

Shaw Healthcare (Specialist Services) Limited

Sparrowfields

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We inspected this home on 06 and 07 January 2016. The visit was unannounced. The home is registered to provide personal care and accommodation for up to six people who have a learning disability or autism. At the time of our inspection six people were living at the home.

The service was last inspected in October 2013 when we found the provider was fully compliant with the regulations we inspected. Sparrowfields does have a registered manager; however they were not present at the time of inspection as they were on leave and preparing to leave the service. A temporary manager was in post and the provider had begun recruiting for a new registered manager. 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 we spoke with told us they felt safe living at Sparrowfields. Staff were aware of the actions they needed to take to ensure people stayed safe, and we observed them working in accordance with the written plans and risk assessments.

People could be certain they would receive their medicines safely and as their Doctor had prescribed.

Summary of findings

There were not always enough staff on duty, and sometimes the staff available lacked the competencies required to meet the needs of the people living at the home. Staff had been provided with training about the Mental Capacity Act 2005 (MCA). However the staff we spoke with were unsure of how this applied to their work.

People were supported to attend a wide range of health appointments. This helped to maintain their physical and psychological well-being.

People had the opportunity to choose, buy and prepare their own food; however people were not offered consistent help to make healthy choices.

Everyone we spoke with told us, and we observed that staff worked with kindness and compassion. The staff provided people with the support and reassurance they required to help them stay calm and to feel settled.

People had been supported to make plans for their life and to undertake activities that were of importance and interest to them.

The registered provider sought feedback from people, and had used this to further improve and develop the service.

The service was in a transitional phase with a new registered manager and a new shift leader being recruited. The registered provider had taken action to minimise the impact of this on people, and people had the opportunity to be involved in interviewing and recruiting the new staff.

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 not consistently safe.

There were not always enough staff, or enough staff with the required experience or of the required gender to support people safely, and in the way they required.

Risks were not consistently well managed to ensure people and those around them would be as safe as possible.

People told us they felt safe, and staff, relatives and professionals confirmed this.

Action had been taken to ensure medicines were safely managed.

Requires improvement



Is the service effective?

The service was not always effective.

People did not always receive support from staff that were aware of their specific responsibilities.

People enjoyed the food provided, but people were not consistently supported to make healthy eating choices.

People got the support they required to meet their healthcare needs.

Requires improvement



Is the service caring?

The service was caring.

People, their relatives and our own observations showed that staff supported people with kindness, compassion and patience.

People's dignity and privacy was maintained.

Good



Is the service responsive?

The service was responsive.

People benefitted from a service that was tailored to their individual needs and wishes.

People had the opportunity to undertake a wide range of interesting and stimulating activities that they enjoyed.

The registered provider listened to people's feedback and took action to develop and improve the service.

Good



Is the service well-led?

The service was not consistently well led.

Good



Summary of findings

Action was being taken to recruit a new registered manager and a shift leader. Interim measures were being implemented to ensure that stable and effective leadership would be provided.

Systems to monitor the quality of the service had been effective, and action had been taken or planned to develop and improve the service where shortfalls had been identified.

Sparrowfields

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 06 and 07 January 2016.

This inspection was undertaken by one inspector.

When planning the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had 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 reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We also contacted the local authority who commission services from the provider for their views of the service.

During the inspection we met and spoke with all six of the people who lived in the home. We spent time observing day to day life and the support people were offered. We spoke with three relatives of people and received feedback from six health and social care professionals who support people living at the home. In addition we spoke at length with five care staff, and two representatives of the registered provider.

We sampled two people's care plans and medication administration records to see if people were receiving the care they needed. We sampled three staff files including the recruitment process. We looked at some of the registered providers quality assurance and audit records to see how they monitored the quality of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Sparrowfields. People described some of the actions staff undertook to ensure they felt safe and to ensure that they received reassurance and support about things they might become anxious about. People's comments included, "I really like it here. I feel happy," and "I do feel safe."

Relatives we spoke with also reported that they had no concerns about people's safety. Their comments included, "I have no concerns about [name of relative] at all. The staff go above and beyond the call of duty to ensure people are safe, happy and well cared for." Professionals we spoke with described how the service provided at Sparrowfields achieved a balance between recognising and managing people's personal risks while enabling them to live active and full lives.

Staff we spoke with told us they felt people living at Sparrowfields were safe. They shared examples of the actions they took every day to help people stay safe. This ensured people's personal safety was well monitored, and that action was taken to ensure the home was a safe place to live, work and visit. Staff we spoke with were aware of their responsibilities to report incidents that could be safeguarding. Staff were able to describe how they would do this, and where they would seek further support if they required it.

We looked at the records showing how risks people faced had been assessed and managed. We found these documents were informative and practical. Staff we spoke with were aware of the documents and could describe practically how they supported people in ways that complied with the risk management guidance. During our inspection we observed staff adhering to the risk assessments and supporting people as the risk assessments described. However we found evidence that some events had occurred that could have been relevant to the review of people's risk assessments. The events had not been recorded or shared using the registered providers established systems, and so had not been used to contribute to the effective review of people's care and support. The events recorded were relevant to significant risks that people had experienced previously, and there was potential that if not well managed the person themselves or other people could be placed at risk of harm.

