

The Sandwell Community Caring Trust

Pedmore House

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Our inspection was unannounced and took place on 28 October 2015. The inspection was carried out by one inspector. We started our inspection early in the morning so that we could meet and speak with the people who lived there and staff in case they were out of the home later.

The provider is registered to accommodate and deliver personal care to ten people who lived with a learning disability or associated need. Ten people lived at the home at the time of our inspection.

The manager was registered with us as is required by law. 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.

Where people received support from staff with taking prescribed medicines records were not always up to date and accurate.

Staff knew the procedures they should follow to ensure the risk of harm and/or abuse was reduced.

Summary of findings

Staff were available to meet people's individual needs. Staff received induction training and the day to day support they needed to ensure they met people's needs and kept them safe.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were enabled and encouraged to make decisions about their care. If they were unable to their relatives were involved in how their care was planned and delivered.

Staff supported people with their nutrition and dietary needs to promote their good health.

People were supported by an adequate number of staff who were kind and caring.

Staff felt that they were trained and supported to enable them to care for people in the way that they preferred.

All people received assessments and/or treatment when it was needed from a range of health care and social care professionals which helped to promote their health and well-being.

Systems were in place for people and their relatives to raise their concerns or complaints.

People and their relatives felt that the quality of service was good. The management of the service was stable. The registered manager and provider undertook regular audits and took action where changes or improvements were needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Medicines records were not always current or accurate.

People and their relatives felt that there were adequate numbers of staff that could meet people's needs.

Recruitment systems helped to ensure that staff employed were suitable to work in adult social care.

Requires improvement



Is the service effective?

The service was effective.

People felt satisfied with the service they received.

People and their relatives felt that the service was effective and met people's needs safely and in their preferred way.

Due to staffs understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS), people were supported appropriately and were not unlawfully restricted.

Good



Is the service caring?

The service was caring.

People and their relatives felt that the staff were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and were made to feel welcome.

Good



Is the service responsive?

The service was responsive.

People and their relatives felt that the service provided met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their concerns.

Good



Is the service well-led?

The service was well-led.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by an assistant manager.

Good



Summary of findings

People and their relatives knew who the registered manager was and felt they could approach them with any problems they had.

Staff were supported and guided by the management team.

Pedmore 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.

Our inspection was unannounced and took place on 28 October 2015. The inspection was carried out by one inspector. The service provided support to younger adults who went out into the community every day. Because of this we started our inspection early morning so that we could meet and speak with the people who lived there and staff before they went out.

We reviewed the information we held about the service. Providers are required by law to notify us about events and

incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We spent time with and spoke with three of the people who lived at the home. We spoke with three support staff, the assistant manager and the registered manager. We tried to contact five relatives but for various reasons we were unable to speak with that many. We spoke with three relatives by telephone. We looked at the care files for two people, medicine records for six people, recruitment records for one staff member, training and supervision records for two staff, complaints, safeguarding and quality monitoring processes. We also looked at provider feedback forms that had been completed by relatives and external health professionals and visitors.

Is the service safe?

Our findings

Some people's medicine records highlighted that they had been prescribed medicine on an 'as required' basis. We saw that there were care plans in place to instruct the staff when the medicine should be given. However, we found that there was a discrepancy between the prescription and care plan for one person who may need a certain medicine. The prescription highlighted that the medicine should be used after seven days the care plans stated five days. The registered manager told us that it had been changed and the five days was correct but they would check with the person's GP. Precise up to date care planning for medicine would assure people that their medicine would be given when it was needed and would not be given when it was not needed.

We found that the registered manager regularly checked the Medicine Administration Records (MAR) to confirm that staff had maintained them correctly. We counted two people's tablets against the number highlighted on the MAR and found that the balance was correct which confirmed that those people had been given their medicine as it had been prescribed.

However, the MAR were not being fully completed for medicine given to people when they were out of the home for example, at day centre. We saw that a code 'other' had been used. There was no documentation on the back of the MAR to confirm what 'other' meant to confirm that they had received their medicine. The registered manager told us that they would implement a system to address this.

Records that we looked at and the registered manager confirmed that their community pharmacist who supplied the medicines carried out regular medicine audits. The most recent audit report highlighted that external and oral medicine should be stored separately. We looked at the storage of medicine and saw that this had not been addressed as external and oral medicine was still stored together. The registered manager told us that they had not seen that recommendation but now aware would take action to address this.

