

Mrs Bimla Purmah

Angel Court Residential Home

Inspection report

31-33 Silver Birch Road
Erdington
Birmingham
West Midlands
B24 0AR

Tel: 01213824505

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 2 March 2016. At the last inspection in March 2014, we found the provider was meeting all of the requirements of the regulations we reviewed.

Angel Court Care Home is registered to provide accommodation for up to 22 people who require personal care and support. On the day of the inspection there were 21 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 was registered to manage two homes and split her time between the two homes. To support the registered manager in the management of the home two deputy managers were in place to oversee the home on a day to day. Each deputy manager had specific areas of responsibility.

People liked the food provided and received the food and drink they required to remain healthy. Mealtimes were not always well managed and referrals for follow up on weight loss were not always actioned.

People were kept safe because staff knew the signs to look for and were able to escalate any concerns they had.

Risks were protected from harm because risks had been identified and plans put in place to manage them.

People received their medicines as prescribed.

People were supported by sufficient numbers of staff that had the skills, knowledge and experience needed to provide effective care.

People's consent was sought before care was provided and systems in place ensured that their human rights were protected.

Arrangements for meeting people's healthcare needs were in place.

People were supported by staff who were caring and treated them with respect and that supported people to be involved in making decisions about their care and support. People were treated with dignity and offered choices in a way they could understand.

People were able to express their views about the service they received.

People, relatives, professional visitors and staff felt the home was well managed. The provider had systems in place which monitored the quality of service the home provided.

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 was safe.

People were protected from abuse and unnecessary risks because staff had been provided with the appropriate skills and knowledge to raise concerns and provide safe care.

Staff were safely recruited and there were sufficient staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were supported by staff who understood their needs.

People were asked for their consent before care was provided. People were involved in making choices about their care and diet but the mealtime experience was not always good.

People received additional support from healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People had developed positive relationships with staff that were caring and considerate.

People were able to make decisions about the care they received.

Privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

The service was responsive.

People received care and support based on their individual needs. Reviews were carried out to ensure that changing needs were identified and met.

Most people were happy that there was enough for them to do to keep them occupied.

People were able to express their views about the service and felt listened to.

Is the service well-led?

Good ●

The service was well led.

There was an open and inclusive atmosphere in the home.

The registered manager provided leadership and ensured that the quality of the service was maintained.

People were encouraged to express their opinions about the service.

Angel Court Residential Home

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 2 March 2016 and was unannounced.

The inspection was carried out by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people. We received comments from four health care professionals about the service and we used this information to inform our inspection.

The provider had completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

We spoke with nine people who received support from the service. Because some people we spoke with were living with dementia and unable to tell us very much about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a 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 spoke with six relatives, one deputy manager and three staff including an apprentice and person on work experience.

We looked at the records of three people who received support from the service, medication records, staff

training records and records for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "It's nice here. They look after you well." A relative told us, "[name of person] doesn't know where they are but we are happy with the care. We think [person] is safe." A visiting professional told us that in their experience people were happy with the care their loved ones received and believed that it was a safe environment. Our observations showed that people were comfortable in the presence of staff and people were able to express themselves openly. We heard one person say to a member of staff, "I'm glad you came, you are nice and always speak to people." Staff told us they had received training in protecting people from abuse and were able to describe how they would identify signs of possible abuse and how they would escalate any concerns they may have. Records we hold about the service showed that concerns were raised when needed with the local authority and CQC.

