Birmingham Association For Mental Health(The)

Pershore Road Residential Care

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

Overall summary

This inspection took place on 4 February 2016 and was unannounced. The service was meeting all the regulations we looked at in January 2014.

Pershore Road Residential Care is a short term rehabilitation service for up to 18 months to adults experiencing mental health problems. The service is registered with the Commission to provide personal care for up to ten people. At the time of our inspection there were nine people using the service however one person was in hospital and another was away on holiday.

There was a registered manager at this location who was present for this inspection. A registered manager is a person who has registered with the Care Quality

Summary of findings

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 and associated Regulations about how the service is run.

People were kept safe by staff who were confident to whistle blow if they felt someone was at risk of harm. People were able to express if they felt unsafe.

People had their needs and requests responded to promptly. All the people and staff we spoke with told us that there were enough staff to meet people's care needs. There were robust recruitment, induction and training processes in place to ensure staff were suitable to support the people who used the service.

Medication was managed safely. People were supported to manage their own medicines when appropriate and could tell us how they took their medication as prescribed. Staff involved appropriate health professionals promptly when there were concerns about people's medicines.

People's rights to receive care in line with their wishes were upheld as they were supported in line with the principles of the Mental Capacity Act 2005 (MCA). Staff supported people to make choices and lead an independent life as much as possible. Staff respected the choices people made.

People were supported to buy and prepare their own food and drinks. Staff supported people when necessary to help them make informed decisions about maintaining a balanced diet and eating healthily. Meal times were promoted as opportunities for people to develop their social skills.

People had developed caring relationships with the staff who supported them to pursue their personal preferences. Staff took an interest it promoting people's wellbeing and helping them to achieve their goals such as independent living.

People felt that concerns would be sorted out quickly without the need to resort to the formal complaints process. Records showed that any issues were dealt with appropriately.

The service encouraged people to comment on how the service operated and to be involved in directing how their care was provided and developed. People were involved in the recruitment of new staff and organising meetings.

The service had a clear leadership structure which staff understood. Staff told us and records showed that they had regular supervisions to identify how they could best improve the care people received.

There were processes for monitoring and improving the quality of the care people received. The provider conducted regular audits and we saw that effective action had been taken when it was identified 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? Good

Is the service effective? Good

Is the service caring? Good

Is the service responsive? Good

Is the service well-led? Good

Pershore 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 4 February 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at information we already had about the provider. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks for key information about what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

We also checked if the provider had sent us any notifications since our last visit. These are reports 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 also reviewed feedback we had recently received from people who used the service.

During our inspection we spoke with seven people who used the service. We observed how staff supported people and if this was in line with their wishes. We also spoke to the registered manager and four members of staff. We looked at records including three people's care records and staff training. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised.

After our inspection we also received comments from a health professional who supported some people who used the service.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe. A person who used the service told us, "They keep us safe. It's safe and secure." Another person told us how staff could recognise if their mental health was deteriorating and what they would do to keep them safe from harm. Throughout our visit we observed that people were confident to approach the registered manager and staff when necessary. There was also a range of information and systems to help people express themselves and a telephone was available with details of agencies people could contact if they felt unsafe or needed to access clinical support.

People were kept safe from the risk of harm by staff who could recognise the signs of abuse. Staff we spoke with could explain the process they would take if they felt a person was at risk of abuse and all staff we spoke with were aware of the provider's whistle blowing policy. Staff told us they were confident any concerns would be taken seriously by the provider and one member of staff said, "It is my duty to report any concerns." People we spoke with gave us several examples of how staff supported their rights and freedom. They told us that they could choose what to eat, what they wanted to do each day and when they wanted to get up and go to bed. Throughout the day we saw that staff supported people in line with these wishes.

The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Staff we spoke with and our observations confirmed that care records contained information which enabled them to manage the risks associated with people's specific conditions. The records for a person whose behaviour could put them at risk of harm or harming others, had been updated as their condition changed. Their behaviour was monitored so staff could quickly identify if the person was becoming unwell and take the appropriate action to keep them safe. All of the people living at the home accessed the community independently. We saw that risks associated with this had been identified and steps put in place, in consultation with people, to ensure that they could go out safely.

All the people who used the service and staff we spoke with told us that they felt there were enough staff to meet people's care needs. People told us they were always supported when they wanted and gave us examples of how additional staff were available when they undertook activities outside the home. One person said, "A member of staff came with me on the bus until I knew the route." We observed that any request for support was quickly responded to by staff and was unhurried. Staff absence was covered by regular staff or when necessary the service had employed additional bank and agency staff. We observed that a bank staff who was working during our visit was well known to the people who used the service and the staff rotas showed that people were supported by consistent staff.

