

Focus Birmingham

Millward Place

Inspection report

Monyhull Hall Road
Birmingham
West Midlands
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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 06 October 2016. This was the first inspection of the service since it registered with the Commission in 2015.

Focus Birmingham provides a personal care service for up to 14 people who all live in a complex of flats called Millward Place. At the time of our inspection all fourteen flats were occupied but only seven of the fourteen people were receiving the regulated activity of personal care. The other seven people living at Millward Place received support with maintaining their flat and accessing the community. This type of support is not regulated by the Care Quality Commission.

Millward Place had a registered manager. They were present throughout our inspection. 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 told us they felt safe receiving care from Focus Birmingham and living at Millward Place. Staff we met and spoke with had received training about the types of abuse and risks people receiving a supported living service might experience. They were confident they could identify this and were able to describe how they would report it.

Staff had received training that ensured they had the skills to work safely. This included being aware of how to handle food appropriately and how to respond to a fire in the event of an emergency. Staff had received training and checks had been made to ensure they were able to administer medicines safely.

People told us that there were not always enough staff on duty. Sometimes this meant people had to wait for their care and support and on occasions that people's activities had been cancelled or rearranged. The registered manager explained to us the work currently underway to ensure that adequate numbers of staff were provided.

People were being supported by staff they liked. The registered provider had tried to ensure staff that people knew either from the place they had lived or worked previously supported them. This helped people feel comfortable and settled in their new home and with their new care and support arrangements.

The staff had been provided with induction, supervision and training to ensure they had the skills and support required to support people well.

There were opportunities for people to purchase food and drinks that they had chosen and enjoyed. There were opportunities for people to eat together in the communal area of the flat complex. People told us both the food and the opportunity to see their friends was something they really enjoyed.

People had been supported to maintain their health and had been assisted to attend a wide range of appointments in the community and at local hospitals.

We received consistent feedback from people that the staff team all showed kindness and compassion. Members of staff we met were enthusiastic about the people they were supporting and described them with affection.

The care people received did reflect their individual needs and wishes, however people were not all certain they had been involved in writing or reviewing their plan of care. Everyone receiving personal care at Millward Place was living with visual impairment or sight loss. Records and policies including people's care plans had not been written or presented in a format that people could access or understand.

There were opportunities for people to undertake activities relating to running a home as well as opportunities to pursue a hobby or interest. People were supported and encouraged to make and maintain friendships and to see their family.

People told us they currently had no complaints but told us that they felt confident to raise any ideas or concerns with the registered manager or staff team.

Feedback about the management of the home was consistently positive. The registered manager had worked hard to establish a culture that was empowering and supportive for people. The registered manager was aware of the requirements of registration but needed to ensure she kept her knowledge about developments in the field of adult social care up to date.

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.

People were not always supported by adequate numbers of staff to meet their needs. Staff had been subject to robust checks before being offered a position of employment.

Risks people lived with had not been fully identified, assessed or recorded.

People could be confident they would be supported by staff who could recognise and report the signs of abuse. Staff had been trained about how to work safely and their competence was regularly checked.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had been provided with the support and training they required to meet people's needs.

Training had been provided for staff about the Mental Capacity Act 2005. People could be confident that their human rights would be protected.

People received the support they required to eat and drink food that they enjoyed and to maintain good health.

Good ●

Is the service caring?

The service was caring.

People consistently received support that was delivered kindly and with compassion.

People could be confident that their dignity would be protected.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

People were receiving care in the ways they liked and preferred but had not all been given the opportunity to participate in planning and reviewing their care plans.

People had regular opportunities to undertake activities and to pursue hobbies that were of personal interest to them.

Systems were in place to identify and investigate complaints. People felt able to raise their concerns. Information was not available in a format that people could access and understand.

Is the service well-led?

The service was not consistently well led.

There were not effective checks and audits in place to ensure the quality and safety of the service.

There was a clear leadership structure and people and staff were able to approach the manager with suggestions or for support.

