Walsall Metropolitan Borough Council

Fallings Heath House

Inspection report

Walsall Road
Wednesbury
West Midlands
WS10 9SH

Tel: 01215686297

Date of inspection visit:
11 July 2017

Date of publication:
28 July 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 July 2017 and was unannounced. At the last inspection completed on 06 August 2015 we found the service was meeting all of the legal requirements we looked at. We provided an overall rating for this service of 'good' with a rating of 'requires improvement' under well-led. At this inspection we found the service remained good. Some improvements were still required under 'well-led'.

Fallings Heath House is a is a residential home providing respite accommodation for up to eight people with a range of support needs. Many people using the service have physical and learning disabilities. At the time of the inspection there were 38 people regularly using the service for respite stays. There were two people staying at the service during the inspection. The local authority had notified people using the service and staff of their intention to close the service. A date for closure had not been confirmed at the time of the inspection.

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.

Quality assurance systems were in place that identified areas of improvement required within the service. Systems were not in place to ensure staff training and development was effectively recorded and monitored. Records were not always in place to support decisions made in line with the Mental Capacity Act 2005.

People were cared for by a staff team who felt supported and were committed to their roles. People felt involved in the service and that their views were heard.

People were supported by a staff team who understood how to protect them from risk including potential abuse, accidents and injury. People were supported by sufficient numbers of care staff who had been recruited safely for their roles. People received their medicines safely and as prescribed.

People felt care staff had the required skills to support them effectively. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received sufficient amounts of food and drink. People were supported to maintain their day to day health.

People were supported by care staff who were kind and caring towards them. People's dignity was protected. They were supported to make choices and to maintain their independence.

People received care and support that met their needs and preferences. Care plans were in place which were reviewed regularly and updated when needed. People were supported to access leisure opportunities and to pursue personal interests.

People's feedback about the service was sought. Any concerns or complaints were addressed appropriately and improvements made where necessary.

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 supported by a staff team who knew how to protect them from risks such as abuse or injury. People were supported by sufficient numbers of staff. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by a staff team who had the skills to support them effectively. People's rights were upheld when they lacked capacity to make choices around their own care.

People's day to day health was maintained and they were supported to eat and drink appropriately.

Is the service caring?

Good

The service was good.

People were supported by a staff team who were kind and caring towards them. People were given choices around the support they received. Their dignity was protected and independence promoted.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their needs and preferences. People were enabled to be involved in decisions about their care plan and their needs were reviewed.

People were supported to access leisure opportunities and chose how to spend their time.

Is the service well-led?

Requires Improvement

The service was well-led.

We found some improvement was required to ensure accurate records were kept around training and the Mental Capacity Act 2005.

People told us they felt the service was well-led. They felt involved in the service and that their voices were heard. Quality assurance systems were in place to identify areas for improvement.

Fallings Heath 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 11 July 2017 and was unannounced. The inspection team consisted of 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.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with three people who used the service and two relatives. We spoke with the registered manager, the cook and five members of staff including senior reablement officers and reablement officers (care staff). We carried out observations regarding the quality of care people received. We reviewed records relating to two people's care including their medicines. We also looked at records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. They told us they felt protected by the staff and also within the building. One person said, "I feel safe in the building, you have to buzz to get in. Any people coming in are greeted by a member of staff. There's only one way in and one way out". Staff we spoke with were able to describe signs of potential abuse and how they would report these concerns. We found where concerns had been identified about people they had been reported to the registered manager and to the local safeguarding authority as required by law. This had enabled plans to protect people from further harm to be put in place where appropriate.

We found people were protected by a staff team who understood potential risks to them and how to keep them safe from harm such as injury or ill-health. A person told us, "The night staff keep me safe – they're nice, they sometimes peep through the door to see if you're alright". We saw risk assessments were in place that were personalised to each individual's needs. Staff we spoke with understood the risk assessments and could describe how they protected each person within the service. We saw health and safety systems were in place to ensure people were protected from any risks associated with the environment within the service.

People told us staff were available to support them when required. One person told us, "Always staff around". Another person said, "If I need urgent assistance I wear a buzzer around my neck and I just press that and someone will come". People were supported by sufficient numbers of staff to keep them safe and to meet their needs.

We saw systems were in place to ensure new staff members were recruited safely for their roles. We saw from records that pre-employment checks such as references and Disclosure and Barring Service (DBS) checks were completed. DBS checks enable a potential staff member's criminal history to be reviewed to ensure they are suitable for employment.

People were happy with the support they received with their medicines. One person told us, "Staff give me one tablet 9 am every day, they don't wake me up to take it if I'm asleep, I have it when I wake up". We found people received their medicines safely and as prescribed. We saw the administration of people's medicines was recorded on Medicines Administration Records (MARs). There were systems in place for checking medicines into and out of the service when people arrived for respite stays. We saw the registered manager or staff team had sought advice from the prescribing GP when guidelines around when people needed any 'as required' medicines were unclear. This was to ensure people continued to receive their medicines as needed during their respite stay.

