

Kidderminster Care Limited

Loretta House

Inspection report

4 Hunton Hill
Erdington
Birmingham
West Midlands
B23 7NA

Tel: 01213845123

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 13 June 2017 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 22 and 23 May 2015, we found the provider required improvement when it came to applying restrictions on people in their best interests. At this inspection we found there had been an improvement.

People and their relatives felt the home was a safe environment and staff knew what action to take if they had any concerns about people's safety. The provider had systems in place to keep people safe from the risk of harm and abuse. Risks to people had been assessed and were appropriately managed and staff had a good understanding of how to reduce the risks to people. People were supported by sufficient numbers of staff, who had been safely recruited. People received their medicines, as prescribed, and there were systems in place to ensure people's medicines were managed safely.

People were supported by staff that were suitably trained and sought people's consent before providing support. The provider took action to protect people's rights and adhered to the legal principles when depriving people of their liberty, in peoples' best interests, where it was appropriate.

People were able to choose what they ate and drank and were supported by staff to maintain a healthy and nutritious diet. People were supported to access health care professionals to ensure their health care needs were met.

People were supported by staff that was kind, caring and respectful. People were treated with dignity and staff understood people's needs well. People were encouraged to be as independent as possible and were supported to make choices.

People's health and support needs were assessed and reviewed and their relatives were invited to contribute to the review process. People were encouraged to participate in activities and interests they enjoyed. People knew how to complain, although there had been no complaints made about the service. The provider had internal quality assurance systems to monitor the care and support people received, to ensure it was to a good standard.

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 kept safe from abuse and risk of harm because staff knew how to support people and manage any risks.

People were supported by sufficient numbers of staff that was suitably recruited to provide care and support to people.

People received their medicine, as prescribed, from suitably trained staff.

Is the service effective?

Good ●

The service was effective.

People were effectively supported by staff that had received the relevant training to ensure peoples' individual needs were met.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted.

People were supported with their choice of meal and drinks to ensure a varied and healthy diet.

People received support from healthcare professionals to ensure their health care needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

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.

Is the service responsive?

Good ●

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.

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.

Quality assurance processes were in place to monitor the service, to ensure people received a good quality service.

Good ●

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 13 June 2017 and was unannounced. The inspection was conducted by one inspector and an expert by experience. An expert by experience is someone who has had experience or cares for a person in this type of service.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned within the required timescale. As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us, to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

We spoke with six people that lived at the home, two relatives, two care staff and the registered manager.

We looked at records in relation to two people's care and three medication records to see how people's care and treatment was planned and delivered. We looked at two staff recruitment files to check that suitable staff was safely recruited. We checked staff had received appropriate training and were supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service and a selection of the provider's policies and procedures, to ensure people received a quality service.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I'd tell staff if I was scared." Another person said, "I feel safe at night because the staff are here." One relative we spoke with explained, "Everyone is safe and happy, they [people living at the home] know not to answer the door to strangers, they know who can and can't go out on their own and watch out for each other." We saw that people joked with and were confident around the staff, which demonstrated to us they were relaxed and happy with the staff at the home.

The provider's information return (PIR) stated that all staff had safeguarding training so they would recognise if someone was being abused and know how to report it. Staff we spoke with confirmed they had received safeguarding training. The staff we spoke with gave us examples of how they would identify abuse for example one staff member said, "I know people very well and would recognise if something was wrong; it might be they suddenly become withdrawn and quiet or pull away from you when we try to support them. If this was to happen I'd report it to [registered manager's name]." 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.

Risks associated with the care and support needed by people had been identified and plans put in place to manage them. For example, there were some people that were prone to seizures. Staff we spoke with correctly explained the procedures they needed to follow should a person have a seizure. We saw that the appropriate risk assessments and protocols had been completed and were regularly reviewed by the registered manager to ensure staff monitored the length of time seizures lasted in order to keep people safe.

The registered manager told us they conducted monthly 'walkabouts' around the home making safety checks of the premises and equipment and any repairs would be reported to the provider. We saw records were up to date that confirmed this. Staff we spoke with explained what they would do and how they would maintain people's safety in the event of fire and medical emergencies. For example, one staff member told us how they would support a person who was choking, they said, "I would sit them [the person] up and slap their back whilst another staff member phoned for an ambulance." The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

People we spoke with said there was always staff available to support them, one person said, "Staff are here all the time." A relative said, "I think there is enough staff." 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 registered manager also provided emergency cover and told us they would be called upon at short notice if staff required additional support. We saw there was sufficient staff on duty to assist people with their support needs throughout the day.