Failing to accurately monitor and review risks may result in people not receiving the support they require. During feedback we shared this and received assurances that this would be addressed and improved.

Notifications sent to the Commission by the registered manager identified that in the past year there had been seven incidents where medicines had been mismanaged. We looked at the management of medicines to ensure the necessary action to investigate these errors and reduce the chance of further errors occurring had been taken. We found that the registered provider had taken significant action to improve medicines management. Staff we spoke with who had responsibility for administering medicines were able to describe how they did this safely. The pharmacy that supplied the medicines to people had undertaken a recent audit. They reported that medicines were now being well managed. We found evidence that supported this. People benefitted from good medicines management.

We looked at the process used to ensure that new staff were recruited using robust checks. The records available in the home identified that while the correct checking processes were in place there had been some shortfalls in the recruitment process for all three people whose files we looked at. One of the files was of particular concern, and did not provide evidence that people were being protected by robust pre-employment checks on new staff. The representatives of the registered provider agreed that the checks were not adequate and took immediate action to improve on the situation.

We looked at the number of staff on duty and how the registered provider ensured there were enough staff to meet people's support needs. The registered provider was in the process of recruiting some new staff to fill vacancies that had recently arisen. They had taken action to ensure stability within the staff team until permanent staff were in post by using bank staff and moving staff from other homes within the organisation. This minimised the disruption and impact on people living at the home. The rota, our observations and discussions with staff and people living at the home confirmed that there had not always been the correct number of staff, or the correct skill and gender mix of staff to meet people's needs to help them live the active

Is the service safe?

lifestyle many of the people enjoyed and required. The registered provider had already identified this and was taking action to review the situation and to promptly make the necessary changes.

Is the service effective?

Our findings

We spent time talking with people about the skills and abilities of staff that ensured their care needs were met. People told us, “The staff know me really well. They know how to help me.”

A member of staff told us how they were supported to get to know people and their needs when they started work at the home. “I was provided with training and had chance to see how people were supported before I provided the care myself.” We were informed that new staff that had recently been recruited had to complete the care certificate. This was a way to ensure new staff had a foundation of knowledge to start working with people safely, and that they were aware of good practice guidelines.

Staff told us that they received handovers from senior staff before they started each shift in the home and said communication was good within the team. We observed one handover and saw that information was shared which ensured staff were kept up to date with how to meet people’s specific care needs.

Staff told us they had received training, and records showed that training on a wide variety of topics had been provided. Staff told us, and records supported that this training was not all up to date. Providing these updates and new training would ensure people were always supported by a staff team that were up to date with safe and best practices. Staff told us that supervisions were offered but that these had not been as frequent as usual due to changes in leadership. Despite staff reporting this the provider informed us that their own records showed that 93% of staff had received a formal, recorded supervision. Staff described ways that they supported each other, and described ways that shift leaders and senior managers from within the organisation had supported them.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with had received training about their responsibilities to promote people’s rights in relation to the MCA. While we observed that staff supported people in a way that reflected the principles of the act, staff we spoke with were unsure of how to apply the training to the specific care and support they were providing. We saw that staff regularly sought consent from people before attending to their daily living needs.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation.

People were supported to be as independent as possible in shopping, planning and preparing their food and drinks. People explained how they had an individual weekly food budget, and were able to plan meals that they liked, and then shop for them. People described meals they had tried and made, which included foods that reflected their culture. One person told us what they had eaten for breakfast. We asked them about it, and they smiled and told us, “That’s my favourite breakfast. I love it.”

People had been supported to monitor their weight regularly. One person had been supported to reduce their bodyweight when it had been identified this could have a negative effect on their long term health. Both the person and their family shared with us the positive impact this had achieved. Other people had not been given this consistent support and the meals they had chosen and cooked had not helped them eat a healthy diet or maintain a healthy body weight. The representatives of the registered provider agreed with the findings of the inspection that both people and staff needed additional support in this aspect of care.

People told us, and records were available to evidence that people got the support they required to see a wide range of health professionals. One person confirmed, “I get to see the Doctor, Dentist and I get my glasses from [name of the opticians.]” We observed changes in people’s health needs over the time of our inspection. Staff also noted these changes and took prompt action to get people medical treatment. Relatives confirmed that staff identified changes

Is the service effective?

quickly and took action when people's health care needs changed. Their comments included, "My relative has

experienced issues with both his physical health and mental health. The staff were quick to notice and get him the help he needed. I could never repay them for what they have done for him."

Is the service caring?