We looked at how the service managed medicines. All the people we spoke with were confident that they were supported to take their medication appropriately. One person told us, "I know all my medicines and what they're for." Another person said, "They watch me take them, eventually I will look after them myself." Although most people received some support from staff, they were still encouraged to be independent with certain aspects of their medicine management such as reviewing them with their GP and collecting prescriptions. Staff conducted regular reviews and assessments to ensure people were managing their medications effectively. We saw that medicines were stored safely and the provider had taken prompt action to involve health care professionals when there were indications people were not taking their medication as prescribed. Systems were in place to check that medicines had been administered safely and staff had received training about the safe administration of medicines.

Good

Is the service effective?

Our findings

People were supported to achieve their goals and objectives for living independently. People told us they were pleased with how they were supported. One person said, "I am better since I came here." Another person sad, "This is the best place I've been in." All the people we spoke with felt confident the service was giving them the skills and confidence to live independently. Two people said they were look forward to getting their own flats. A health care professional, who had supported people to use the service for several years, said they were very pleased with how the service had supported people to make improvements to their health.

People living at the home had experienced mental ill health and were currently undergoing a programme of rehabilitation to live independently in the community. Staff had a good knowledge of what this meant for the people and how it affected each person individually. One member of staff said, "We want to support them be independent. We want them to improve and move on to their own places." There were systems in place to ensure that staff were kept up to date with knowledge of best care practice to support people who experienced mental ill health.

All the staff we spoke with said their training had made them confident to support the people who used the service. A member of staff said, "Training is not a problem." A review of training records confirmed that staff had reviewed regular training in the skills appropriate to support the people who used the service. Staff told us and records also confirmed that they received regular supervisions with senior staff to maintain their skills and knowledge. We observed a handover between staff shifts. The handover enabled staff to share information that ensured staff coming on duty were knowledgeable about people's latest health care needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

All the people who used the service had the mental capacity to choose how they wanted their care to be delivered and how they wanted to live their lives. The registered manager and staff we spoke with were knowledgeable about the principles of the MCA and how to support someone if they lacked mental capacity. A member of staff said, "We can advise, but after all it's their choice what they do." Another member of staff said, "[Person's name] is an adult. I would not share information with their family, without their permission." People told us that they were involved in writing their care plans and we saw that these were regularly signed as confirmation of their consent to be supported in accordance with these plans. Care plans were updated when people said they wanted or agreed to be supported differently. We noted that people were supported in line with their wishes.

We saw that people were encouraged to remain as independent as possible when planning and preparing their meals. People planned their own menus and were responsible for the purchase and preparation of food and drinks they wanted. One person told us a member of staff had helped them to plan healthier meals and we saw that when necessary people were supported to plan reduced calorie diets in order to achieve a healthy body weight. Staff used meal times to promote people's social skills and independence. This included encouraging people to cook together and taking it in turns to cook a lunch on Sunday for everyone in the house. When people wanted to cook or eat on their own this was respected by staff.

Several people had health conditions which were managed through their diet. People we spoke with understood how to do this and one person told us, "The staff have told me all about it, I go to clinic and I know what I can and can't eat." When necessary the provider had a process to involve healthcare professionals and monitor people's nutritional health if they felt people were at risk of become unwell through their diet.

As part of encouraging independent living, people were supported to manage their own ongoing healthcare needs such as arranging GP appointments, visiting specialist clinics and collecting prescriptions. This ensured people

Good

Is the service effective?

knew how to access the health care services they may require when they left the service. During our visit we observed one person attended an optician's appointment and another person a GP appointment on their own. One person also called their GP to book a healthcare appointment as they were feeling unwell. When requested staff had supported people to access these services and when appropriate had contacted healthcare professionals directly if they were concerned about a person's health. People who used the service and staff told us they had regular multi-disciplinary team meetings with health care professionals who had an input into their care plans. This ensured that that people's latest care needs were known and coordinated between all the healthcare professionals who had an interest in supporting their welfare.

Good

Is the service caring?

Our findings

All the people we spoke with said they enjoyed living at the service. A person who used the service told us, "They really go out of their way to help." Another person said, "Just tell the staff you need help and they will come."

We observed people had developed caring relationships with the staff who supported them. Staff constantly interacted with people and were considerate and respectful of their wishes and feelings. We observed one person share a joke with a member of staff and both told us they engaged in daily, "Banter," with each other.

People were encouraged to express their views at regular group and 1:1 meetings with a member of staff. People told us they felt their views were important to staff. One person said, "They listen to me. It is important to them that I get well." Staff we spoke to were knowledgeable about and took an interest in people's lives and wishes. Staff we spoke with told us how they supported people to keep in touch with people and, when requested, help them not to come into contact with those who they did not want to meet.

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. We saw that there were regular review meetings with people who used the service and key members of staff. People completed self-assessments of their care needs which were regularly reviewed. This allowed people to continually express how they wanted to be supported. We noted staff supported people in line with these assessments. People who used the service organised meetings with the registered manager and chose the topics for discussion. This enabled people to discuss issues which were important to them. The registered manager had arranged for a person who used the service to receive training so they had the skill to interview new staff. This enabled people to be involved in deciding who supported them.