Risks associated with the care provided had been assessed and plans were in place to ensure that people's needs were met safely. One person told us, "I had lost some weight so I get milk shakes to help me put weight on." A relative told us that they were able to look at their family member's records and saw that there was information about their weight and medicines they were taking. Staff were able to tell us how they kept people safe and we saw that care was provided in line with their care plans. We saw that pressure relieving cushions were used for people at risk of developing sore skin; hoists were used for people who were not independently mobile; and sensor mats were in use for people at risk of falling so that staff were alerted if the person stood up so that staff could assist them. We saw that care records were reviewed on a regular basis to ensure that any changes in needs were recorded so staff knew how to assist people safely. Staff told us there were systems in place to ensure that changes in people's needs were passed onto them and that they knew what actions to take in the event of an accident or fire. This showed that people would be kept safe in emergency situations. The provider told us in the PIR about the systems they had in place to ensure people's safety and we saw that these were in use.

People were supported by sufficient staff to meet their needs. Most people felt there were enough staff available to provide care and support when they needed it. One relative told us that the staff were always busy but always available if needed. Our observations showed that staff were attentive to people's needs. For example, when people asked for drinks or a razor to shave themselves staff responded quickly. All of the staff members we spoke with felt there were enough staff to meet people's needs. Staff told us that before they started work they were interviewed and the required recruitment checks were undertaken. These included checks with the Disclosure and Barring Service (DBS) and checks with previous employers to help ensure suitable staff were employed.

We saw that people received their medicines with appropriate support. People told us they were happy with the way staff supported them with their medicines and that they received pain relieving medicines when they needed them. We heard one person say, "Body no good, hurting." A member of staff said straight away that they would bring some painkillers and some cream for their ankles which pained them. We saw a member of staff administer medicines to people in the way they wanted. For example, one person was given their tablets on a spoon whilst another person had their medicines placed on their hand for them to take. We saw that the member of staff waited to see that the person had swallowed their medicines before

moving away and completing the records. Staff demonstrated a good knowledge of people's medicines and told us they had received training in administering medicines. Staff told us that only staff who had received training in administering medicines were able to give medicines. Systems were in place to ensure medicines were received and administered safely. We saw that medicines were stored securely and accessible only to staff who administered them.

Is the service effective?

Our findings

We saw that people were weighed regularly. We noted for one person that they had lost small amounts of weight on four consecutive months. Records showed that the person did not always eat well however no referral had been made to the doctor for the weight loss to be followed up. This was important as weight loss can be an indicator of an underlying health problem. The deputy manager confirmed that no referral had been made to the doctor and that there had been an oversight for this person.

We observed the lunchtime meal in one lounge where some people needed assistance to eat. We saw that people received support with eating however, the support was not provided calmly and consistently by one person who was able to chat and encourage them to eat. We saw that staff did not have the time to sit and assist people with their meals. We saw that during the mealtime one person was banging their cutlery on the table and whilst being assisted to eat they began to choke because they had been storing food in their mouth. We discussed the organisation and management of the mealtime with the deputy manager.

People told us the food was nice and they were given choices about what they ate. One person told us, "The food is good." Another person said, "It's nice here, you get all your food." Another person told us that there were choices every day. We saw that people were able to make choices at all meal times. We saw that at breakfast people had a variety of things to eat according to their wishes. We saw one person eating an egg sandwich, another person with Weetabix in hot milk and a jam sandwich and other had cornflakes. We saw that people's individual choices in drinks were fulfilled for example, one person liked their tea milky and another person liked hot chocolate during the day. We saw that drinks were available when ever people requested them and at set times during the day. We saw that nutritional assessment had been carried out to identify people at risk of not eating sufficient amounts or those who needed a soft diet to assist with safe swallowing

People told us they were happy with the care they received. One person told us, "They help me when I need help." Another person said, "They [staff] ask if I want to get up." One relative told us, "The staff are really good." Another relative told us, "Yes, my relative has been doing well in the care home and the staff are very nice and welcoming." A third relative told us, "They [staff] have the patience of a saint." One visiting professional told us they had been impressed by the way in which the registered manager had supported someone with behaviours that were challenging to other people. The PIR told us about how the service had been effective in supporting an individual to live independently and move to supported living accommodation.

