

Kidderminster Care Limited

Loretta House

Inspection report

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Date of inspection visit: 28 and 29 May 2015
Date of publication: 13/07/2015

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 

Overall summary

This inspection took place on 28 and 29 May 2015 and was unannounced

Loretta House is registered to provide residential accommodation and personal care for up to ten adults, who have a learning disability. At the time of our inspection visit there were seven people living there.

There was a registered manager in post at the time of our inspection. 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.

Following our last inspection on 15 July 2014, we found the provider was not fully compliant with the regulations inspected. The home environment posed a risk to people's safety and the provider's process for managing risks for people in the kitchen, did not promote

Summary of findings

independence. There was no registered manager in post. We asked the provider to send us an action plan outlining how they would make improvements and we considered this when carrying out this inspection visit.

There had been some improvements. A new manager had registered and was in post. The flooring in the downstairs bathroom had been repaired although the bathroom floor upstairs remained damaged. A downstairs bath had been re-enamelled and the sealant replaced. The floor in the kitchen had also been repaired. Bedroom and lounge furniture had been replaced. Risk assessments had been reviewed and were person centred to promote independence and not risk averse.

People that lived at the home felt safe and staff was available to support them. Staff knew how to reduce the risk of harm to people from abuse and unsafe practice. The risk of harm to people had been assessed and managed appropriately. The provider had systems in place to keep people safe and protected them from the risk of harm and ensured people received their medication as prescribed.

There were sufficient numbers of staff available to meet people's identified needs. Staff were suitably recruited and received the necessary training to meet the care and support needs of people. The provider took action to protect people's rights. However, there was some misinterpretation concerning the principles of depriving people of their liberty, where it was appropriate.

People's health and support needs were met and they were able to choose what they ate and drank. Staff were caring and treated people with respect and dignity.

There were a range of social and leisure activities that people could choose to take part in. There was a complaints process that people and relatives knew about. People's concerns were listened to and addressed quickly.

The provider had internal quality assurance systems to monitor the care and support people received, to ensure it was of good standard.

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 safe.

People said they were safe and staff were trained to reduce the risk of abuse and harm to people.

There were sufficient staff suitably recruited to provide care and support to people.

Systems were in place to ensure people received their medication in a safe way.

Good



Is the service effective?

The service was not always effective.

People received care and support from staff that were experienced and trained.

Key processes had not been fully followed to ensure all people's rights were protected.

People were supported to have a varied diet, and their health care needs were met.

Requires improvement



Is the service caring?

The service was caring.

People told us the staff were kind and caring.

People's privacy, dignity and independence were respected and promoted by staff.

People were supported to make decisions about their daily care as far as possible.

Good



Is the service responsive?

The service was responsive.

People received care and support that met their changing needs.

People knew how to raise concerns about their care and felt they were listened to.

People were supported to take part in group or individual activities.

Good



Is the service well-led?

The service was well led.

People were happy with the quality of the service they received and managers and staff were accessible and friendly.

Good



Summary of findings

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| Quality assurance processes were in place to monitor the service, so that people received a good quality service. | |
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Loretta House

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 visit took place on 28 and 29 May 2015 and was unannounced. The inspection was undertaken by one inspector.

When 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 who purchased the care on behalf of people to ask them for information about the service.

Although most of the people were able to tell us in detail about how they were supported and cared for. We used the Short Observational Framework Inspection tool (SOFI) to help us to assess if people's needs were appropriately met. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with five people that lived at the home, two care staff and the registered manager. We sampled two people's care records and looked at two people's medication administration records. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to ensure people received a quality service.

Is the service safe?

Our findings

We last inspected this service in July 2014 and found breaches of Regulation 15(1)(c)(i) of the Health and Social Care Act 2008. Adequate maintenance of the environment had not been carried out. We asked the provider to send us an action plan outlining how they would make improvements. The provider told us there would be an on-going schedule in place to make sure decorating and maintenance would be carried out as and when required. We saw the downstairs bathroom and kitchen floors and one bath had been repaired. Furniture in people's rooms and in the lounge had been replaced. Although a second upstairs bathroom had not been repaired. However, we saw correspondence between the provider and contractor that confirmed this work was scheduled to take place shortly. This would ensure the service continued to provide a comfortable and safe environment for people living at the home.