A person told us that they were glad that staff looked after their medicines. They said, "I want the staff to do it". We observed that people gave day to day consent for staff to

give them their medicines. Staff sat and told each person that they were giving them their medicine and what it was for. We saw that each person opened their mouths willingly to take their medicine.

Staff told us and training records and certificates that we saw confirmed that staff had received medicine training and had also been assessed as being competent to manage medicine. We saw that medicines were stored safely in locked cupboards. We observed that when medicine were being given to people the staff member ensured that the medicine trolley was locked if they left it unattended to ensure that unauthorised people could not access the medicines.

A person told us that they felt protected from abuse. They told us that they had not experienced anything that worried them. A relative told us, "I am not aware of anything like that". All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. All staff we spoke with told us that they would report any concerns straight away. The registered manager had reported an incident to us and the local authority which highlighted that they had followed correct processes to protect people from harm. We found that processes were in place to ensure that people's money was kept safely and the risk of financial abuse was reduced. We saw that records were maintained to confirm money deposits and money spent. We checked two people's money against the records and found that it balanced correctly.

A person told us, "I really feel safe here". Staff told us that the people who lived there were safe. We saw that risk assessments had been undertaken to explore any risks and reduce them. The registered manager gave us an account of how they monitored incidents and untoward occurrences. Staff told us and records confirmed that a person had been referred to occupational therapy services for assessment and provision of equipment to help keep them safe and reduce the risk of accidents. We observed however, that not all wardrobes were secured to make sure they did not fall over. The registered manager told us that they should have been secured and did not know why they had not been. This was mostly dealt with on the day of our inspection. The registered manager requested that maintenance address the issue and they came to the home

Is the service safe?

quickly to resolve the situation. They told us that they would return the next day to secure one more wardrobe as the person residing in that bedroom was having an afternoon rest.

People told us that there were enough staff to meet their needs. A person said, "There are staff when I want them". A relative said, "I think there are enough staff". Staff we spoke with told us that in their view there were enough staff. We observed staff were available during the day to look after people and keep them safe. Staff told us that they covered each other during holiday time and that there were staff that could be called upon to cover staff absence.

Recruitment systems were in place. Staff we spoke with, which was confirmed by the registered manager, told that checks had been undertaken before they were allowed to start work. There had not been many staff employed since our last inspection. We checked one staff recruitment record and saw that pre-employment checks had been carried out. The provider's Human Resources staff member confirmed that references had been received and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. These systems minimised the risk of unsuitable staff being employed.

Is the service effective?

Our findings

People and their relatives felt that the service provided was effective. One person told us, "I think it is a good place. I don't want to move". Another person said, "I like it". A relative told us, "It is an extremely good place". A provider feedback form recently completed by a visitor read, "An excellent care home, one that I would recommend". All staff we spoke with felt that the service provided was effective and met people's needs. A staff member said, "I think the service we provide is excellent here when I compare it to other places I have worked".

A staff member told us, "I had a three day initial induction. All of us [The staff] had induction when we started to work. We look at policies and procedures, work with experienced staff and have an introduction to the people". A relative told us, "If new staff start they work with experienced staff who shows them the ropes". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The registered manager told us, and showed us evidence to confirm, the provider had introduced the new nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. Staff also told us and records that we looked at confirmed that staff had regular supervision sessions. These sessions concentrated on staff members work and performance and gave staff the opportunity to raise issues if they needed to. All staff told us that they felt well supported in their job roles. A staff member said, "I feel much supported. If I don't know something the manager is very helpful".

A person told us, "The staff look after me alright. They are good". Relatives we spoke with all felt that the staff had the knowledge and skill to look after their family member. A relative said, "I think the staff are knowledgeable and suitably trained". A staff member told us, "I feel competent to do my job". Staff we spoke with confirmed that they had received the training they needed. Staff files that we looked at confirmed that staff had received most of the mandatory and specialist training for their role which would ensure they could meet people's individual needs.

A person told us that staff always asked their permission before undertaking tasks or providing support and care. Staff we spoke with understood the importance of asking people's permission before they provided support. A staff

member said, "We always ask people first". Our observations confirmed this. We heard staff explaining to people what they were going to do. We heard staff asking people, "Shall I, or, is it alright"? when they needed to undertake tasks or provide support.

Relatives told us that they were consulted about their family members care. A relative told us, "I am involved and included in decision making". Staff confirmed that if people were unable to make decisions their relatives were asked to comment so that people received care in the way that they preferred.