Staff were knowledgeable about people's needs and our observations showed that people received support based on their care plans and according to their needs. The PIR told us the registered manager had a training matrix to track when staff required an update to their training and apprentices were put under supervision of experienced staff. Staff confirmed this and told us that they received regular training and we saw evidence of training that had been organised to update staff skills and knowledge. The PIR told us and staff confirmed that they received regular supervision and had staff meetings where they were able to discuss issues and get support in carrying out their roles.

We saw that people, or their relatives when appropriate, had been involved in planning how people received their care. Information was gathered about people's past histories and their likes and dislikes so that staff knew what was important to people. For example, people's food preferences and times for going to bed and getting up were recorded because people living with dementia were not always able to tell staff what their preferences were.

People were able to decide on a day to day basis how care was delivered. People were asked for their consent before staff provided care and support. We observed that staff sought agreement from people about things such as where they would like to sit, or what they would like to eat and drink. We saw that one person said, "They haven't brought my box." The staff knew immediately what was required and brought the person's dentures box.

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 told us they had received training in the MCA and we saw that they were putting their training into practice. People were encouraged to make choices and decisions about their care where possible. For example, staff told us and people confirmed that were not woken up in the morning but were assisted to get up and have their breakfast when they woke up themselves. We saw that where possible people had been consulted about whether they wanted to receive life-saving treatment after a heart attack. Where people were unable to contribute to these discussions decisions were made in their best interests following involvement of their families and professionals involved in their care.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been agreed for some people and applications to renew them were made before they authorisations lapsed.

People were supported by staff to see the doctor and district nurses when needed. Relatives told us that they were kept informed about people's wellbeing and informed if they were unwell. Staff told us about the information that was sent with people if they needed to attend hospital in an emergency ensuring that other professionals knew about methods of communication, medicines being taken and any allergies. Visiting health care professionals told us that they were happy with the way the staff liaised with them about people's health needs. One healthcare professional told us, "I have a weekly handover with the staff at Angel Court, where they would inform me of any residents they have any concerns with."

Is the service caring?

Our findings

People told us that staff were caring and treated them with respect. One person told us, "They [staff] are nice. They look after you." A relative told us, "[Family member] always says they [staff] are lovely. She wouldn't say that if she wasn't happy." We saw there were positive caring relationships between people and staff and there was a friendly relaxed atmosphere within the home. Comments we received from professionals that visited the home supported our observations. One professional said, "I hear positive feedback about [name of registered manager] from the residents and I like how she is engaged in their care. She does genuinely care about her residents and staff." We saw that people were comfortable and relaxed in the company of staff who supported them. We saw that when people smiled at staff and instigated conversation the staff always responded to them so that they felt listened to and valued.

Relatives told us that people were happy in the home and felt cared for. A relative told us, "[Family member] is always glad to be going to the home." Our observations showed that staff were attentive to people, listened to comments they made and responded in a caring way to their needs. Staff knew the needs of the people they were looking after. For example, when one person said they had not got their box, staff understood this to mean their denture pot and brought it to them straight away.

People were supported by staff to remain as independent as possible. One person told us, "I can go to the toilet myself when I'm at home but staff help me when I go out shopping." We saw that another person got up several times in the day to walk up and down the lounge as a form of activity. This was possible because their walking frame was always left in close proximity to them so they did not have to call for assistance to get it. Staff told us they encouraged people to be as independent as possible and shared examples of people assisting with laundry and other tasks such as wiping down the tables.

We saw that people were able to make choices about their food and drink, options for activities and where they spent their time. During the day we saw that some people moved between the communal areas when they wanted and other people stayed in their bedrooms as was their wish.

Relatives told us they were supported by staff that respected their privacy and maintained their dignity. Staff were able to tell us how they supported people in a way that upheld their dignity which included giving people choices and supporting people with personal care in a discreet manner. This was confirmed by our observations. A member of staff told us that one person always stayed in their room and took us to meet them. We saw that the staff knocked on the bedroom door several times and waited for several minutes to be asked to go in. It was evident that this was a normal event and not done for the purpose of the inspection.

