Care Quality Commission

Chuhan Limited

Ormidale House

Inspection report

41 Wood Green Road Wednesbury West
Midlands WS10 9QS
Tel: 0121 556 0567

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Ratings

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

Overall summary

The provider is registered to accommodate and deliver personal care to 11 people. People who lived there had a learning disability or associated need.

Our inspection was unannounced and took place on 29 June 2015. Nine people lived there at the time of our inspection.

At our last inspection in May 2015 the provider was meeting all of the regulations that we assessed.

The manager was registered with us as is required by law. 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.

We found that generally where people received support from staff with taking prescribed medicines, this was done in a way that minimised any risk to them. However, there had been a recent incident where one person had not been given their prescribed medicine and we found that record keeping concerning medicine needed some improvement.

Staff knew the provider's procedures they should follow to ensure the risk of harm to people was reduced and that people received care and support in a safe way.

Summary of findings

People told us that staff were available to meet their individual needs. Staff told us and records confirmed that they received induction training and the support they needed to ensure they did their job safely.

Although not all staff had received training they understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

Staff supported people with their nutrition and health care needs. We found that people were able to make decisions about their care and they and their families were involved in how their care was planned and delivered.

Systems were in place for people and their relatives to raise their concerns or complaints.

People were encouraged and supported to engage in some activities which they enjoyed. Staff supported people to keep in contact with their family as this was important to them.

People were encouraged and supported by staff to be independent and attend to their own personal hygiene needs when they could.

All people received assessment and treatment when needed from a range of health care professionals including their GP, specialist consultants and nurses which helped to promote their health and well-being.

People we spoke with communicated to us that the quality of service was good. The management of the service was stable. The registered manager and provider undertook regular audits and had an action plan in place to address areas where changes or improvements were needed.

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.

Systems in place did not always ensure safe medicine management to prevent people being placed at risk of possible ill health.

People told us that the service was safe.

Procedures were in place to keep people safe and staff knew how to support people appropriately to prevent them being at risk of abuse and harm.

There were sufficient staff that were safely recruited to provide appropriate care and support to people.

Requires improvement

Is the service effective?
The service was effective.

Peoples rights were protected which prevented them being unlawfully restricted or not receiving care in line with their best interests.

People were supported to eat and drink what they liked in sufficient quantities to prevent them suffering from ill health.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Good

Is the service caring?
The service was caring.

People told us that the staff were kind and we saw that they were. They gave people their attention and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding their daily life skills was encouraged.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

Staff were responsive to people's preferences regarding their daily routines and needs.

The provider offered some activities that people could participate in and enjoy.

Good

Is the service well-led?
The service was generally well led.

Good

Summary of findings

A registered manager was in post and all conditions of registration were generally met. The management of the service was stable, open and inclusive.

The registered manager and provider undertook regular audits and had an action plan in place to address areas where changes or improvements were needed.

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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.

Our inspection was unannounced and took place on 29 June 2015. The inspection was carried out by one inspector. We arrived at the home early because we wanted to meet and speak with as many people as we could. The people who lived there were mostly younger adults who may have been out in the community later.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We found that the provider had not sent us any notifications. The registered manager confirmed that no incident had occurred that required them to do so. We asked the local authority their views on the service provided and they told us that they were not aware of any concerns. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection spoke with three staff members and the registered manager, we met, spoke, or engaged with all of the people who lived there. We looked at two people's care records and four medicine records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at three staff recruitment records and the training matrix.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living at the home. A person said, "I feel safe". Another person told us, "I am safe here. Nothing bad". A staff member said, "I have not seen anything of concern. If I saw something I would report it". Our observations throughout our inspection showed that people who lived there were comfortable and at ease in the presence of staff. We saw that they were happy to go to staff if they wanted something. Training records confirmed that staff had received training in how to safeguard people from abuse. Staff spoken with knew how to recognise signs of abuse and how to report their concerns.

A person said, "The staff always help me so I don't fall". Staff we spoke with were aware of potential risks to people. A staff member told us, "All people here are always safe. We do regular risk assessments". We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. These included mobility and moving and handling assessments and general risks relating to people when partaking in daily living activities. We found that due to their changing circumstances one person had been offered, and had accepted, a change of bedroom. They had moved to the ground floor to prevent them being placed at risk through having to use the stairs.

