Birmingham City Council

Ann Marie Howes Centre

Inspection report

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Date of inspection visit:
25 March 2021

Date of publication:
28 April 2021

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Ann Marie Howes Centre is a purpose-built care home registered to accommodate and deliver personal care to a maximum number of 32 people. At the time of this inspection there were 20 people living at the Ann Marie Howe Centre, receiving personal care, who were over 65 years of age and living with dementia and/or physical disability.

People's experience of using this service and what we found
Staff had received training in safeguarding and knew how to keep people safe. There were recruitment processes in place and recruitment checks were carried out before staff were appointed.
Medication was administered safely and staff supported people following good infection control practices.

People were supported by kind and caring staff who knew people well.

The new manager was implementing changes to improve the quality of the service and had carried out audits to monitor the quality and safety of the service. Surveys were completed to gather information about people's views. Spot checks were carried out to ensure the quality of the service was maintained.

Rating at last inspection (and update)
The last rating for this service was requires improvement (published 29 July 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

Why we inspected
The inspection was prompted in part by notification of a specific incident whereby the person using the service made allegations of sexual abuse. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. There were further allegations of poor care. A decision was made for us to inspect and examine those risks and we undertook a focused inspection to review the key questions of safe, and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not plan to inspect them. However, during the inspection, following positive feedback we received about the service, we decided to inspect the key questions of caring and responsive. Ratings from previous comprehensive inspections for those key questions not inspected were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed. The service has improved from requires improvement to good. This is based on the findings at this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ann Marie Howes Centre on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Ann Marie Howes Centre

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by two inspectors.

Service and service type
Ann Marie Howes Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed information received by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the interim manager (referred to as "the manager" throughout the report), the deputy manager care workers and the chef. We also spoke to a visiting health professional.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at a range of records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.
- Risk assessments were in place for people. Staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe.
- Falls monitoring was in place and risk assessments were updated where falls had occurred and referrals made to the falls clinic where needed.
- Peoples' weight and dietary needs were monitored through the provider's new electronic system (I-Care). The chef told us, "I also monitor the weights on I-Care. If I notice any weight loss, I will flag this to the managers."

Systems and processes to safeguard people from the risk of abuse
- People and relatives we spoke with told us people were safe. One person said, "Yes, I am very safe, very. I am afraid in the shower but they [staff] are very good and reassure me."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Staffing and recruitment
- We saw there were enough staff to support people and people did not have to wait long for assistance when needed. One person told us, "I just shout if I want something and they [staff] come."
- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.

Using medicines safely
- Peoples' medicines were managed safely. Medicines administration records we observed showed people received their medicines as prescribed.
- Staff received training and regular competency checks to ensure they were administering medicines safely.

Preventing and controlling infection
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● Accidents and incidents were recorded and investigated to reduce the risk of them from happening again in the future.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. One person told us, "The staff are beautiful, it's a lovely place." A relative said, "They [staff] seem to care for [name of person]. They tell me little stories about [name of person]. They listen to [name of person]."
- Staff we spoke to told us how much they loved their job and the people they supported. One member of staff said, "I love working here, the atmosphere, the people, it is well managed."
- We found people's quality and diversity needs were respected and people's individual needs were clearly recorded in their care plans.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were involved in care planning and their views and wishes were respected. One relative told us, "They treat everyone as an individual. They work out what is best for each person."
- On the day of inspection, we observed people being given choices. Activities were arranged around people's preferences rather than a set schedule.
- The provider carried out surveys in order for people and staff to share their views of the service.
- Thank you cards were shared with staff. One card read, "You're among the nicest people I have ever known and you'll never be forgotten for the thoughtfulness you've shown."

Respecting and promoting people's privacy, dignity and independence

- On the day of inspection we observed that people were treated with dignity and respect and we saw some really nice interactions between people and staff. One person had chosen to sit in the corridor and every staff member that passed took the time to speak with this person.
- People's privacy was respected and we observed staff knocking before entering peoples' rooms.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly.
- Care plans contained personalised information to enable staff to provide person centred care.
- On the day of inspection, we observed people being offered choices, for example, what activity they would like to take part in.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's preferred method of communication was recorded in their care plan and people were able to request documentation in different formats. For example, the provider could produce documentation in large print, braille or a different language if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in activities to prevent social isolation. Activities were organised around people's personal preferences, rather than a set schedule. We observed lots of different activities going on throughout the day and people were really engaging. Activities we observed included a disco and competitions where prizes could be won; people got really quite excited at times.
- One relative described how [name of person] had found it difficult when they first moved to the service. They told us, "They [staff] took the effort to encourage [name of person] to socialise and come out of their room as [name of person] is very sociable.
- The service had a designated room outside of the main unit to enable families to visit safely.
- The provider had purchased telephones for people to use during the pandemic to keep in touch with their relatives by the use of Skype and Face Time. The provider had also purchased IPads to help facilitate activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. There had been no formal complaints raised at the service.

End of life care and support

● There was no-one receiving end of life care at the time of inspection, however, the manager told us they implemented end of life care plans when needed and peoples' wishes and beliefs were respected at the end of their life.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
At our last inspection the provider had failed to implement an effective system to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.
● Feedback we received about the service was very positive. One person told us, "You can't beat it here. You get anything you want." A relative said, "The care has been excellent. Communication from the new manager has been very good."
● All staff we spoke with told us how approachable the management team was and they felt very supported. One member of staff told us, "They [management] are very, very supportive. I feel comfortable to raise concerns."
● The manager carried out audits to monitor and improve the quality of the service. Not all short stay residents had updated care plans/risk assessments in place when we visited, however, the new manager had identified this through their audits and was in the process of implementing these documents. This was completed during the inspection. People did, however, all have admission assessments in place which informed staff of people's needs and staff did know how to meet peoples' needs when questioned.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The manager understood their legal requirements within the law to notify us of all safeguarding incidents. The manager was aware of their responsibilities under the duty of candour and were open and honest about where improvements were needed to enhance the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The provider held regular staff meetings to give staff the opportunity to discuss any issues they may have and to get support from other members of the team. The new manager had also introduced smaller, more regular, staff huddles to keep staff up to date with developments, themes and updates with people using the service.
● The new manager told us they were introducing a staff surgery to enable staff to speak with the manager in confidence, on a one to one basis.

● All staff we spoke with told us they received regular supervisions and we saw evidence of this in their records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● All relatives we spoke with told us they had regular communication and updates from the service. One relative said, "Staff are brilliant, really good. They keep me updated."

● During the pandemic, people were enabled to keep in touch with their families by the use of technology. One relative said, "The staff would go into [name of person's] room and take the phone so I could join in."

Continuous learning and improving care

● Staff received on-going training to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

● The service worked in partnership with social workers, health professionals and relatives to ensure the service supported people's needs. One health professional told us, "I can say that with everything going on, they are very good. Staff hold video calls with us and let us know if they have any concerns. They respond very quickly."