Good

Is the service effective?

Our findings

People told us care staff had the skills required to support them effectively. Relatives we spoke with also supported this view. One relative told us, "Staff are well trained". Staff told us they were able to access regular training and support. One staff member said, "[Managers] are always supporting me and I always go to any [training] updates needed". Staff told us that the frequency of training had reduced following the announcement the service will close. However, they told us they continued to receive support from management and had the skills needed to support people safely.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us care staff gave them choices around the care they received and encouraged them to provide consent. We saw care staff asking people for permission and seeking their consent before they provided support during the inspection. We found staff had a basic understanding of the MCA. Staff knew to refer any concerns to the registered manager who had a more in-depth knowledge and understanding. We found decisions were made in people's best interests where appropriate and were as least restrictive as possible. For example; one person would refuse meals however staff understood they lacked capacity to make safe choices around their food and drink. A care plan had been developed to ensure staff continued to place food in front of the person as it had been established they would continue to eat if this action was taken. Where people were deprived of their liberty applications had been submitted appropriately to the local authority as required by law.

People told us they enjoyed the food they ate and were given choice around the meals they received. One person said, "The meals are lovely". Another person told us, "My favourite meal is pie and chips. I had that yesterday and today I've ordered sausage chips and mushy peas". A relative told us, "[Person's name] is a fussy eater but the cook will always get whatever [they want] in for them". We spoke with the cook who demonstrated a good knowledge of people's needs and preferences. Where people had special dietary requirements these were known to staff and understood. People were supported to eat sufficient quantities of food and drink. People received appropriate support and were encouraged to be as independent as possible by preparing drinks and eating themselves.

People were supported to maintain their day to day health. One person said, "I'm diabetic. Staff check my blood sugars. They are gentle". Another person said, "I had cramp in my leg. I told staff and they looked after me". A relative told us how staff had sought medical attention for a condition that arose during a respite

stay. They told us how staff had followed the advice of medical professionals resulting in the condition being treated and resolved before the person returned home. We saw from care records that intervention and support was sought from health and social care professionals when needed.

Good

Is the service caring?

Our findings

People told us care staff were kind and caring towards them. One person said, "I like the way they [staff] look after me. All staff are very friendly". Another person said, "I was worried about something yesterday I worry a lot, staff came and talked to me in my room and sorted it out, I feel better now". A relative told us, "Staff are approachable and accommodating, they give excellent care and cater for individual needs". We saw positive interactions between care staff and people who used the service. Staff we spoke with were passionate about the care they provided and demonstrated a commitment to their roles. Staff were undergoing a period of uncertainty around the future of their roles and employment status yet continued to remain committed to the people they supported and provide a high standard of care. Staff told us the people they supported motivated them in their roles. We found staff considered people's emotional well-being while they were at the service. For example; one person became anxious during fire alarm tests so these tests were scheduled at a time when the person would not be present.

People told us care staff promoted choice around the care they received. People told us and we saw from care records that people were given choices around all aspects of their care; including the food they ate and how they spent their time. A staff member told us, "Everyone is an individual".

People told us their dignity was protected. One person said, "Staff knock the door before they come in". Staff were able to describe how they protected people's privacy and dignity. They gave us examples of how they would ensure curtains and doors were closed before they began to provide personal care to people.

People also told us their independence was promoted. One person said, "I can make my own drink anytime". Another person told us, "I can shower myself but need help with my hair". They told us care staff enabled them to do what they could for themselves. Staff were able to describe how they encouraged people to do as much for themselves as possible. The practice described by staff reflected the information we saw recorded in care plans and daily care records. This included taking steps such as encouraging people to make their own drinks where possible, to complete as much of their own personal care as possible and to go to the local shops to buy their own toiletries and personal items when needed. We saw people were able to move around the service freely and without restriction.

Good

Is the service responsive?

Our findings

People told us they received care and support that met their personal needs and preferences. They told us they were involved in conversations about their care. One person said, "My [relative] comes to meetings and we talk about me coming here". A relative said, "I attend all meetings and reviews, communication is excellent. If there are any changes…then this goes into the care plan". Another relative said, "[Person's name] wears a [special equipment] which was changed. They [staff] took a snapshot of how it should be put on correctly and then this was [communicated] to all staff and then also put into the care plan". Staff we spoke with knew people well and understood how to support them responsively and effectively. We saw care plans were in place that contained information around people's support needs and preferences. We saw where possible people were encouraged to sign their care plans to demonstrate their involvement and consent. Staff told us they were fully involved in developing people's care plans and felt they reflected people's needs well. One staff member told us, "[The care plans] are quite indepth…If anything changes slightly we record it". We saw care plans were regularly reviewed and updated.

Relatives told us prior to each respite stay a telephone call was made by the service to check whether there were any changes in people's support needs. We saw this reflected in people's care records. Staff told us they were kept informed about changes in people's needs through daily handover sessions which took place each time the staff team started and ended their shift.