We found that an overall monthly analysis of accidents and injuries was not undertaken so that any patterns and trends may not be established to prevent falls and accidents. However, we determined from accident records and speaking to staff that there had been a low incidence of accidents and incidents which demonstrated that risk reduction processes in place had worked. The registered manager told us that they would implement a monthly accident analysis process.

We found however, that a Personal Emergency Evacuation Plan (PEEP) had not been undertaken for one person. This person had poor mobility and would not be able to exit the building if there was an emergency. A PEEP should be available to inform staff and emergency services about each individual circumstance to enable them to support the person.

People we spoke with told that they were happy to take their medicine from staff. A person said, "I don't want to do that myself". We heard staff explaining to people that they were offering their medicine and what it was for. The key to the medicine cupboard was held by the person in charge so that there was no risk that unauthorised people could access the medicines. Only senior care staff who had been trained and deemed competent were involved in medicine management and administration. We saw that staff ensured that medicines were not left unattended and they checked medicine records before they gave medicine to people. This minimised the risk of errors and ill health to people.

We found that medicine checks were undertaken which generally identified specific problems with medicine safety. However, we found that improvements were needed. We found that at least two Medicine Administration Records (MAR) had been handwritten by staff. However, there was no signature to show that a second staff member had checked to ensure that what was written on the MAR was the same as what was detailed on medicine label or blister pack. We found that one person's medicine (a pain killer) had not been given to them for four days prior to our inspection. The staff had recorded on the MAR that it had run out of stock. The person told us that they had suffered some pain because of this. We raised this with the registered manager who immediately started to investigate the situation. They also informed the local authority safeguarding team of the incident.

We asked staff what they would do in a certain emergency situation such as a person having a fall and sustaining an injury. The staff gave us a good account of what they would do. This demonstrated that staff had the knowledge to deal with emergency situations that may arise so that people should receive safe and appropriate care in such circumstances.

A person said, "There are enough staff". Another person said, "Yes, there are always staff when we need them". All staff we spoke with told us that they were generally enough staff to keep people safe and to meet their needs. They told us that the only time there could be problems was if staff phoned in sick. We saw that staff were available at all times to assist and support people and meet their needs. There were systems in place to cover staff leave which included asking off duty staff to cover or the use of agency staff. The registered manager and staff confirmed that recruitment for new staff was on-going to enhance current contingency plans for sickness and leave cover.

Requires improvement

Is the service safe?

We found that recruitment systems were in place. Staff confirmed that checks had been undertaken for them before they were allowed to start work. We checked three staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. These systems minimised the risk of unsuitable staff being employed.

Good

Is the service effective?

Our findings

People we spoke with told us that in their view the service provided was effective. A person said, "I like it here. The staff look after me well". Another person said, "I am well looked after and am happy". The staff we spoke with told us that in their view the care that was provided to people was good.

All people we spoke with told us that the staff knew them well and knew how to look after them in the way that they preferred. Some new staff had been employed. One staff member told us and records we looked at confirmed that they had received induction training. They said, "I had an induction. I looked at records and did training". All staff we spoke with told us that they received supervision and support. Staff told us and the training matrix we looked at confirmed that they had either received the majority of training they required, or it had been highlighted that the training needed to be arranged. A staff member said, "I feel competent to do my job well". This showed that staff were supported when they first started work and were given guidance through one to one supervision and training thereafter. This enabled them to provide appropriate safe care and support to the people who lived there.

We observed and heard staff seeking people's consent before care or support was given. We heard staff explaining to people what they were going to do before moving them in wheelchairs and asked people if they were happy with that. We observed that staff gave people the opportunity to refuse if they were not happy about anything.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

Staff we spoke with and records that we looked at confirmed that where it was determined that a person lacked mental capacity the registered manager involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the persons best interest. Some staff had not received MCA or DoLS training. The registered manager told us that training was being planned for staff who had not received it to date. However, staff we spoke with gave us a good account of what capacity meant and what determined unlawful restriction and what they should do if they had concerns. The registered manager knew what they should do to prevent people having their right to freedom and movement unlawfully restricted.

