

Bournville Village Trust

Bournville Village Trust - 191 Redditch Road

Inspection report

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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 comprehensive inspection took place on 1 February 2018 and was unannounced. Bournville Village Trust - 191 Redditch Road is a purpose built bungalow and provides accommodation with personal care for adults with learning disabilities, autistic spectrum disorder or mental health needs for up to five people. At the time of our inspection the service was supporting four people.

At our last inspection 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 on-going 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. At this inspection we found the service remained 'Good'.

People are protected from avoidable harm. Assessments identify how staff are to support people from any risk of harm presented by their conditions. Staff maintain records of incidences so they can recognise and patterns and prevent people from experiencing similar events again. People are protected by staff who know how to recognise if a person is experiencing or at risk of abuse. People are supported by enough staff to meet their care needs and keep them safe. People are supported to take their medications safely. There are effective practices and policies to prevent and control the spread of infection.

People's needs are assessed and plans put in place to provide safe and effective care. Staff receive regular training so they are able to meet people's specific care needs. People receive food and drinks they enjoy. Staff communicate effectively between themselves and with other organisations. People are supported to live healthier lives and have access to other professionals. There are suitable equipment and adaptations so people can move safely around the home and garden. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff and the people they supported regularly shared positive and happy interactions. Consistent staffing enabled people to develop meaningful relationships with the other people and staff at the service. Staff respect people's privacy and promoted their independence.

Staff respond promptly to people's needs and are knowledgeable about the activities that people enjoy. Staff understand the importance of respecting people's individual wishes and lifestyle choices. People are supported by staff who have the skills to assess their needs and support them to express their views. People can access the provider's formal complaints policy if they wish. People have the opportunity to discuss their end of life wishes if they want to.

The service is well run and people benefitted from using the service. The registered manger is aware of their responsibilities to the commission. Staff said they enjoyed working in an open and transparent culture. The provider monitors the quality of care people receive and takes action when necessary to improve how

people are supported. People and staff have the opportunity to influence and develop the service because there is a culture of learning and improvement. The provider works in partnership with other agencies so people experience a smooth transition between health care providers.

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?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Bournville Village Trust - 191 Redditch Road

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 checked 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 comprehensive inspection took place on 1 February 2017 and was unannounced. The inspection team consisted of one inspector.

As part of planning the inspection we reviewed any information we held about the service. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with one person who used the service. We spoke with the registered manager and four support workers. We spoke with two relatives and a healthcare professional who were visiting a person who used the service. We spoke with the relatives of two other people on the telephone. We sampled the records including three people's care plans, staffing records, complaints, medication and quality monitoring. As some people were unable to verbally express their experiences of the service, we observed how staff supported them during our inspection visit. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed information from one person's relative we received after our inspection visit.

Is the service safe?

Our findings

One person we spoke with said they felt safe living at the home. One person's relative said, "People are very safe. It is a good place." We observed that people who used the service were comfortable to approach staff and appeared at ease in their company.

People were protected from avoidable harm. Assessments had identified how staff were to support people from any risk of harm presented by their conditions such as choking or self-harming. Staff conducted regular audits of the environment and facilities to ensure the home remained a safe place to live. Staff told us and records confirmed that maintenance issues were reported to the provider and responded to promptly.

Staff maintained records of incidences such as falls or behaviour which could challenge so they could recognise and prevent people from experiencing similar events again.

People were protected from abuse by staff who knew how to recognise if a person was experiencing or at risk of abuse. One member of staff told us, "We've a duty to protect people from harm. If there's marks [on the body], we need to know and report them." Staff told us they could raise concerns with the registered manager whom, they said, would take appropriate action. The registered manager and records confirmed they had taken prompt action to keep people safe when they received information of concern.

People were supported by enough staff to meet their care needs and keep them safe. One member of staff told us, "We don't have to rush. We can spend time with people." The registered manager told us they were currently seeking a fifth person to start using the service and would review staffing levels depending on the specific needs of the person who joined the service. We saw there were enough staff to respond promptly when people requested or required support. This enabled people to attend appointments in the community when they wanted. Appropriate recruitment checks had been completed by the provider's human resources department to ensure people were supported by suitable staff.