People told us they felt safe living at the home. One person said, "Someone banged on the window at night and the staff sorted it out, it hasn't happened again." Another person said, "They tell me not to speak to strangers when I go out." A staff member told us, "Everyone has an identity card with the home's contact details and people also have a mobile phone." We saw that people responded confidently around the staff which demonstrated to us they felt relaxed with the staff at the home.

Staff told us they had received safeguarding training. Staff knew how to escalate concerns about people's safety and were aware of the different external agencies they could report concerns to. A staff member said, "Most of the staff have been here for a while and we know the people well, if their reactions or behaviours were different in any way, we would raise it with the manager." The provider's safeguarding procedures provided staff with guidance on their role to ensure people were protected. We saw staff had received safeguarding training with refresher training also being arranged on an annual basis. The provider kept people safe because there were appropriate systems and processes in place for recording and reporting safeguarding concerns.

Risk associated with the care and support needed by people had been identified and plans put in place to manage them. For example, one person told us, "We take turns to make lunch for everyone." A staff member told us,

"We review assessments every month, the person takes the lead and sometimes more often if there is a change in their needs or they want to do a new activity." We saw from care plans that appropriate risk assessments had been completed to support people, for example, in the kitchen to prepare hot and cold drinks, snacks and small meals.

Staff said safety checks of the premises and equipment had been completed and we saw records were up to date that confirmed this. Staff told us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

People said there was always staff available to support them, one person said, "There is always someone here when I need them." Staff told us they would cover shifts for each other in the event of sickness or annual leave so people had continuity of support. The manager also provided emergency cover and could be called upon at short notice. We saw there was sufficient staff on duty to assist people with their support needs throughout the day.

People were supported by staff, who had been recruited properly to prevent a risk of harm and had the right skills and knowledge. One person said, "I like [staff name] they know what to do." Staff told us they had completed the appropriate pre-employment checks before working unsupervised at the home. We looked at two staff files and found the pre-employment and Disclosure and Barring Service (DBS) security checks had been reviewed and completed. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People told us staff always helped them with their medicine. One person told us they took their own medicine when they were out all day and that the staff helped them to do this safely. The staff recorded the booking out of medicines which monitored medicine was being taken as prescribed and checked daily by staff. We saw medicines were given as prescribed by the doctor. All medicines received into the home were safely stored, administered, recorded and disposed of when no longer in use. We looked at Medication Administration Records (MAR) charts and saw that these had been completed accurately. We found the provider had procedures in place for managing people's medicines to ensure staff administered medicines in a safe way.

Is the service safe?

We asked the registered manager about medicine that could be taken 'as and when needed'. They told us they

were not permitted to keep a supply of medicine on the premises and if someone developed, for example, a head ache, they would contact the GP for a prescription. People told us they received pain relief when they required it.

Is the service effective?

Our findings

People told us they thought staff knew them well and felt they were trained to support them. One person said, “All the staff are great, they are really nice people.” Discussions we had with the staff demonstrated to us, they had a good understanding of people’s needs. Another person told us, “[Staff name] helps me and does things the way I like them to.” A staff member told us, “This is the best place I have worked.” We saw there was a number of staff who had worked at the home for a number of years. This sustained consistent and stable relationships between people and staff. Staff also told us they had received ongoing training, supervision and appraisals to support them to do their job. A staff member told us, “We’ve just started a new training course and it’s really interesting.” We saw staff received regular supervision and their training requirements for the year were planned and tracked.

We saw that staff gained agreement from people before supporting them with aspects of their care. Staff told us that they always sought people’s agreement before offering support. Although some people did not communicate verbally, staff understood each person well enough to know when they were in agreement or not; as people would express themselves using gestures and body language.

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people, who may lack mental capacity to make decisions to consent or refuse care. Deprivation of Liberty (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for permission to deprive someone of their liberty in order to keep them safe. Staff had an understanding of the principles of the MCA in relation to their role, but not all understood the DoLS. We saw that one person that lived at the home

lacked the mental capacity to make informed decisions about their care and support. The registered manager had completed a mental capacity assessment and undertaken a best interest meeting, although we saw that no application had been submitted to the local authority. The registered manager explained to us their reasoning why an application had not been sent and that they would seek guidance from the Supervisory Body. A DoLS application was submitted following our inspection visit.