All of the people we spoke with told us that they liked the food and drinks offered. A person told us, "The food is lovely". Another person said, "We always have choices, we can have what we want to eat and drink". The menus that we looked at showed that people were offered a varied diet. We saw that pictorial menus were on display to give people an informed choice of meals. We saw that food stocks were plentiful. We also saw that mealtimes were flexible and responsive to meet people's preferred daily routines. A person told us, "I like to get up later than others then have my breakfast". We observed that some people went for their breakfast mid-morning which met their needs.

All staff we spoke with had a good knowledge of people's individual dietary needs and what people could and could not eat due to health conditions, risks, their likes and dislikes. Where people had been assessed as being at risk from malnutrition or choking referrals had been made to health care professionals for advice. All staff we spoke with knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness. We saw that staff offered people drinks regularly throughout the day and encouraged them to drink. During meal times we saw that staff were available to give assistance to people who needed this.

A person said, "I see the doctor when I need to". During our inspection an optician visited the home to give people their new glasses. They confirmed that they undertook eye sight checks on a regular basis. Records confirmed that people attended health care appointments or that healthcare was accessed for them. Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's specialist health care teams and speech and language therapists. This ensured that the people who lived there received the health care support that they required to prevent ill health or ill being.

Good

Is the service caring?

Our findings

All of the people who lived at the home told us that the staff were nice. One person said, “The staff are nice to me”. Another person told us that, “The staff were kind”.

We observed that staff took time to listen to what people said and showed an interest in them. We heard a staff member asking a person about a book they were looking at. We saw that the person looked happy that staff had asked. We heard staff greeting people by their preferred name and asking them how they were.

A person told us, “The staff are polite they knock my door”. We saw that people had been given bedroom door keys to ensure their privacy. All staff we spoke with told us how they promoted dignity and privacy in every day practice. This included knocking bedroom doors and waiting for a response before entering and ensuring toilet and bathroom doors were closed when those rooms were in use. We saw that staff knocked bedroom doors before entering. This demonstrated that people’s dignity was promoted and that their privacy was maintained.

We heard staff speaking to people slowly and clearly. We saw that staff lowered themselves to be at the same level as people who were seated so that the person could see and hear what they said. We saw that people understood and responded by nodding, smiling and responding appropriately. This demonstrated that staff understood that their approach was important to ensure that they could communicate with people effectively.

A person told us that they liked to do things for themselves. They said, “I make my own drinks”. We saw some people who lived there in the kitchen preparing drinks. Care plans we looked at highlighted that where possible staff should encourage people to be as independent as possible regarding daily living tasks. One person said, “I do what I can myself”. At lunch time we heard staff encouraging people to eat independently and we saw that they did. This highlighted that staff knew it was important that people’s independence was maintained.

A person said, “I pick what I want to wear”. Other people confirmed that staff supported them to choose the clothes they wanted to wear each day. Staff confirmed that they encouraged people to select what they wanted to wear. We saw that people wore clothing that was appropriate for their age, gender and the weather. We saw that one person had their nails polished and wore neck beads. They said, “I like to look nice”. This demonstrated that staff knew people’s individual wishes and choices concerning their appearance and had supported them to achieve this. It was clear that staff knew people well. They knew what people liked and what was important to them.

All people told us that they had visitors when they wanted to. The staff confirmed that people could have visitors at any time.

Good

Is the service responsive?

Our findings

A person told us, “Staff know my needs”. All staff we spoke with knew the needs of people well. When we asked the questions about individual people they gave us a good account of their needs.

We saw that ‘profile’ documents were on care files. These gave staff information about peoples past lives and situations.

A person confirmed that they were asked about how they wanted to be cared for. They said, “I spoke about this with staff and signed my papers. I am cared for in the way I want to be”. Records we looked at and staff we spoke with confirmed that where required people’s needs were reviewed by the local authority and other health or social care professionals. These processes enabled the provider to confirm that they could continue to meet people’s needs in the way that they preferred.

