

Birmingham Rathbone Society

Birmingham Rathbone

Inspection report

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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

Birmingham Rathbone provides personal care for adults with learning disabilities, autistic spectrum disorder or mental health needs. People receive support in their own homes or in two supported living services operated by the provider. At the time of our inspection the service was supporting 21 people. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People who used the service were safe. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and the risks associated with people's specific conditions. There were enough staff to meet people's care and support needs promptly. People received their medicines when they needed them.

People were supported by staff who had the skills and knowledge to meet their needs. People were supported to have the maximum choice and control of their lives and staff supported them in line with their wishes.

People were supported to eat meals they enjoyed. Staff provided advice and guidance to help people choose healthy meal options. People were supported to make use of the services of a variety of mental and physical health professionals.

People told us that staff were caring. Staff spoke fondly about the people they supported. People were supported by regular staff who understood their preferred communication styles and assisted them when necessary to express their views. Staff promoted people's independence and respected their privacy.

Staff supported people to engage in activities they enjoyed. People's care and support was planned in partnership with them so their care plans reflected their views and wishes. People were supported to set and achieve goals which enhanced their wellbeing. People told us that staff were approachable and would take action if they were not happy or had a complaint.

People told us that the service was well run. The registered manager was aware of their responsibilities to the commission. Staff enjoyed working at the service and felt valued. People had the opportunity to influence and develop the service they received. The provider and registered manager made checks to help ensure that the standard of care was maintained and improved upon where possible.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Birmingham Rathbone

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 checked 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 comprehensive inspection took place on 7 September 2017 and was announced. The registered provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to ensure there were care records available for review had we required them. The inspection team consisted of one inspector and an expert by experience who spoke with people on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we reviewed any information we held about the service. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we met with one person who used the service at the provider's offices, we also spoke with five people on the telephone. We spoke with the registered manager and five support workers. We sampled the records including four people's care plans, staffing records, complaints, medication and quality monitoring. We reviewed information the provider sent us after our visit.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe in the home. One person told us "I always feel safe with the staff". Another person told us, "I feel safe". We observed a person who used the service visit the provider's offices and noted they were comfortable to approach staff and appeared at ease.

People were protected from avoidable harm and potential abuse. The registered manager supported people to recognise the types of harm they might be at risk of and how they could help protect themselves and report any concerns. This helped people live independent lives while remaining as safe as possible. Staff received training and demonstrated they knew how to protect people from the risk of abuse. One member of staff told us, "We have safeguarding training at our induction. I would report [suspected abuse] to my manager or to the police or CQC". Records showed the provider had taken appropriate action when people experienced or were at risk of abuse.

Staff we spoke with knew how to support people in order to protect people from the risks associated with their specific conditions. People's behaviour was monitored so they could receive prompt intervention if it was felt their conditions were deteriorating. There were records of the risks associated with people's conditions and the action staff were to take in order to minimise the possibility of harm. Staff were able to take effective action if they felt a person was at risk of harm.

People told us there were supported by enough suitable staff to meet their care needs and keep them safe. One person told us, "[There's] always enough staff". Another person said, "Always the same staff. Always on time and stay as long as they should". Since our last inspection the registered provider had taken action to increase staffing levels and reduce the number of agency staff used by the service. Staff we spoke with said this had resulted in people being supported by regular staff that people were familiar with and who knew their specific needs. Robust recruitment checks had been completed by the provider to ensure people were supported by suitable staff.

Assessments had been undertaken to identify those people who required support to take their medications safely. One person told us, "Staff always help me get it [medication] on time". Medicines were administered by staff who were trained to do so. Checks by senior staff ensured staff remained competent to administer medication. There were clear guidance so staff could assist people to self-medicate safely if they chose to. Regular audits and reviews ensured people received their medication as prescribed.

Is the service effective?

Our findings

People we spoke with told us that staff were good at meeting their needs. One person told us, "I wouldn't be where I am today without the help they [staff] give me". Another person said, "They know what I like and don't like". People told us and records showed that people's conditions had improved when they started using the service.

The needs of people were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. One member of staff told us, "I had a good induction and now I am doing a [further care] qualification". We saw staff had formal performance reviews and staff confirmed they received informal and formal supervision from senior staff on a regular basis to reflect on their practice. When necessary staff received advice and guidance from health professionals so they had the skills and knowledge to meet people's specific needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We observed a member of staff ask a person what they wanted to do. When the person was unsure the member of staff discussed various options which enabled the person to make an informed decision about how they wanted to spend the afternoon. Staff demonstrated an understanding of people's rights to choose how they were supported and respected their decisions and lifestyle choices. When people were felt to lack mental capacity the registered manager had held meetings with appropriate others to identify care which would be in the person's best interests.