Our findings

People told us that the staff were kind, caring and helpful and this was confirmed by their relatives. One person told us, “I really like my keyworker, but I get on with all the staff” and, “I’m happy here. The staff all are individual, but we get on well.” Relatives supported this view and their comments included, “There are some exceptional staff. My relative is not always nice to them, but regardless of that they are always fair, kind and positive”, and “The staff have a ‘can do’ attitude. I would describe many of them as exceptional, but I would describe all of them as caring and supportive.”

A person living at the home told us that visitors were able to visit anytime and that visitors were always made welcome. Relatives we spoke with told us they were always welcomed to the home, and one relative expressed their pleasure at the work undertaken by the staff to help keep the family in touch with each other.

We saw positive and respectful interactions between people and the staff. Some people were able to talk to staff in depth and explain what they wanted and how they were feeling. Other people needed staff to support them to express themselves. We observed staff responding to people’s needs in a timely and dignified manner. The registered provider was aware of the impact the change of

registered manager could have on people and were demonstrating compassion to people by providing opportunities for people to talk about their anxiety relating to this change, and contributing to recruiting a new manager. We observed examples of staff acting in caring and thoughtful ways.

The provider stated in the provider information return (PIR) that they promoted respect and dignity. Staff we spoke with told us how they promoted dignity and respect. One person told us, “Yes, staff do respect my choices.” One member of staff told us, “People all have their rights. It is our job to help them live these out.” People were routinely involved in planning how their care needs were to be met in line with their own wishes and preferences.

We observed people making use of the communal areas and their bedrooms to ensure they had time with others or on their own. People told us that they were able to meet with their family in their rooms if they wished to. People were able to lock their room, and had their own keys to keep their things safe. Some people needed regular reassurance about issues that could cause them anxiety. We saw that staff actively engaged with people and communicated with them about these issues in an effective and sensitive manner.

Is the service responsive?

Our findings

People told us they had been involved in the planning and reviewing of their care. They were happy with the quality of the care which was provided in the way that they wanted. One person told us, “I go to all the meetings. I can’t write anything down myself, but I tell my key worker and she makes sure it all goes in the file.”

People had care and support from staff who knew them and had information to provide appropriate care. Care plans included people’s personal history, individual preferences and interests. The written plans reflected people’s care and support needs and contained a lot of specific information and guidance for staff to enable them to provide individualised care and support. The plans had been regularly reviewed with people and any changes had been updated. Key workers [who are named workers assigned to support specific people] were able to describe people’s life histories and things that were of importance to individual people.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. People were able to describe with pleasure plans they had made for the coming year and places they had previously visited.

People were able to support these experiences with photos, DVD’s and leaflets. People received the support they required to pursue their individual interests and hobbies and to have new life experiences.

People knew how to complain and were confident their concerns would be addressed. A person we spoke with told us, “I could tell anyone here if I felt unhappy, but I don’t [feel unhappy].” We spoke with people who had in the past raised a concern with the registered manager. They described the conversations they had undertaken together about this concern and the action they were aware had been taken. They reported that the situation was not fully resolved but had dramatically improved, and they felt happy with actions taken.

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was available in different formats to meet the communication needs of people living in the home. Records identified that people living in the home had raised concerns during the past twelve months. These had been recorded, taken seriously and feedback was given to people about the work taken to address their concerns. People we spoke with confirmed that things had changed and improved since raising a concern. This meant people benefitted from a service that was listening and developing in response to feedback.

Is the service well-led?

Our findings

Sparrowfield's registered manager had been in post for many years, and we were informed they were about to leave the service. They were not present for the inspection, but the interim management staff were. The registered provider had commenced recruitment for this post, and taken action to ensure that effective leadership was in place during this transition period.

The provider stated in the provider information return (PIR) that there were regular meetings to gather feedback from people and to plan together to improve the service. We were informed that people and their relatives were supported and encouraged to give feedback about the service. People and their relatives told us that the service held regular meetings which provided opportunities for people to express their views and experiences of life at the home.

The culture of the service supported people and staff to speak up if they wanted to. Information about raising concerns was clearly displayed around the home which was accessible in different formats to meet people's individual communication needs. Staff we spoke with were knowledgeable about how to raise concerns. They were able to describe their roles and responsibilities and knew what was expected from them.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

Staff told us that staff meetings were held regularly and were well attended. Dates for future meetings and suggestions for the agenda were on display within the home. We saw staff meetings took place and they identified that concerns received were shared with the staff to ensure improvements could be made and were used as a way of ensuring communication within the home was effective. Records of accidents and incidents demonstrated that the registered provider analysed the data to identify any trends or issues. Staff had a shared understanding of the key challenges within the service.

There were systems in place to monitor the quality of the home; these had been used to ensure the home was meeting the needs of people and complying with the requirements of regulation. The audit systems had been effective at identifying where improvements were needed and the registered provider had started action to meet these. Representatives of the registered provider who were present during our inspection confirmed that the issues we were sharing with them were consistent with their own findings of the home, and that actions were being taken as required. There were systems in place to review trends and themes in order to measure the quality of care. This meant people benefitted from a service that was continually under review and working towards improvement.