The PIR stated the provider had safe recruitment procedures in place to ensure suitable staff were safely

recruited to support people living at the home. Staff we spoke with 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 checks can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People we spoke with told us staff always helped them with their medicine. The PIR stated the provider used a 'bio dose medication system.' This is a monitored dosage system that administers both solid oral tablets and liquid medication in pre-packed, measured individual pods. This helped to ensure people received their medication in a safe way. One person told us, "The staff help me with my medicine and they put my cream on for me every night." We saw medicines were given to people 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 effective?

Our findings

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the last inspection we found the provider had not always protected people's rights to ensure they were not unlawfully restricted. At this inspection we found there had been an improvement. We saw that some people were closely supervised and had been subjected to a restricted practice, in their best interest, to prevent injury to themselves or others. We saw that applications had been made to the appropriate Supervisory Body to ensure that people were not unlawfully restricted. A relative told us, "I was involved in the assessment for DoLS as [person's name] has no sense of danger around roads."

The 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 make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as possible. We saw that staff gained consent from people before supporting them with aspects of their care. Staff we spoke with explained they would always seek people's agreement before offering support. Although some people did not communicate verbally, we saw 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.

People we spoke with told us they liked all the staff and were happy with the support they received. One person said, "They [staff] all know what they are doing." A relative told us, "Staff are on the ball and say things to me that I haven't thought about, they put [person's name] first and I think that's very good." Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs. A staff member told us, "We [staff] all bring something different to the team, we have different skills – we look out for each other." Staff also told us they had received ongoing training, supervision and appraisals to support them to do their job. One staff member told us, "When I started working here, I completed a training induction and shadowed a staff member for every shift before working supervised." Another staff member said, "The training is good." Records we looked at showed staff received regular supervision and their training requirements were monitored and up to date.

The Provider Information Return (PIR) stated that people were supported to have a varied diet to meet their health requirements. We saw people made themselves drinks and snacks throughout the day. One person told us, "Food is good and they [people living at the home] all had their own favourites like lamb or chicken and toad in the hole." Another person said, "We can make our own drinks whenever we want." We saw one person make lunch for everyone who was living in the home and asked us if we wanted anything to eat. Staff we spoke with told us it was usual for people to help and prepare lunch for everyone. We saw that staff prepared the evening meals. Staff we spoke with explained 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. 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. A staff member said, "We encourage people to eat a more healthy diet." We saw that drinks, fruits and snacks were available to people should they want them.

We saw visiting professionals attended to people to assess and review the person's care and support needs. One person told us, "The optician comes to check our eyes." Another person said, "We go to the dentist every six months." A relative explained, "[Person's name] has regular check-ups with the doctor at the hospital, they check their blood levels are ok." We saw from the care records we looked at that people were effectively supported to maintain their health and wellbeing with additional input from health and social care professionals when required.

Is the service caring?

Our findings

People we spoke with all told us the staff were caring, helpful and kind. One person said, "We all get on very well." We saw that staff called people by their preferred names and listened to what they had to say. We heard a lot of laughter during our visit and the atmosphere was relaxed. We saw two staff working within the home and it was obvious that there was a strong relationship between them and the people living at the home. We saw people were relaxed in the company of all the staff. One person told us about jokes they had when the registered manager wore a flowered blouse, they said "Have you watered your flowers?" (laughing). We saw staff was visible and seen sitting with people on a one to one basis, engaged in friendly conversation. A staff member said, "It really is like one big happy family and I love it."

People we spoke with to us they were involved in decisions about their support and care needs. One person told us, "Any problems they [staff] help you." Another person said, "[Staff name] helps me." We saw that staff encouraged people to be as independent as possible and were respectful when talking with them. One person explained, "We go to town for clothes shopping because we've got bus passes and we're independent." 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 very well which helps us to understand what they need." People were relaxed and contented around the staff who supported them and we saw people would go to staff and ask for help when needed.

One person invited us into their bedroom which was personalised with items important to them. They told us they liked their room and they were happy. We saw that bedroom doors had keys in the locks for those who wanted to lock their doors. We saw people were able to access their bedrooms during the day, if they wanted some privacy. We saw that people, on occasion, had been additionally supported by an advocate. Advocates are people who are independent and support people to make decisions and communicate their views and wishes. The provider had supported people to access advocacy services to ensure the person could fully express their views.

People we spoke with told us their privacy, dignity and independence was respected by staff. People told us staff always knocked on their bedroom doors before entering and encouraged their independence as much as possible. One person told us, "Some of us [people who live at the home] have signed up for ring and ride." We saw people helped with the ordering of the food from the supermarket and had made good relationships with the delivery driver who they knew came on a Tuesday and Thursday. We saw people, after they had made lunch, washed up and put away cutlery and plates. One person also kept the menu book updated of what had been used from the store cupboards. We saw a cooking session with a staff member and four people making muffins. People all took turns in helping to do the mixing and put the mixture into the paper cases. We could see people were relaxed while making the cakes and giggling with each other and with the staff.

