Birmingham Association For Mental Health(The)

Ludford Road Residential Care

Inspection report

75 Ludford Road
Bartley Green
Birmingham
West Midlands
B32 3PQ

Tel: 01216838855
Website: www.birminghammind.org

Date of inspection visit:
20 November 2018

Date of publication:
06 December 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 21 November 2018 and was unannounced. At our last inspection completed in November 2015 we rated the service 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Ludford Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to eight people in one building. At the time of the inspection there were seven people living at the service.

A registered manager was 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.

The registered manager and staff team strived to ensure people could play an active role in the community and to lead full and active lives. People were fully involved in the design and review of their care.

People were supported by a staff team who understood how to protect them from abuse. Care staff managed risks to people in a positive way. Processes were in place to keep people safe in the event of an emergency such as a fire. People were protected from harm while their independence was maximised. People were supported by sufficient numbers of staff who had been recruited safely.

People received their medicines safely and as prescribed. People were protected by effective infection control procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to eat more healthily. People were encouraged to be involved in monitoring and maintaining their day to day health.

Staff supported people in a way that was kind and caring. People's privacy was respected and their dignity was promoted and upheld. People were encouraged to be as independent as possible and were supported to maintain important relationships.

Care staff had been equipped with the skills they required to support people effectively. processes were in place to respond to any issues or complaints. The registered manager had developed an open and

transparent culture within the service where people were respected and everyone was free to share their views. People were fully involved in the development of the service.

A range of quality assurance and governance systems were in place and these were being developed to make further improvements. The provider engaged with the wider community and other organisations in order to drive improvements to the lives of those being supported.

Further information is in the detailed findings below.

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 remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service had improved from requires improvement to good.	Good

Ludford Road Residential Care

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 20 November 2018 and was unannounced. The inspection team consisted of one inspector.

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. They can advise us of areas of good practice and outline improvements needed within their service. We also reviewed the Provider Information Return (PIR) the provider had submitted to us. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We sought information and views from the local authority. We used this information to help us plan our inspection.

During the inspection we spoke with six people who used the service. We spoke with the registered manager and three care staff. We carried out observations across the service regarding the quality of care people received. We reviewed records relating to people's medicines, three people's care records and records relating to the management of the service. We also spoke on the telephone with a healthcare professional and a fire safety officer.

Good

Is the service safe?

Our findings

People told us they felt safe with care staff and protected from abuse and mistreatment. One person told us, "It feels safe to me." Staff we spoke with were able to describe signs of abuse and how they would report any concerns. The provider and registered manager had systems in place to ensure any safeguarding concerns would be reported and investigated in order to ensure people were protected.

Care staff we spoke with understood the risks to each person living at the service and how to support them safely. We saw risk assessments were in place identifying the potential risks to people and how staff should provide support to help keep people safe. A range of checks were also completed within the premises and environment to ensure risks were minimised to people. A healthcare professional confirmed that staff were aware of risks to people and had no concerns about how these were managed.

The registered manager also ensured learning was taken and applied within the service to minimise risks. For example; they had taken precautions to minimise fire risks following a recent incident at the home. Feedback from the fire officer showed that the home's fire procedures had worked well. Based on advice from the fire officer the provider had also made arrangements for the fire risk assessment to be reviewed by an external company.

People were protected by sufficient numbers of care staff. We saw the ratio of care staff to people meant people's needs could be met in a prompt and responsive way. The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. These checks included two references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff.

We looked at how the registered manager ensured medicines were managed safely. Everyone we spoke with told us they received their medicine when they needed it. We saw medicines were stored securely. We saw medicines administration charts (MARs) were completed and medicines were administered safely and as prescribed. Where people administered their own medicines this had been risk assessed and staff undertook periodic checks to make sure people were taking their medicine as prescribed. staff confirmed they had received training to give people their medicines and had their competencies checked by the registered manager.

People were also protected by effective infection control measures. Good standards of hygiene were in place; including within the kitchen areas. Staff had access to personal protection equipment (PPE) as required.

Good

Is the service effective?

Our findings

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Discussions with the registered manager showed there had not been a requirement to make any applications to deprive anyone of their liberty.

Staff had received training that was specific to the needs of the people who used the service. Care staff told us they felt the training available to them was good. One newer member of staff confirmed they had received a full induction that had included working shadow shifts alongside experienced staff. One staff member said, "There is a lot of training, they offer lots." We saw that some staff were due some refresher training. The registered manager and staff confirmed some of this had recently been completed and the remaining training was scheduled in the coming weeks. Care staff told us they received good support from the registered manager. They told us they were able to have regular one to one meetings with their line manager and were given any support they needed.