People told us they would sometimes make breakfast for themselves and others in the home. One person said, “It was my turn today and I made toast.” Staff told us it was usual for people to help and prepare lunch for everyone and staff prepared evening meals. Another person said, “The staff make us nice dinners.” Staff told us they knew what people’s meal choices were and whether they had specific dietary needs. For example, one person had an allergy to a type of fruit. One person showed us how they had improved their diet and lost weight. We saw menus were planned over a four week period and people were involved in menu planning. Picture menus were displayed so that people knew what meal choices were available to choose from. A staff member said, “We do try to encourage people to eat a more healthy diet, we do make suggestions, but it is their choice.” We saw that drinks, fruits and snacks were available to people when they wanted.

People told us they were happy with the care and support they received from staff. One person told us, “I really like it here very much.” Another person said, “I don’t want to leave, I am very happy.” We saw a number of health and social care professionals came to visit people in order to re-assess their needs. People told us they discussed their care and support needs with the staff on a regular basis. Care plans showed people were seen by health and social care professionals when required.

Is the service caring?

Our findings

People told us the staff were helpful and kind. One person said, “I really like [Staff name] they look after me and are always smiling.” Another person said, “The staff are great I like them all.” We saw that staff called people by their preferred names and listened to what people had to say. One person told us, “The staff do listen to me when I ask them to help.” We heard a lot of laughter during our visit and the atmosphere was relaxed. Staff were visible and seen sitting with people on a one to one basis, engaged in friendly conversation, talking with the person about their daily activities. A staff member said, “We are like one big family.”

People said they were involved in all decisions and planning about their support and care needs. One person told us, “[Staff name] helps me and asks me if I am alright.” Another person said, “[Staff name] helps support me and they are very nice.” We saw that staff encouraged people to be as independent as possible and were respectful when talking with them. Staff told us that people’s needs assessments and care plans included information about how to provide individual care and support to people. We saw that the care plans included personal information, for example, religion and communication needs. One person told us they were supported every week to go to church. Staff had a good understanding of people’s care needs and demonstrated in their answers they knew the people well.

One staff member said, “We know people well here, so we understand their needs.” People were relaxed and contented around the staff who supported them and felt they could go to staff and ask for help when needed.

Two people invited us into their bedrooms, we saw they were personalised with many personal items significant to them. They told us they liked their rooms and were very happy. They told us they did not want to live anywhere else. The bedroom doors had keys in the locks. One person said, “I can lock the door, but I don’t want to, no-one comes in when I’m not in it.” We saw people were able to access their bedrooms during the day, if they wanted some privacy. One person decided to relax in their nightwear and rest in their bedroom. We saw that people, on occasion, had also been additionally supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes. The provider had supported people to access advocacy to ensure the person could fully express their views.

People told us their privacy, dignity and independence were respected by staff. One person told us, “I go to work three times a week and church on Sunday”. Another person told us, “Staff always knock and call my name before they come into my room.” Staff told us they would encourage people’s independence as much as possible and showed us in their answers, how they respected a person’s privacy and dignity. During our visit we saw arrangements had been made for one person to attend a football match with their relative. Another person told us, “I can call my relative whenever I want to” which ensured the provider supported people to maintain family and friend relationships.

Is the service responsive?

Our findings

We last inspected this service in July 2014 and found breaches of Regulation 17(2)(g) of the Health and Social Care Act 2008. Appropriate opportunities, engagement and support to people had not always been provided to ensure autonomy and independence. We asked the provider to send us an action plan outlining how they would make improvements. The provider told us they would risk assess the capabilities of all the people living in the home for each independent task, both inside and outside the home. We saw all risk assessments had been reviewed and updated to reflect a more person centred approach.