People were supported to take their medications safely. There was a 'medication lead' for the service and they were responsible for promoting best medicine practice with staff. Staff had recently undergone assessments to ensure they were competent to administer medicines safely. Records contained detailed guidance so staff could identify when as 'required medicines' (PRN) should be administered. The registered manager had involved other healthcare professionals when people required their medications administered covertly without their knowledge. This ensured people received the medication they required and respected their rights. Regular audits and reviews ensured people received their medication as prescribed.

There were effective practices and policies to prevent and control the spread of infection. There was suitable equipment and hand washing facilities in place. There were cleaning, waste, food hygiene and laundry policies and audits in place which staff followed to prevent the spread of infection. Other agencies regularly visited the service to ensure legal hygiene standards were in place.

Is the service effective?

Our findings

Relatives told us staff were good at meeting the needs of the people who used the service. One person's relative told us, "They are very good. They know [person's name] really well." Another person's relative said, "I can't praise them highly enough. They really know how to look after [person's name]."

People's needs had been assessed and plans put in place to provide safe and effective care. People and their relatives had been involved in developing their care plans to ensure they reflected their needs and wishes. One person's relative told us, "They get in touch and ask us if we want to be involved."

People were supported by consistent staff who received regular training so they were able to meet people's specific care needs. Staff had formal performance reviews and staff confirmed they received informal and formal support from senior staff on a regular basis to reflect on and improve their practice. A visiting health professional said, "[Staff] take advice and act on it." Records demonstrated that staff had followed advice and guidance.

People were supported to receive food and drinks they enjoyed. Staff knew what people liked to eat and we saw people were offered a choice of meals. We saw people enjoyed their lunch. Staff knew how people's meals and drinks required preparing to reduce the risk of choking. When necessary staff had involved dietary and nutritional specialists to ensure people received nutrition in line with their care needs.

Staff communicated effectively between themselves and with other organisations. One member of staff told us, "We sit around the table at staff meetings and share practices and say any changes to people's conditions and preferences." Information was regularly updated in people's care plans. We saw the service had shared information about the people they supported when necessary with other health professionals. This meant people received consistent care.

People were supported to live healthier lives and have access to other professionals such as GPs, dieticians and nurses to meet their needs. One person's relative told us that when a person was unwell, "Straight away they [Staff] got the doctor in." Staff could explain how they recognised if a person was becoming unwell. This enabled people to receive expert advice and treatment in addition to on-going support provided by staff at the home. A visiting health professional told us, "[Staff] are prepared for my visits, even when I just drop in."

The premises were suitable to meet the needs of the people who used the service. We saw there was suitable equipment and adaptations so people could move safely around the home and garden. Signage and information boards reflected the needs of the people who used the service so they could orientate themselves and identify their own bedrooms.

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. Staff demonstrated an understanding of people's rights to choose how they were supported and respected their decisions. One member of staff told us, "We still ask [people], even if we know their preferences." When people were felt to lack mental capacity the registered manager had held meetings with other people, such as relatives, who had an interest in the persons welfare. This identified care which would be in the person's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)". Staff knew how to support people in line with their authorised restrictions. There were procedures to review authorisations and if necessary apply for their renewal. This ensured people's legal rights were respected.

Is the service caring?

Our findings

People's relatives told us that the staff were caring. Comments included: "Staff are lovely. No problems at all"; "[Person's name] gets everything they want. They spoil him rotten," and " We're like a family really."

We regularly saw staff and the people they supported sharing positive and happy interactions. When a person said they were tired, a member of staff asked if they wanted them to sit with them. The member of staff sat next to the person on a sofa and the person rested their head on their shoulder.

Most people had used the service for several years and consistent staffing had enabled people to develop meaningful relationships with the other people and staff at the service. Staff took an interest in people's lives and spoke fondly about how they enjoyed supporting people to achieve things which were important to them, such as developing relationships. One member of staff had made a person an apron to wear which had tactile items attached they knew the person enjoyed interacting with.