People told us they were happy with the food they received at the service and that there was sufficient choice. Opportunities were available for people to contribute towards the menu or to shop for their own food. Some people liked to get involved in preparing their own meals.

People were supported to monitor their own health needs and were supported to take choice and control around decisions about their health. People had been involved in their own 'health action plan' which clearly stated how they wished to be supported with their health needs. Staff were knowledgeable about people's healthcare needs, they knew how to recognise and act when a person was unwell due to a specific health condition. We saw people were supported to regularly access healthcare professionals such as doctors and dentists.

The environment was suitable to people's needs and people's bedrooms were personalised. At the time of our visit work was being undertaken to fit new flooring in one person's bedroom and to improve fire doors. The registered manager was aware of the need to repair or replace the laminate flooring in the lounge but was awaiting the landlord of the property to arrange this work. This needed to be followed up to ensure it was scheduled.

Good

Is the service caring?

Our findings

People told us they were happy living at the service and that staff treated them well. One person told us "Oh yes the staff are all nice." A health care professional confirmed that they thought staff were caring in their approach to people.

Staff we spoke with spoke passionately about their job and demonstrated an understanding of people's needs and preferences along with a desire to improve people's quality of life. We saw positive interactions between people living at the service and care staff that demonstrated a mutual trust and respect. A meeting had recently taken place with people at the home to discuss the vision and values of the home and the importance of respecting each other.

People were supported to be involved in all aspects of daily living both within the service and out in the community. This included personal care, household tasks, shopping, going to work, community activities and leisure opportunities.

People's privacy was respected and their dignity was upheld and promoted. They were not interrupted when they went to quiet areas or to their rooms. People spent their time where they wanted to. We saw care staff were respectful in their communication with people and respected their space, for example by knocking before entering their room. Staff were respectful of people's cultural and spiritual needs and respected people's individuality and diversity. Information regarding people was kept securely locked away so that people were assured their personal information was not viewed by others.

People were supported to maintain relationships with those who were important to them. Visitors were able to visit the service without any unnecessary restrictions.

Good

Is the service responsive?

Our findings

People were supported to be fully involved in decisions about their care and developing their care plan. We saw care plans contained detailed information about people's likes, dislikes, their care needs and how care staff should support them effectively. We saw people were fully involved in reviews of their care. A keyworker system was in place to ensure people were supported by a consistent member of staff.

People attended regular meetings where they could talk about any concerns they had about the service and also talk about what they wanted. The registered manager knew about the Accessible Information Standard but told us that currently people at the home did not require any alternative formats regarding information. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

We saw care staff had identified people's interests and supported them to participate in activities. We saw care staff had also identified things that were important to people, for example, following structures and routines. People were supported to access a range of opportunities that enabled them to live as full and active a life as they wished and to engage with the wider community. We saw one person was supported to attend and maintain a work opportunity.

The registered manager had ensured people felt comfortable raising any complaints if required. One person told us, "Yes I can make a complaint if I wanted to." There was a system in place for receiving, investigating and responding to complaints but none had recently been received.

At the time of this inspection, the provider was not supporting people with end of life care. Where people wanted, their preferences in the event of their death were recorded in their care plan. We discussed with the registered manager that it may also be beneficial to seek people's views on end of life care to discuss the person's wishes and preferences in relation to this.

Good

Is the service well-led?

Our findings

The service had a 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.

Since our last inspection improvements had been made and we had been notifications as required to inform us about specific events in the home. Records we viewed were now generally up to date with the exception of the training matrix. The registered manager was aware of this and had plans to do this.

People knew who the registered manager was and appeared relaxed and comfortable in their presence. One person told us, "If I was not happy about something I could tell the manager." We saw people were fully involved in the development of the service. They were spoken to regularly both informally and through meetings about their care and the wider service. Staff sought opportunities to involve people in the service. The registered manager told us that one person had recently agreed to be involved in interviewing new care staff and that specific training was going to be arranged to help them do this.

Care staff gave positive feedback about the registered manager. Staff told us they worked together effectively as a team and we saw this during the inspection and reflected in the care people received. Staff felt comfortable raising issues and concerns and were confident they would always be listened to and concerns acted upon. One member of staff told us, "At any time you can raise an issue. Any issues are acted on."

A range of audits and quality checks were in place to ensure the quality of care and support provided to people was good. We saw where issues had been identified these had been addressed immediately. We identified one issue with the documentation regarding medicine audits and the registered manager took action to improve systems in order to prevent reoccurrence.
The registered manager understood their regulatory responsibilities and the home's latest inspection ratings were displayed appropriately. We saw evidence to support the service had worked in partnership with other organisations, stakeholders and healthcare professionals and had reviewed incidences in order to identify how the service could be improved.

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. The registered manager was aware of this requirement. We also found that the registered manager 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.