Three people attended a day centre. We saw two of the people when they were waiting to go to their day centre. One person confirmed, “I like going there”. People told us that they had the opportunity to access recreational and preferred lifestyle activities. A person said, “We can go out and about”. Staff told us and records we looked at confirmed that people had been asked about individual activities they would like to participate in. We saw that some in-house activities including bingo were offered and plans were underway for some day trips. During the day we heard staff asking people if they would like to go and sit in the garden. Some staff told us that they felt that activities could be improved upon. We asked two people about this who told us they were happy with what was offered. One person said, “I like watching the television. I do not want to go out”.

Staff told us and records confirmed that people had been asked and offered support to attend religious services. Records that we saw highlighted that people had been asked about their personal religious needs. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

A person said, “If I was not happy about something I would speak to the staff”. Staff we asked told us what they would do if someone complained to them. This included trying to deal with the complaint and reporting it to the registered manager. We saw that a complaints procedure was available in the premises for people to read and access. It was available in words and pictures so that people may understand it easier. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. We looked at the complaints log and saw that three complaints had been made in the past year and responded to appropriately. This demonstrated that the provider had a system in place for people and their relatives to access if they were not satisfied with any part of the service they received.

Good

Is the service well-led?

Our findings

People told us that in their view the service was well run. A person said, "It is good here". Another person said, "I like it very much here".

The registered manager, staff and people who lived there all confirmed that the provider visited the home regularly. A staff member said, "The provider comes at least once a week and spends half or a full day here". The provider had a leadership structure that staff understood. There was a registered manager in post. All of the people we spoke with knew the registered manager by name. They told us that the registered manager was visible within the service and we observed during our inspection that they were. Staff we spoke with told us that they and the people who lived there could approach the registered manager or provider at any time. This demonstrated a culture of openness and enablement.

All conditions of registration were met. The registered manager knew that they needed to inform of events and incidents that they are required to notify us of. They confirmed to us that there had not been any incidents to report.

During our inspection an external training assessor visited. They confirmed that the registered manager was undertaking a higher management diploma course in management and leadership. The registered manager confirmed that this was correct. This demonstrated that the registered manager was committed to enhancing their skill and knowledge.

Records we looked at and staff confirmed that the provider produced a written report of their visits to the home. We saw that the reports were very detailed and showed that they spoke with people and staff. We saw that an action plan was produced for any issues that required improvement. We also saw that audits were completed and that where needed corrective action had been taken/ commenced to make improvements.

Once we made the registered manager aware that staff had not given a person their prescribed pain killer they immediately started looking into the situation. The registered manager was open and transparent with us. They told us that it appeared that staff had not followed procedures because the staff should have told them that the medicine was not available, but they had not. They told us that they did not know why staff had not reported this to them. The registered manager informed the local authority safeguarding team of the incident the following morning. The registered manager told us that this had not happened before. We had not been made aware by the registered manager, external health care professionals or relatives of any previous, similar incidents, where people's medicine had not been given as it had run out.

We found that the provider had invested money into the home to improve the environment and facilities for people who lived there. A walk in shower had been installed. A person said, "I like it. It is good". A staff member said, "It is much better for people and safer". One person's bedroom had been redecorated. The registered manager and staff confirmed that the person selected the décor. The person showed us their bedroom as they were pleased with it. They said, "I like it". Redecorating work had also been undertaken in the kitchen and laundry. The provider had also invested money and had secured a human resources package to ensure that their systems and processes followed current guidance.

All staff we spoke with told us that they felt supported in their job role. One staff member said, "The manager is supportive". Another said, "Out of office hours there is always someone we can contact if we need help". Staff we spoke with explained the on call process and who they needed to contact in an emergency. Staff told us and records we looked at confirmed that staff meetings were held. Staff also told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "I know the whistle blowing policy and would report any concerns I had". This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had confidence to report them to the registered manager.

A person said, "The staff ask me questions and I filled out a form". Records we looked at and staff confirmed that people were asked to or supported to complete questionnaires on a regular basis. We saw that relatives

Good

Is the service well-led?

had completed questionnaires to give their view about the service that had been provided to their family member. We saw that feedback from the questionnaires had been positive.

People we spoke with told us that meetings were held regularly. A person who lived there said, “We have meetings and we can say what we want”. Staff told us that meetings were held for people to discuss changes they wanted and things they wanted to do. A staff member said, “We do listen and make changes. People have chosen where they would like to go on trips and outings and we are arranging these. We also change menus regularly when different meals are requested”.