People told us they felt their care and support needs were being met. People said staff would talk to them about things, and we saw staff offering one person reassurance when they became anxious. One person said, "I love living here, everyone is good to me." People told us they talked about their care and support needs with the staff on a regular basis. We saw there were pictorial aids displayed around the home with information in a format that people could understand. One staff member said, "We use the pictures a lot to encourage people to choose what they want, it helps them when they can see the differences." We saw that staff responded quickly to people that asked for or required support. A staff member said, "It's about the people, we are here for them and if they are happy I am happy."

One person told us about the support they received from staff to improve their health. They told us, "I do more exercise now and eat more fruit." Staff were able to tell us about people's individual support needs and interests. For example, one staff member told us "[Person's name] may not be able to verbally tell us what they want, but we all know from their facial expressions and behaviours what

they want to do." Another staff member said, "This is a small home so can be very person centred and everything we do is about the person." We saw staff involved people in decisions which they were comfortable with. Care plans showed people's preferences and interests had been identified and were regularly reviewed taking into account individual needs.

People told us they did whatever social activities they choose to do. One person said, "I'm very busy I do lots of different things." Another person told us, "I like to go for walks." We saw that people had regular activities arranged throughout the week. For example, people attended different day centres, volunteering at local charity shops and cafes and helping out at the local church. On the day of our inspection visit, two people decided to go shopping. Staff told us the activities were regularly reviewed and discussed with people before deciding what to do. One person told us it was their birthday and everyone would be going to the cinema. Another person said they looked forward to 'takeaway' nights. Staff described to us how they assisted people with non-verbal communication to choose social activities with the use of pictures.

Although people told us they had no complaints and were very happy. One person told us about an issue they had with an upstairs bathroom. We asked the person if they had spoken with the manager, they had not but said they would. We also raised this with the manager who said they would speak with the person and confirmed the bathrooms were due to be modified and decorated. Another person said, "If I'm not happy I will tell [staff name]." Staff told us they were confident if there were any complaints, the manager would resolve them quickly. We saw there had been no complaints. In the event of any complaints being raised, there was a system in place to record and investigate.

Is the service well-led?

Our findings

People told us they felt the home was 'good' and the quality of the support and care they received was 'very good'. One person said, "I have been here a long time and know the staff." Another person told us, "I really like [staff name] they give me lots of hugs." A staff member told us, "I love it here; I wouldn't want to work anywhere else." Another staff member said, "The manager is always accessible, even when they are not here they tell us to phone them anytime." We saw the manager was visible; staff and people confidently approached them for advice and support.

Staff told us they had regular supervision and team meetings where they were kept informed on the development of the service and encouraged to put ideas forward. One staff member explained to us how they had made a suggestion which had been introduced. Another staff member said, "The manager will listen to what you have to say and act on it." We saw the manager conducted regular supervisions with staff and team meetings were held.

The provider had taken steps to obtain feedback from people and relatives through meetings and questionnaires. Questionnaires had been sent out to relatives; however the response had been low. The registered manager explained a number of people did not have a next of kin and some relatives lived abroad and they emailed forms to those relatives. We saw from the feedback forms that had been returned, people and relatives were happy with the level of support and care being delivered. The registered manager showed us how they would follow up on any areas for improvement, if they were to receive negative feedback about the service.

There was a registered manager in post. Our records showed that we had not received any formal notifications from the provider of significant incidents concerning people who used the service. We noted that although incidents and accidents, where appropriate, had been properly recorded, no significant incident had taken place that should have been reported to us. Staff told us about the procedure they should follow to report any incidents or accidents. This demonstrated that systems were in place so that when required, the provider would report any important events that affected people's welfare, health and safety. Therefore, the provider knew what action would need to be taken to meet their legal obligations as required to by law.

The management structure was clear within the home and staff knew who to go to with any issues. Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager and if it became necessary, to contact the Care Quality Commission (CQC) or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations, for example CQC.

The provider had an internal quality assurance process that involved the registered manager and the regional manager completing monthly audits of the service. Following the audit, the registered manager completed an action plan that detailed how they would address any identified shortfalls. We saw that regular audits were completed. For example, health and safety, care plans, staff records, training, supervision, medicines and the environment. Staff confirmed the regional manager visited the home frequently to complete these audits and deliver training. This demonstrated the provider had procedures in place to monitor the service to check the safety and wellbeing of people living at the home.