When required people were supported to receive food and drinks they enjoyed. One person told us, "We choose our food and drink. Staff take us shopping and help us cook our dinners". This enabled people to choose what they wanted to eat and promoted their independence and life skills. Records showed that staff regularly discussed peoples' meal preferences with them and provided guidance on healthy eating. When necessary staff had involved other health professionals to ensure people received nutrition in line with their care needs.

People were supported to make use of the services of a variety of mental and physical health professionals including GPs and clinical psychologists in order to manage their specific conditions. This ensured people received prompt and appropriate support when needed and staff were aware of people's individual health needs.

Is the service caring?

Our findings

People who used the service told us that the staff were caring. One person told us, "The staff are all nice". Another person said, "I can talk to staff when I want and if I have any problems".

People were supported by regular staff who knew and understood their history, likes, preferences, needs, hopes and goals. Consistent staffing had enabled people to develop meaningful relationships with the staff who supported them. We spoke to three members of staff and they all referred to the people they supported with dignity and respect. Staff took an interest in people's lives and spoke fondly about how they enjoyed supporting people to achieve things which were important to them such as having a job. Staff supported people to maintain relationships with those they were close to and offered advice on how to nurture and developing loving relationships when they wanted to find a partner.

People were proactively supported to express their views and staff were skilled at giving people the information and explanations they needed and the time to make decisions. One person told us, "I would be able to talk to staff". Another person said, "Yes, I always talk to staff". Staff had received guidance to understand people's preferred communication styles so they could support people to express their views and feelings. Records showed that people were regularly approached to review their care and identify if they would like to make any changes. This helped people to feel listened to and included in how the service was run.

People told us staff treated them with respect. One person said, "[staff] always treat me with respect". People were supported to lead an independent life as possible while remaining safe. People told us how staff supported them to make their own meals, clean their homes, enter into relationships, find employment opportunities and attend colleges in the community if they wanted. The registered manager told us about the provider's policy of 'positive risk taking' which enabled people to explore independent tasks they felt comfortable to undertake such as travelling alone on public transport. This helped boost people's confidence and sense of satisfaction.

Is the service responsive?

Our findings

People described how staff responded to their needs and preferences as consistently good. Comments included; "They know what I need help with"; "They make sure we are happy with things" and "They all know what I like to do". Staff told us about the activities that people enjoyed and records showed that people had been supported to engage in things they liked.

People were actively involved in developing their care plans and were supported by staff who had the skills to assess their needs and knowledge about people's preferred communication styles. People were regularly supported to express their views about how they wanted to be supported. One person told us, "I can ask for help with what I need". We saw that activities were varied and reflected people's known interests.

People's care plans were thorough and reflected people's needs, choices and preferences. People's changing care needs were identified promptly and regularly reviewed with the person. There were systems in place to make sure that changes to care plans were communicated to staff and other health professionals. People received the appropriate support promptly when required.

There was a range of ways for people to feed back their experience of the care they received and any concerns they may have. One person told us, "I would complain, [but] they always sort it out". Another person said, "Yes I do [know how to complain] I haven't done it yet. Don't need to". When necessary staff took action in response to information received in order to improve the support people received. People were given copies of the provider's complaints process when they joined the service. We looked at two complaint records and saw that they had been handled promptly and people had received a fair and full response.

Is the service well-led?

Our findings

All the people we spoke with told us that they felt the service was well run. One person's told us, "It's brilliant. All the staff are really good". Another person said, "It's very good, doesn't need to improve".

At the time of the visit the service had a registered manager. 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. They were aware of their responsibilities to the commission and had notified us of the type of events they were required to. Their latest inspection ratings were displayed appropriately and the registered manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour.

Senior staff lead by example and were available to staff for guidance and support. One member of staff told us, "It is very open here, I can speak to [registered manager's name] any time". Another member of staff told us, "I can go to [the registered manager] with work or personal issues". Staff had regular supervisions and annual appraisals to identify how they could improve their performance and the quality of care people received. The registered manager had worked in partnership with other agencies in order to obtain expert advice and share good practice. This promoted a culture of learning and development at the service.

The service has a clear vision and set of values. One member of staff told us, "[People] love their independence; they are loving living their lives". Staff respected people's decisions and we saw the importance of promoting people's independence and respecting their choices was regularly reflected in people's care plans and how staff had supported them. This valued people as individuals and their rights to live independent and fulfilling lives.

People could comment on how they wanted to be supported by a variety of systems which met their communication styles. People's wishes were reflected in their care plans and in improvement plans for the service. People had the opportunity to influence and develop the service they received such as being supported by staff of their choosing.

The provider monitored the quality of care people received. We saw that they had taken action when necessary to improve how people were supported. Systems were in place to ensure regular auditing of the service and reviews were conducted to identify trends and when further improvements were necessary. This drove a culture of continual improvement.