the manager was often interacting with people using the service, supporting the staff and role modelling a positive response to people's needs. Organisations registered with CQC have a legal obligation to notify us about certain events. The registered manager had ensured systems were in place and staff had the knowledge and resources to do this.

The registered provider and manager had developed tools and appointed people within the organisation to check on quality and to ensure best practice was being delivered within the home, which demonstrated their commitment to continuous service improvement and development.