The registered manager was aware of the requirements of registration but needed to ensure her knowledge was updated regards recent changes and development in the field of adult social care.

Requires Improvement ●

Millward Place

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 announced inspection took place on 06 October 2016. The provider was given 48 hours' notice of our inspection because the location provides a domiciliary care service and we wanted to make sure there would be opportunity to speak with the people who use this service.

The inspection was undertaken by one inspector. We looked at the information we 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. We look at these to help us plan our inspection. However no reportable incidents had occurred at this service since it had started. We sought the views of the commissioners; people who purchase this service on behalf of the people living at Millward Place and social workers who have helped people chose Focus Birmingham as a provider of their care and support.

During the inspection we were informed 14 people were living at Millward Place, however only seven of them were receiving the regulated activity of personal care. We met and spoke at length with six people. We spoke at length with the registered manager, the regional manager and four care staff.

We sampled some records including parts of three people's care plans and their medication administration records. This was to see if people were receiving their care as planned. We looked at the registered provider's quality assurance and audit records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

People confidently told us that if they had any concerns or did not feel safe they would inform a member of staff. Comments from people included, "I'm not worried about anything at all," and "There is nothing about living here that worries or frightens me, but if there was I would feel able to complain." We asked staff if they felt people were safe and to explain to us some of the things they did to ensure people were safe. Staff we spoke with told us, "Yes, people here are safe. The building is staffed twenty four hours, seven days a week, people have call bells and we can hear around the building if people call out for help."

People told us there were not always enough staff to support them when they needed it. Comments from people included, "Sometimes we are short of staff. Not all the time; sometimes", and "Sometimes there are enough staff. Sometimes there aren't. When there are only two on it can be very bad." We asked people what the impact on them was when staffing was low. People told us this meant they might have to wait for help with their care, with preparing meals or drinks or not be able to go out if they required the support of staff. People told us, and this was supported by the staffing rota, that staff patterns were adapted and 'flexed' to meet people's needs. When a planned appointment or activity was known in advance, staff would be booked to ensure people had the support they required. The registered manager explained that despite the service being operational for nearly one year the number of staff hours each person had been allocated and which was being funded had not yet been confirmed by the local authorities purchasing care. In this situation the registered manager had no budget or number of care hours to work with. We were informed the number of staff on duty was never below two during the day and people we spoke with and rota's we viewed confirmed this. However the registered provider had not undertaken their own needs or risk assessment to help them determine if the number of staff provided was safe or adequate to meet people's needs. The registered manager had evidence of the work they had undertaken with the commissioners to resolve this situation. At the time of our inspection we could not be confident that there were always enough staff working in the right place at the right time. The registered manager was able to provide evidence that new staff were subject to robust checks before being offered a position within the organisation. Completing these checks was a way of ensuring people were protected from staff that were unsuitable to work in adult social care.

Staff we spoke with were aware of the types of abuse people receiving help with their personal care could be at risk from. Staff had been provided with training about adult protection and were able to describe the action they would take in the event of abuse being suspected or reported. The registered manager was aware of her responsibility to report abuse and was able to do this. Staff understood how to report concerns and told us they were confident these would be acted upon. The combination of knowledge and these systems would ensure potential abuse would be identified and reported.

Risk assessments had been started. The records we looked at identified some of the individual risks specific to people using the service and the staff who supported them. These included the risks associated with people's physical conditions and activities that they undertook. The registered manager described her plans to further develop these and to involve each person in the development of the risk assessments appropriate to their needs. This would ensure both people using the service and staff work together with consistency to

promote people's safety and well-being. Staff we spoke with were aware of the risks people experienced and were able to describe the support they provided to help reduce the impact of these risks to people. Providing written records to underpin these risks would ensure all staff had access to consistent information, and would ensure changes in people's needs were identified and the level of support adjusted as they required.