We found by speaking with staff that they had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). DoLS are part of the MCA they aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager had informed us prior to our inspection that the local authority had approved DoLS applications for five people who lived there. We saw that mental capacity assessments had been carried out so that staff knew people's individual decision making strengths. All staff we spoke with knew that they should not unlawfully restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices.

A person told us, "The food is nice we have what we want". We saw that food stocks were plentiful and that there was plenty of fresh fruit, vegetables and snacks available for people who wanted these. We observed that the breakfast time was flexible. We spoke with the cook who told us that the menus were chosen by the people who lived there where possible. They said, "It is a small home and we get to know what people like". Staff ensured that people were offered the food and drink that they preferred. At lunch time we heard staff asking people what they would like to eat. We saw that one person had a meal but when they saw another person's meal they wanted the same. The staff changed the person's meal and they smiled.

We observed that staff were available at meals times to give support and assistance. A person said, "They [The staff] help me with my food". We looked at people's care plans and saw that their food and drink likes, dislikes and risks had been recorded. There were instructions for staff to follow in the care plans to ensure that people were supported effectively and safely. Staff we asked were aware of what was written in the care plan and what they needed

Is the service effective?

to do to reduce any risk. We found that where needed people had been referred to the dietician and Speech And Language Therapist (SALT) for advice. One person's care plan highlighted that they were at risk of choking, needed a thickening agent in their drinks and were to sit straight when eating. We saw that the staff ensured these instructions when supporting the person to eat and drink were followed.

A person said, "I see the doctor if I am poorly". Relatives we spoke with told us that staff called the doctor or other health care services when needed. A relative said, "If they [Their family member] has a health appointment the staff tell me. If I cannot go the staff go with them". Records that

we looked at and staff we spoke with confirmed that people went for foot care appointments, to the dentist and had been referred to occupational therapy for assessment for equipment to keep them safe. Staff and records we looked at confirmed that people had been given the influenza vaccine to prevent them from contracting influenza and experiencing ill health. We saw that 'hospital passport' documents were in place. The aim of a hospital passport is to assist people to provide hospital staff with important information about them and their health so that they would know how to care for them in their preferred way.

Is the service caring?

Our findings

People and relatives we spoke with described the staff as being, “Caring”, “Kind” and “Helpful”. A person told us, “The staff are very kind”. A relative said, “The staff are friendly and helpful”. A provider feedback form recently completed by a visitor read, “Caring and supportive”. A staff member told us, “All of the staff here are very caring and the people are happy”. We observed that staff were friendly towards people. We heard staff asking people how they were and showing an interest in what they were doing that day, their families and their interests. We saw that one person had a cat made of material. They looked at the cat and smiled. They told us that they liked the cat it made them happy. Staff told us that they offered the person the cat because they knew it comforted them which highlighted compassionate care.

People we spoke with told us that contact with their family was important to them. A person said, “I like to see my family”. A relative told us, “I can visit at any time. The staff all make me feel welcome”.

A person told us that staff were always polite and knocked their doors before entering their room. Staff we spoke with gave us a good account of how they promoted people’s privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care.

A staff member told us, “All the staff know that we should not discuss anything about the people here outside of work and that records must be locked away”. We saw the provider’s confidentiality policy. Staff we spoke with told us that they read this when they started to work at the home. Staff we spoke with told us that they knew that they should not discuss people’s circumstances with anyone else unless there was a need to protect their health and welfare (such as social workers or the person’s GP).

Most people had complex needs however, staff encouraged and enabled people to be independent. A person said, “I like to do things for myself”. We heard staff encouraging people to eat independently at meal times. We saw that special bowls and cutlery were used to enable this.

People told us that they selected their own clothes to wear each day. A person said, “I wear what I want to”. Staff knew that people liked to dress in their preferred way. We saw that a person wore a necklace and earrings. They told us that they liked wearing those. A relative said, “The staff always make sure that the people there look nice”. We saw that people wore clothes that were appropriate for the weather and reflected their individual taste. It was raining on the day of the inspection and not warm. We saw that when people went out they wore warm coats.

People confirmed that staff communicated with them in a way that they understood. A person said, “I hear the staff and they understand me”. Care plans that we looked at highlighted how people communicated best. Our observations during our inspection demonstrated good communication between staff and the people who lived there. We observed that staff and people understood what the other was communicating. When staff spoke with people they responded appropriately to what had been said. We saw that one person smiled and nodded their head then carried out the task that the staff member had discussed with them which confirmed that they understood what the staff member had said.