People were encouraged to access leisure opportunities and to pursue any personal interests while staying at the service. We saw people were involved in trips out within the community to local attractions, the park and to the shops. One person told us, "Yesterday we went out and walked to the local shops". People were given a choice about the activities they wanted to complete. Where people chose to stay in the service they were also supported to make choices around how they spent their time. A person said, "I like doing jigsaws and listening to music. I normally bring my own radio so I can listen to my favourite programme". Another person said, "I've got a TV in my room and I like watching DVDs". Staff we spoke with recognised these preferences and understood each person's needs. Staff told us about informal social events that took place such as BBQ's. We also found people could link in with activities organised by the day centre situated within the service. A person said, "I go into the garden or go and do activities in the day centre".

People told us they felt able to raise complaints when needed. One person said, "If I had a complaint I'd go to the manager. They would sort it out straight away". A relative told us, "I would raise any concern with the managers I tend to pop in a lot, I would just go and talk to them, I've never had a problem with any of the staff". We saw people and their relatives were encouraged to provide feedback about the service and to share any concerns or complaints they may have. We saw feedback questionnaires were issued following each person's stay in respite. Where concerns had been identified these were addressed and action taken where appropriate. We saw improvements had been made to the way the staff team checked in new medicines as a result of feedback received. We also saw that care plans were updated as a result of feedback about people's experiences during respite stays. We saw where complaints had been received these were recorded. There were two complaints currently recorded as received and were under investigation.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection completed in August 2015 we found the provider needed to make some improvements under this key question. We found records relating to staff training, recruitment and medicines audit were not always in place and effective. At this inspection we found improvements had been made to medicines records, audits and recruitment. Although improvement was still required around records relating to staff training and development. We also found decisions made under the MCA had not always been clearly recorded.

We found systems were not in place to ensure staff had suitable skills and clear records were kept around staff training and development. While people and their relatives told us staff had the skills needed to support them effectively, the registered manager was not always able to demonstrate up to date training was provided. For example; the training records showed not all staff had completed training in the Mental Capacity Act 2005 and over one third of the staff team had no recorded training in moving and handling. Staff who had completed training in moving and handling had no recorded refresher training or checks on their competency in over two years. The registered manager provided assurances that up to September 2016 a senior member of staff that had up to date 'train the trainer' qualifications had ensured staff had the required skills and competency although a formal record of checks was not completed. Since this time there was no system in place to ensure that staff had the required skills to support people safely. We did not identify any staff members who did not have the skills to support people safely. The registered manager also took steps to ensure training records were reviewed and any gaps in training records were addressed immediately following the inspection.

We saw systems were not always in place to ensure that decisions made on behalf of people who lacked mental capacity were recorded in line with the Act. We saw where necessary appropriate decisions were taken however, the registered manager had not ensured that assessments of people's capacity around specific decisions were recorded. We also saw that records were not kept around who was involved in making best interests decisions and why certain decisions were made.

We saw that quality assurance systems were in place to identify areas of improvement and issues within the service. We saw systems were in place to review people's care needs and to make changes to support provided where appropriate. We saw systems were also in place to review specific areas of care provided; for example medicines management. We saw errors in the administration or recording of medicines were identified and appropriate action was taken where needed. We saw feedback was sought from people using the service and their relatives. Where areas of improvement were identified action was taken to make improvements and to resolve any concerns. We saw extensive checks were in place around health and safety within the service. We also saw any accidents and incidents that arose were recorded. Accident and incident records were reviewed by managers and action was taken to make improvements and reduce future risks where appropriate.

People told us they were happy staying at the service. Relatives also supported this view and told us their family members 'absolutely loved' going to stay at the service. They felt involved in the service and told us

they were listened to if they had any concerns. People told us they felt comfortable speaking with all staff members if they needed to discuss anything about the service they received. They told us managers made an effort to speak with them and this was supported by relatives we spoke with. One relative said, "The managers always come and introduce themselves and ask if I've got any concerns". People told us they had been spoken with about plans to close the service and alternative provisions were currently being sought for them.

Staff told us they felt well supported by the management team which included the Senior Reablement Officers. "I think [the manager's] are really good". They told us managers had a good rapport with care staff but were able to be serious when needed. Care staff told us management were very hands on and would provide support when needed. A senior member of staff supported this statement and told us they felt it was important for them to demonstrate their own skills with people. They told us, "How can you lead someone if you don't know how to do it". We found the management team were currently leading care staff through challenging times due to the announcement around the closure of the service. Staff told us they felt well supported overall and continued to be motivated to support people to the best of their abilities. Some care staff did raise concerns about their one to one meetings with managers and staff meetings reducing in frequency due to the proposed closure. For some care staff this remained important to them. We shared this feedback with the registered manager who advised they would discuss this with the staff and management team to agree how this would be managed over the coming months.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary. The management team were committed to improving the quality of service provided to people living at the service.