The registered manager told us how they had supported a new person to integrate successfully into the service. We saw this person regularly waved and said hello to the other people who used the service. People were supported to express their views and staff were skilled at giving people the information and explanations they needed and the time to make decisions. The registered manager told us how they had used photographs to explain and discuss with a person, their future hospital visit.

Staff understood people's chosen communication styles. One member of staff explained the specific gestures a person made to express if they were happy or becoming anxious. People were listened to and included in how the service was run. When necessary people were supported by family members and advocates to express their views and ensure they were supported in line with their wishes. There were effective systems in place for people to visit the service before they accepted a place there. This enabled them to decide if they wanted to live there and for other people in the home to say who they wanted to live with.

We saw staff treated people with respect. One member of staff told us, "I won't use, 'he' or 'she'. We use people's names", and we saw staff refer to people by their preferred names. People were supported to lead as independent a life as possible while remaining safe. One person was supported to help clear up after their meals if they wanted. Staff respected people's privacy and we saw they were discreet when people required support with personal care.

Is the service responsive?

Our findings

Relatives told us staff responded well to people's needs. One person's relative told us, "They changed [person's name] carers to females because that's what they respond to when showering." Staff responded promptly to people's needs and were knowledgeable about the activities that people enjoyed. We saw people were supported to engage in things staff told us, and care records confirmed, they liked. These included going out for activities in the community. Staff understood the importance of respecting people's individual wishes and lifestyle choices. One member of staff told us, "It's everyone's responsibility to support people how they want to be supported."

People were actively involved in developing their care plans by staff who had the skills to assess their needs and knowledge about people's preferred communication styles. The registered manager told us, "Every day's a different day. We will ask what people want to do or eat. Even if things have been planned." There were systems in place to make sure care plans were regularly reviewed and any changes were communicated to staff and other health professionals. This meant people received appropriate support promptly when required. The premises were suitable to meet the needs of the people who used the service. We saw there was suitable equipment and adaptations so people could move safely around the home and garden.

There was a range of ways for people to feed back their experience of the care they received and share any concerns they may have. One person's relative told us, "You can always speak to them [registered manager]." The registered manager reviewed incidences and complaints to identify trends and when necessary took action to reduce the risk of similar events from happening again. People could access the provider's formal complaints policy in formats which met their communication styles.

People had the opportunity to discuss their end of life wishes if they wanted. We saw that staff conducted regular checks when people's conditions changed to ensure people had prompt access to equipment and other health professionals in the last days of their lives.

Is the service well-led?

Our findings

People appeared relaxed and to enjoy living at the home. Relatives told us that they felt the service was well run and people benefitted from using the service. A relative told us it was a relief their family member used the service. They said, "My friend said I seem like a different person [because they were worrying less]." Another relative told us, ""They've [staff] been absolutely brilliant. Right from the start."

At the time of the visit 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. People expressed confidence in the registered manager. One person's relative said, "[Registered manager's name] is just brilliant." Another relative told us, "We can speak to [the registered manager] about anything."

The registered manager was aware of their responsibilities to the commission and had notified us of the type of events they were required to. Staff told us they enjoyed working in an open and transparent culture and said concerns would be listened to and acted on. The registered manager promoted a clear vision of the service which staff shared. Records showed staff expressed their views of the service at meetings with the registered manager. One member of staff told us, "We are a good team. We challenge each other about how it could be done better."

The provider monitored the quality of care people received. We saw that they had taken action when necessary to improve how people were supported. Systems were in place to ensure regular auditing of the service and reviews were conducted to identify trends and when further improvements were necessary.

People had the opportunity to influence and develop the service at regular meetings. They had influenced how home decorations, what they did and which staff supported them.

There was a culture of learning and improvement. The registered manager had requested feedback from relatives about how a person was supported when they started using the service. Staff were regularly encouraged to give their views of the service and how it could be improved.

The provider had worked in partnership with other agencies. There was clear input from other health professionals and the local authority when people's conditions or circumstances changed or when staff required advice.