We saw information that gave contact details for advocacy services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us that one person had the input of an advocate at the time of our inspection.

Is the service responsive?

Our findings

A relative told us, “The staff asked me questions before they [Their family member] lived at the home”. The registered manager told us and records that we looked at confirmed that prior to people living at the home an assessment of need was carried out. This involved the person and/or their relative or social services staff to identify their individual needs, personal preferences and any risks. Staff told us that following the assessment of need each person, where possible, would be offered the opportunity to visit the home and spend time there for a meal and overnight stay. This would help the staff identify if they could meet the person’s needs and allow the person to decide if the home would be suitable for them.

A person said, “I very happy here”. People and their relatives told us that they were involved in meetings and reviews to make sure that they could say how they wanted to be supported. A relative told us, “They [The staff] involve me in everything, care plans, reviews and keep me involved. The care plans that we looked at captured people’s needs and preferences to ensure that they were looked after in the way that they wanted to be.

A person said, “I know the staff know what I like and don’t like”. Care records that we looked at contained a history of each person. Documents highlighted important things about each person including their family members, where they lived previously, what they liked and did not like. We read this information and asked staff about individual people. Staff had a good knowledge of what was written in the documents. A staff member said, “We [The staff] know the people who live here well”. A relative said, “The staff know them [Their family member] well and they care for them well”.

People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow this. Staff we spoke with confirmed the people who wanted to follow their faith were supported to do so”.

Some people attended day centres each week. We met one person as they were leaving for their day centre, they told us that they liked going there. Another person attended full time college. All people accessed the community on a regular basis to shop or eat out either with staff or their families. Around the time of our inspection some people had gone to a circus which they enjoyed. A person said, “It was great”.

Relatives told us that staff asked them their views on the service provided. A relative said, “I filled in a form” [A provider feedback form]. We saw recently completed provider feedback forms on care files and others that relatives had completed. The overall feedback was positive and confirmed that people and their relatives were satisfied with the service.

People told us that they were aware of the complaints procedure. One person said, “I know how to complain. I would tell staff”. A relative told us, “If I had an issue I would speak with the manager. I have raised some issues before, nowhere is perfect, and they have been addressed”. We looked at the complaints that had been recorded. We saw that the complaints had been documented, that the complainants had been responded to in a timely manner and that action had been taken to discuss and resolve the issue.

Is the service well-led?

Our findings

A person told us, “I think it is very good here”. A relative told us, “It is good service”. Staff we spoke with were positive about the service and told us that they felt it was well-led. The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by an assistant manager.

A person told us, “I know the manager” and told us the registered manager’s name. People and their relatives knew who the registered manager was and felt they could approach them with any problems they had. The registered manager made themselves available and was visible around the home. During the day we saw the registered manager engage and interact with people. Our conversations with the registered manager confirmed that they knew the people who lived there well.

A person said, “We have meetings”. Staff we spoke with and records that we looked at confirmed that the provider ensured that meetings were held regularly. Staff told us and records confirmed that people were asked about the meals they would like provided, activities and any areas they would like to be changed. A person said, “They changed my food and I like it”.

The provider had a range of monitoring systems which ensured that people received a safe, quality service. A senior manager visited the home monthly and produced a report of their findings. We saw records to confirm that audits relating medicine and the safekeeping of people’s

money were carried out frequently and that where it was needed corrective action was taken to address any issues. However, although most issues had been identified and rectified, the audits had missed some issues relating to medicines. The registered manager told us that they would ensure more robust audits were undertaken in the future. Staff told us and records confirmed that the registered manager regularly undertook checks on their work. We saw from staff meeting minutes that where shortfalls were identified this was discussed with staff to ensure that action was taken to address any issues.

Our conversations with people who lived there and their relatives confirmed that the staff were well led and worked to a good standard. Staff told us that they felt supported by the registered manager and provider. A staff member said, “We have meetings regularly where we are given information and can raise any issues”. Records that we looked at confirmed that staff meetings were held regularly. A staff member said, “We are well supported and have manager’s we can contact out of hours if there is a problem”.

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, “We have whistle blowing procedures to follow if we had the need. If I saw anything I was concerned about I would report it to the manager straight away. If I was not happy with what was done I would go to social services”. We saw that a whistle blowing procedure was in place for staff to follow.