Is the service responsive?

Our findings

Relatives we spoke with told us they had been involved in planning their family member's care. One relative told us that they had provided information about their family member's likes and dislikes and life histories and this was recorded in the care plan. Staff told us that there was a handover of information from one staff team to the next so that any changes in people's needs were passed on. During our inspection we saw a social worker involved in a review of one person's care and relatives confirmed that this took place on a regular basis. People's individual cultural needs were met by staff who spoke a range of languages and that understood their cultures. This ensured that staff had the information they needed to support people with care that met their individual needs and that people's needs were monitored and any changes were identified and planned for.

People told us their family members were able to visit at any time. We heard staff reassure and confirm to them when their relatives were going to visit them. We spoke with visiting relatives who told us staff kept them updated with any relevant information about their family members. One relative told us, "Any little thing and they tell us about it."

People and relatives were consulted about activities that people may wish to be involved in. One person told us they regularly went out to the shops and this was reflected in the records we saw. There was a variety of views from relatives regarding the level of activity in the home. This ranged from "very little going on" to "staff try but people don't always want to be involved." There was an activities programme displayed on the wall and we observed some activities such as throwing and catching a ball, nail painting and watching a film.

Relatives spoken with told us that they would have no hesitation in raising any concerns and that if they had raised any issues they were addressed promptly. One relative told us, "There are meetings for us to attend to raise concerns or we can speak with the staff whenever we need to. In fact, most times we visit we are asked if everything is okay." We saw that surveys were carried out to get the views of people and their relatives and we saw that mostly people were happy with the care provided but comments we received were that the physical environment could be improved. The PIR told us that no complaints had been received but some issues had been raised about the décor of the home and people's clothes getting mixed up. Actions were being taken to address these issues.

Is the service well-led?

Our findings

Relatives and visiting professionals told us they felt the home was well managed. Relatives told us their family members received a good quality of care. All the relatives we spoke with were very complementary about the staff team. One relative told us, "The senior team are excellent and the other staff are really good." Another relative told us, "I would rate the care as four or five star." All the healthcare professionals that provided us with information about the service told us they felt the home was well managed. Staff told us there was an open culture in the home and they felt able to discuss any concerns with the provider who was also the registered manager. One visiting professional told us, "[Name of manager] is a good, effective leader; therefore I feel the it (the service) is well led. She listens to my advice and is open to suggestions to improve her care home."

There were systems in place to monitor and improve the service. These were based on the views of people and regular auditing of records and practices in the home. People's views were sought through surveys and meetings. Staff told us and records confirmed that there were staff meetings and staff supervision sessions where they could raise any issues and make suggestions for improving the service. One staff member told us, "The managers are approachable and supportive. You can go to them anytime." Relatives were aware of who the registered manager was and told us they saw them regularly. Relatives told us and we saw records of meetings where they were invited in by the registered manager to discuss the service provided. Relative's told us they were able to express their opinions about the service and what improvements were needed. All the relatives felt listened to.

We saw that regular checks were made to review people's medicines, the environment people lived in, accidents and incidents and records of people's care and support. We saw these included reviews of people's care records and surveys completed by relatives. One of the main issues raised by relatives was the décor and furnishings in the home. The registered manager told us that an update of the environment was planned to be addressed during the summer months.

There was a registered manager in post but she was not available at the time of our inspection. The registered manager spent her time between the two homes that she was registered to manage. To support her in her management role there were two deputy managers at Angel Court Care Home that were responsible for the day to day management of the home. We saw that the registered manager was able to fulfil her responsibilities as a registered person and had notified CQC of significant events as required by law. Healthcare professionals involved in the home told us the registered manager was proactive in seeking advice and supporting other providers in the care sector. They told us the registered manager attended local provider forums and training events which kept their practices up to date.