People told us staff respected their privacy. People had keys to their own rooms and staff told us they would not go into someone's bedroom without permission. This allowed people to lock their bedroom doors when they did not want to be disturbed. Staff were aware when a person had expressed a preference to be supported by a member of staff of the same gender and people told us this was respected.

People were encouraged to be independent in all aspects of their lives. Independence was encouraged when carrying out housework, cleaning and choosing daily what the person would like to do. During our visit some people visited the community to develop life skills and attend work experience. During our visit one person attended a driving lesson and was advised to apply for their driving test. The service promoted people's independence and self-reliance.

We saw there were several notices and instructions for people who used the service and staff on walls all over the premises. This did not help to promote a homely feel. We discussed this with the registered manager and they said they would identify less intrusive ways of sharing this information.

Good

Is the service responsive?

Our findings

People told us that staff knew how they wanted to be supported and that staff respected their wishes. One person said, “I like watching TV. I can watch it when I want.” Another person said, “You get to do what you want.”

The provider supported people to engage in interests they knew were important to them. One person told us, “My key worker knows me. They helped me enrol onto a course I wanted to do.” They also told us they were supported to engage in an activity which involved them travelling around the country. Another person told us that they had been supported to engage in work experience when they expressed an interest in becoming more independent.

Staff we spoke with could explain people’s interests and what they liked to do. All the staff we spoke with said that promoting people to engage in these interests was important to their welfare and improvement. A member of staff said, “It’s finding out what they want to achieve and then finding a way to make it happen.” During our visit we observed people were continually supported to engage in the activities they said they wanted to do

People were free to exit and return to the home when they wanted and were supported to maintain relationships which were important to them. People told us that they regularly met friends in the community for lunch and social engagements. People were also supported to stay over with family and friends when they wanted and we saw that staff had recently supported a person to go on holiday with relatives.

People told us and records confirmed that they were involved in reviewing their care plans and that the registered manager sought people’s opinions of the service at regular meetings. We saw that they had taken action when people had made suggestions about new things they would like to do such as redecoration and organising social events. Care records were updated to reflect people’s views when they changed. This supported staff to provide care in line with people’s latest wishes.

The provider had a process to include people who used the service to in the recruitment of new staff. This would help the provider to employ members of staff people said they liked.

People we spoke with were aware of the provider’s complaints process. All the people we spoke with felt they could talk openly with staff and their concerns would be addressed appropriately. We observed that people were confident to approach and speak with the staff members who were supporting them. People regularly joined us and the registered manager to chat about the service and their experiences. There were details of the provider’s complaints policy available around the home. There was a process in place to submit any complaints or incidences to the provider’s head office for review in order to identify any adverse trends. This allowed the registered manager to recognise themes and trends and the actions required to reduce the risk of them happening again.

Good

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and were pleased with how it was managed. People told us they were encouraged to express their views about the service and felt involved in directing how their care was provided and developed. People told us; "They helped me to gradually improve;" "I have really enjoyed living at Pershore Road," and "It's a relaxing environment to get well in." A health professional told us they felt the service was very good and had a positive effect on the lives of the people they supported and their families.

Staff felt involved and expressed their confidence in the leadership at the service. A member of staff told us that the registered manager, "Put the residents needs first." Another member of staff told us, "The service offers scope for personal development".

The service had a registered manager who understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. There was a clear leadership structure which staff understood. Although the registered manager was also responsible for supporting another of the provider's locations, staff said the registered manager and area managers were always contactable when necessary. A member of staff told us, "The manager will be here in no time." This meant that staff could access to senior management advice and guidance when needed.

Staff were aware of the provider's philosophy and vison to promote people's independence. Staff we spoke with stressed it was important to promote peoples self-reliance and achievement their goals. One member of staff told us, "I come to work to make life better for the service users." Staff promoted an open culture where people felt they could raise and safely discuss issues which could impact on their current well-being. These included discussing family relationships and personal identity. The service had a philosophy to empower people with the skills and knowledge to sustain their mental well-being and independence in the future. This included finding innovative ways for people to use their existing strengths and skills to gain employment in things they liked to do, financial awareness and to recognise their self-worth. The provider aimed to prevent the reoccurrence people's mental illness.

Staff told us and we saw that they had annual appraisals and regular supervisions to identify how the service could be developed to improve the care people received. The provider operated a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care people received. People told us they felt supported by key workers. One person told us, "My key worker regularly checks my medicines and watches my behaviour." Other staff could approach key workers for guidance and advice on how to meet people's specific needs.

The provider had processes for monitoring and improving the service and obtaining people's views of the quality of the care they received. The registered manager had ensured checks had been conducted as planned. When adverse events occurred the registered manager had identified and implemented actions to prevent a similar incident from reoccurring. The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements such as decoration were needed. There were systems in place to review people's care records and check they contained information necessary to meet people's current needs. We looked at the care records for three people and saw that they had been regularly reviewed. Therefore staff had access to information which enabled them to provide a quality of care which met people's needs.