Accidents and incidents had been reported and a record of these had been maintained. The records had been shared with staff working for the registered provider who had a specific responsibility for analysing these and looking for themes or trends. The staff we spoke with had all received training that would enable them to work safely in the event of an emergency and in our conversations staff described the actions they would take to keep people safe. We saw that adjustments had been made around the building where people were living in response to reoccurring accidents that indicated a trend. This showed that the registered provider was using the information obtained to reduce the risk of people having accidents. The registered provider had received one whistle blowing alert. They had reviewed the concerns robustly and been able to provide assurance that the people using the service were safe.

People we met needed help from staff to administer and manage their medicines. People told us they were satisfied with this aspect of their care and their comments included, "Staff give me the tablets I need in a pot. They tell me what I have so I can check them. I say when I want to have them." Another person told us, "The staff hand me my tablets in a pot and I take them myself. I put my own eye drops in." Staff we spoke with were able to describe the way each individual person needed or preferred to be supported with their medicines. During our conversations the staff described safe practices and checks they undertook to ensure the medicines were given as prescribed. Before staff were able to administer medicines they had to undertake training and a check of their competence. This was a way of ensuring they had the knowledge and skills needed to administer medicines safely.

Is the service effective?

Our findings

People were being supported by staff who they liked and who were aware of people's needs and preferences. Some of the people had known members of the staff team for many years and these staff had got to know people's needs particularly well. People told us they felt confident that the staff supporting them had the skills they needed. Comments included, "The staff are so very helpful. They give you all the support you need," and "[name of staff] is very good. She helps me in just the way I like, helps me with showers and will put my hair in curlers."

We were informed that all new staff completed an induction before starting work. Staff who were new to the care sector were required to complete the 'Care Certificate'. The care certificate is a nationally recognised induction course which aims to provide staff with a general knowledge of good care practice. A member of staff we spoke with told us about their induction. They said, "The induction was good. I had the chance to work with a buddy (more experienced member of staff) and to do the training. I feel well equipped to support people now." All the staff we spoke with told us they received opportunities to undertake training to enable them to provide effective care and support. One member of staff said, "This organisation is good for training and the manager is qualified to provide training as well. Sometimes we just run over things. The courses provided are good." This ensured people were supported by staff that were supported and equipped to undertake their role.

Staff told us they felt supported by the registered manager and the senior staff but the schedule of regular supervisions was not yet established. Supervision meetings help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Staff told us they felt well supported by their managers and other team members. There had been staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

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. Any DoLS applications must be made to the Court of Protection. 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. We checked to see if the service was following the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People living at Millward Place all had the mental capacity to make decisions for themselves. Staff were aware of the act, and how this might impact on the care and support people would need in the future. During our visit we saw staff seeking consent from people for everyday decisions, for example if staff needed to enter their flat. People explained how staff supported them to read their post and to plan and be involved in planning their lives and care as fully as possible. People could be confident their human rights would be protected.

People needed help to plan and shop for food. People told us they were pleased with the support they had with this. Comments from people included, "I like shopping for my food and being able to put it in the microwave," and "The staff help me to plan a menu, to go shopping and then to cook the food I have when I want it." Staff had supported people to maintain and make friendships by preparing and serving meals in the communal area of the accommodation complex at weekends. People told us they enjoyed the social occasions as well as the food. The staff had supported people to develop new skills so they could prepare and cook some dishes they liked from scratch. We saw staff doing this with people individually in their flats and were informed that a group cooking session also took place during the week. People had the support they required to eat and drink adequate amounts to maintain their health.

People had access to a range of health and social care professionals within the community and at local hospitals. People had been supported to make and attend the appointments they required and staff were available to accompany people if needed. Written records of the outcomes of these appointments had been kept to enable staff to keep track of people's health needs. One person described to us how pleased they had been to maintain their GP when they moved to this service. They told us, "I have been helped to keep the same GP close to where I lived before. I wanted to stop at that surgery. It was important." Another person told us, "I get all the healthcare I need. I see the Doctor, Dentist, anyone I need. Staff chase up appointments for me, and make sure I have support and transport to get there." People were provided with the level of help they each required to stay healthy.