Is the service responsive?

Our findings

People we spoke with and their relatives told us they felt peoples' care and support needs were being met and they were involved in reviewing the care plans. The Provider Information Return (PIR) stated that people were supported to make decisions about their daily care as far as possible and that care plans were individualised and reviewed on a monthly basis. People we spoke with confirmed they talked about their care and support needs with the staff on a regular basis. One person said, "I've got a poster on my bedroom wall to remind me to have my wash and clean my teeth. I agreed to this as I thought it was a good idea." A relative told us, "I've just been filling in paperwork for the next review." We saw there were pictorial aids displayed around the home with information in a format that people could understand and helped them to make choices. For example, what food was healthy and unhealthy to eat. We saw that staff responded quickly to people that asked for or required support and 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.

We saw people were supported with the hobbies, personal interests and social activities. The PIR explained how the provider would support one person to visit a relative for their birthday and how the service would facilitate this. The registered manager confirmed with us what support they would be putting in place for the person to ensure they would visit their relative later in the year. We saw people were busy knitting and showed us the scarves they were making. We saw that people had regular activities arranged throughout the week. For example, one person told us, "I go to knitting group every Monday; I go on the bus and get a lift back." Another person explained, "We go to luncheon club on a Saturday." Another person explained how they had asked for a new TV and told us, "I've just had a brand new TV so I can watch TV in my room." We saw people attended different day centres, visited the local church, went to the cinema, shopping or out for meals. The PIR stated the provider planned to introduce more one to one activities for people to make it more of a personal experience rather than a group experience. The registered manager shared her ideas on what she would like to introduce for people. Staff we spoke with explained the activities were regularly reviewed and discussed with people before deciding what to do.

One relative told us they had made one complaint which had been dealt with quickly and they were satisfied with the outcome. People we spoke with told us they had no complaints and were happy with the staff and the home. The PIR stated that staff members were aware of the complaints procedure and staff we spoke with confirmed to us they were confident, if there were any complaints, the registered manager would resolve them promptly. We saw there was a complaints procedure in place to record and monitor complaints to help identify trends, where appropriate, and reduce the risk of reoccurrence.

Is the service well-led?

Our findings

People we spoke with told us they were happy living at the home and the quality of the support and care they received was good. One person said, "[Registered manager's name] organises things for us." Another person told us, "I love living here." A relative we spoke with said, "I am very happy with how the staff look after [person's name]." A staff member told us, "I'm very happy working here we have lots of fun." We saw the registered manager was visible and staff and people confidently approached her for advice and support.

The Provider's Information Return (PIR) stated that staff had regular supervision and team meetings. Staff we spoke with confirmed this was the case. One staff member said, "I feel valued, compared to other homes I've worked in this home is very well managed." We saw from records the registered manager conducted regular supervisions with staff and team meetings were held.

We asked the provider how they sought feedback from people living at the service. They told us and we saw that pictorial feedback forms were used by people living at the home and feedback forms had been sent to relatives. One relative told us, "Yes I've filled in a form about my current thoughts of the home." 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 place and all conditions of registration were met. It is a legal requirement that organisations registered with the Care Quality Commission (CQC) to notify us about certain events. On checking the provider's incidents and accidents, we found there had been one incident that should have been reported to us. The registered manager explained they had not been made aware of the incident until after the provider had investigated with the parties concerned. The registered manager showed us how the incident had been dealt with and that there had been a satisfactory outcome. This showed that whilst the provider had processes in place to monitor, review and record the actions taken when investigating an incident, the communication to relay this information to the registered manager could be improved. However, because the incident was almost 18 months ago and there had been no injury or harm to people, we sought reassurance from the registered manager should a similar situation occur in the future, they would notify us as soon as they become aware. The registered manager agreed they would. Further discussions with the registered manager demonstrated to us that they were aware of their legal responsibilities and what these meant for the service and notifications for other events had been correctly submitted to us.

Staff members we spoke with told us the provider and registered manager were approachable and if they had concerns regarding the service, they could speak with them. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, CQC. Staff told us they were aware of the provider's policy and would have no concerns about raising issues with the provider or registered manager and if it became necessary, external agencies. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality.

The PIR explained how the provider had quality monitoring and audit processes in place to ensure the service was well-led. We saw, for example, that monthly audits of care plans, peoples' medication, health and safety checks around the home were completed by the registered manager. Following the audit, the registered manager completed an action plan that detailed how they would address any identified shortfalls. This demonstrated the provider had procedures in place to monitor the service to check the safety and wellbeing of people living at the home.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found the provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.