Is the service caring?

Our findings

People consistently described the kindness and compassion shown to them by the staff who supported them. Comments from people included, "They are all so kind, in many different ways," and, "The staff are really nice. There is nothing high handed or authoritarian about them. Just willing to help you." All of the people we met had started receiving their personal care from Focus Birmingham within the past 12 months. For some people this was a big change after they had lived in the same place with a small group of the same people for many years. One person told us, "Before I moved I was a bit anxious. But I received a lot of support and reassurance from the staff. That helped me." Another person described that they sometimes had feelings of anxiety. They went on to describe the support they received and told us, "If I get worried about something and start to panic, the staff talk with me about what is stressing me out and how to cope with it." People were consistently treated with kindness and offered reassurance if they became anxious or upset.

Staff we spoke with were able to describe people well, and were aware of the things or concerns that might cause people anxiety. Staff described to us, and we observed people being reassured and supported when they became anxious. Millward Place had a communal area, and we saw people often made their way to the lounge area to meet with friends or members of staff if they required reassurance or to talk a particular issue through.

People could be confident their dignity would be maintained and privacy respected. Each person living at Millward Place had their own flat. We saw staff ringing the doorbell, knocking and calling out to the person to alert them they were there before entering the flat. People we spoke with told us, "Staff always knock and call out to me before they come in."

People we met were being supported and encouraged to be more active in planning and making decisions about their lives. Most of the people we met had previously lived in a care home, where the opportunities to make decisions about their own life were more limited. Staff we met described how they tried to explain to people what the options might be for the person in the circumstances they were working through. People we met described feeling more confident to do this as they had more opportunities to try it out. One person described initially feeling unsure about how to cook or heat a meal. They told us, "I wasn't able to do any cooking when I moved here, but the staff have helped me use the microwave. Now I like putting my own meal in the microwave. I have also learnt how to put the washing machine on, and put the clothes on the airer."

Staff we spoke with were aware of the need to protect people's dignity and told us of the actions they took. These included trying to provide support from staff of the same gender as the person, knocking and calling out before entering the flats and of being mindful to promote people's independence and dignity when helping them with personal care. One member of staff we spoke with told us, "We are mindful people are tenants, customers, but in other ways we are like a big family. This place passes the mums test for me."

Is the service responsive?

Our findings

People we spoke with told us they did receive care and support in the way they wished, but they were not all confident they had been involved in drafting a care plan. One person told us, "I think there are care plans, but I'm not sure what they say, or what cupboard they are in." People told us, "I know what help I need. I tell the staff and they do it," and "I'm really happy with the support I get. Since I have lived here the staff have got to know me well, and how I like to be helped."

Each person had a written care plan. We looked at parts of three people's care plans. Work had been undertaken to produce one of the plans in a way that represented the wishes of the person, and their preferences. One of the other plans did not contain specific information about the person and their support needs. All of the people we met had severe visual impairments and none of the records we viewed had been prepared or were available in a format that people could access or understand. The registered manager explained the work that was underway to spend time with each person determining the care and support needs they have and how they wish these to be met. These would then be generated into a person centred plan that would ensure staff have consistent written guidance on how to meet each person's needs. The registered manager agreed that work also needed to be undertaken to ensure these records would be accessible to the person who they were about. The plans were all quite new, and there wasn't yet an established process to ensure they were regularly reviewed or that people were involved in this process.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. People had been supported to maintain links with friends and family who were important to them. People had telephones if they wished and had been supported to visit friends and family when they wished to. One person we met spoke with great happiness about a trip they had been supported to make to go and stay with a friend who lived in a different part of the country. Other people told us with pleasure about holidays and trips they had been supported with. At weekends staff supported people to purchase a take away meal that they could eat together if they wished. People told us they really enjoyed this, and one person said, "On a Friday we can go to the hub (communal area of the flat complex) and have fish and chips for tea. I really enjoy the food and the time with my friends." During our inspection some people attended a specialist day centre for people who were visually impaired. We observed other people attending to their housework in their flat, relaxing listening to music, going out into the local community for appointments and shopping and enjoying the company of staff and their friends in the communal area of the complex. People were protected from the risk of social isolation and had opportunity to undertake activities and pursue hobbies that were of interest to them.

We asked people about the opportunity they had to express their faith or culture. Three people told us that they chose to go to church, and that staff and transport were made available to support them to do this. One person told us, "I am supported to go to church. There is an opportunity to go most weeks, but I don't have to go if I don't want to." Another person told us, "I prefer just to practice my faith quietly at home. The staff respect that."

Regular meetings had been held in the complex to ensure people were kept informed about opportunities

and developments going on within the building and relating to the care and support they received. One of the people we spoke with told us, "The tenant meetings give us chance to talk about what we'd like to see happen and changes we'd like to see in the future." Staff checked if people had any complaints or feedback during these meetings.

People told us that they would let the staff know if there was something that they were not happy about, but everyone we spoke with said they were currently happy and had no complaints. One person told us, "I could speak with the manager about anything," another person said, "There is nothing bad to say, just that it is ever so good here." The registered provider had a formal procedure for receiving and handling complaints, however this policy had not been provided in a format that people with a visual impairment could access. The registered manager informed us people had all been given a postcard that if sent would alert the registered provider that a person was unhappy with their care or support. People we spoke with were not all aware of this. People could be confident that their concerns would be listened to and acted upon.

Is the service well-led?

Our findings

The feedback we received from people and the staff about the registered manager was consistently positive. Comments from people included, "Our manager is particularly kind," and "The manager is a lovely lady. A great manager. She sorts out any problems for me. When I am stressed I can talk to her and she reassures and advises me." Staff told us, "This is a really straight forward place to work. The expectations are clear", and "It just works well here."

The leadership structure of the service was clear and staff we spoke with understood who to speak with if they needed support or had concerns. The registered manager and other senior staff covered an 'on call' rota to ensure staff had access to support and advice if they required this. Regular staff meetings gave staff the opportunity to comment on any areas they felt would benefit people. Staff we spoke with and minutes of staff meetings showed that open discussions were held among the staff team so that practice could be improved, and staff were kept fully informed.

The registered manager was easily accessible to the people who used the service, and during our inspection we observed people approaching her about different aspects of their care, support or housing that they needed help with. There was however no formal or established systems by which people could share their views on the service being provided. The registered manager was aware that systems such as questionnaires could be used to determine how people, staff, relatives and health professionals thought the service could be developed or improved. Using these would ensure people could see the impact their feedback had made on service development.

There were some systems in place to monitor the quality and safety of the service, however further work was required to ensure key areas of the service's operation were audited in turn to ensure it was safe and that it was meeting people's needs. The registered provider had developed audits based on the CQC Key Lines of Enquiry, which were a good way of ensuring the service was meeting the requirements of the law as well as people's needs. Action was taken to make improvements where they were identified and follow up audits were completed to make sure the improvements needed had been made. A range of informal checks were made by senior staff to ensure people had received their medicines and that their money was secure for example. However these were not undertaken on a cycle or recorded to ensure each area was addressed in turn. There were no recorded checks that ensured people were receiving the service they were assessed as requiring or were paying for. The registered manager agreed further work was required in this area. Completing and recording checks of the service would be a good way of questioning practice and providing assurance to people, the registered provider and those purchasing the service that people are receiving safe and consistently good quality levels of care.

The registered manager had a clear vision and set of values that empowered and supported people using the service. She had delivered training and implemented strategies to ensure these values were embedded into the delivery of care and support. We asked the registered manager about their knowledge of recent developments within the field of social care. The manager demonstrated an openness to learn about anything that would enhance her leadership of the service or of the support provided, but had not yet

attended training that covered these most recent developments.