Care Quality Commission

Restful Homes (Birmingham) Limited

Clare Court Care Centre

Inspection report

Clinton Street
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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?	Requires improvement

Overall summary

Our inspection took place on the 5 January 2015. We last inspected the home in 8 October 2013 when we found that all regulations assessed were being complied with.

Clare Court Care Centre provides personal and nursing care with accommodation for up to seventy nine adults. Some of the people that lived there were living with dementia others suffered from illnesses associated with old age or physical disability. The home was a purpose built building and was accessible to people with decreased mobility throughout. On the day of our inspection 76 people were living in the home.

There was a registered manager in post. 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.

Interactions between staff and the people who lived at the home were positive, friendly, polite and caring. All the relatives and people spoken with told us that they were happy with the care provided.

Summary of findings

All the staff spoken with understood their responsibilities around the protection of people from harm and abuse. Staff were knowledgeable about people's needs and any associated risks and had received training in how to ensure that people were protected from risks and injury.

People that could tell us told us that they did not have to wait for assistance. We saw that at some times of the day the staffing levels meant that some people living with dementia had to wait for assistance to be assisted to eat their meals.

People were supported to receive their medicines as prescribed but there were some practices we saw that could people at risk of accidentally receiving the wrong medicines.

People's ability to make decisions had been assessed so that their rights could be protected. Where people's rights to leave the building were restricted applications were being made to ensure that the restrictions were lawful and in people's best interests.

People enjoyed their meals and people expressed their satisfaction with the food they received. People were supported to have their dietary needs met and any risks associated with food and drink intake were managed appropriately.

People received the support they needed to have their social, daily care needs and health needs met. People and their relatives told they were happy with the care they received and that they knew how to raise their concerns if they needed to.

There were systems to gather the views of people about the service and there were audits to monitor the quality of the service provided. We saw that the service was well led and a good service was provided however, there were some issues that could be improved.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Arrangements were in place that ensured that staff had the skills and knowledge to keep people safe from abuse and avoidable harm.

People were supported by staff that had the skills and knowledge to care for them safely.

People received their medicines as prescribed.

Good

Is the service effective?
The service was effective

People's rights were promoted and there were no unnecessary restrictions on people.

People's needs were met in a personalised way.

People received care and support from the appropriate healthcare professionals.

Good

Is the service caring?
The service was caring.

There were caring and responsive interactions between staff and the people they supported.

Privacy and dignity of people was promoted.

Good

Is the service responsive?
The service was responsive.

People's needs were met in a personalised way.

People received the support they needed to participate in recreational pastimes that they enjoyed.

Arrangements for listening and responding to complaints were in place and ensured that the provider would listen and respond accordingly.

Good

Is the service well-led?
The service was not consistently well led.

There was an appropriate management structure in place.

There were systems in place to monitor the quality of the service and gather the views of the people that used the service but some staff practices needed closer monitoring.

Requires improvement

Clare Court Care Centre

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 took place on 5 January 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had recent experience of using care and health services.

We reviewed the information we held about the service and the provider. This included notifications received form the provider about deaths, serious injury, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We reviewed the information we had received from Birmingham Local Authority who arranged services at the home. We used this information to inform our inspection.

Before the 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. We received the PIR within the required timescale and used the information from this to help inform our inspection process.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

On the day of our inspection we spoke with nine people, six relatives, two health care professionals and eight staff. We also spoke with the registered provider and manager. We observed how staff supported people generally, during lunch and with activities.

We also sampled four people's care records to check they received the care and support they needed. We sampled four staff files to confirm there was a robust recruitment process, training and support for staff. We looked at maintenance, complaints, medication records and audits used by the provider to monitor the quality of the service.

Good

Is the service safe?

Our findings

All the people spoken with told us they felt safe in the home. One person said, “They look after me well.” Our observations showed that people were comfortable in the presence of staff. Staff spoken with told us and records showed that they had attended training in how to keep people safe. We saw notices in the home that showed there was further training updates planned for the staff. The staff we spoke with were knowledgeable about the different forms of abuse and their role in escalating any concerns. One staff said, “We protect those who are vulnerable.” From the information we held about the service we saw that safeguarding alerts were raised appropriately and the appropriate actions were taken in response to any alerts raised by other people. Staff told us and records confirmed that the appropriate recruitment checks had been undertaken before they started their employment. This showed that actions were taken to keep people safe from abuse.

We observed that people were supported safely and in line with their assessments. We saw that equipment was regularly serviced and was available for the staff to use. Staff spoken with were knowledgeable about the identified risks to people and how they would minimise them. They were able to tell us about the actions they would take if there was an accident or someone was unwell. One staff told us, “If there are any changes [in person] we tell the nurse.” Accidents were recorded and monitored and actions taken to minimise their reoccurrence so that people were protected from preventable harm.

People told us that when they called for assistance they did not have to wait long for staff to come to help them. One person said, “When staff assist me to bed they give me the buzzer and come if I call.” Another person said, “There are generally enough staff around for what you need. “One of the relatives spoken with told us that there were staff around but on some occasions there was no one to supervise people in the lounge. Staff told us that there had been a shortage of staff over the Christmas period but staffing levels had been increased recently. We saw that on two floors staffing levels were suitable to meet the needs of the people. However on the third floor we saw that the deployment of staff could be better managed to ensure that people were supported to eat in a timely manner at both breakfast and lunch. This would prevent people being left without support when staff were called away to assist other staff.

We saw that people received their medicines. One person told us, “They give me my medicines.” During our inspection we observed one nurse administering medicines. We saw that one person was supported to take their medicines from a spoon and drink of water in a supportive manner. We saw that the nurse was knowledgeable about the medicines being administered and saw that the medicines trolley was always locked when it was left unattended so that people could not access medicines not prescribed to them. We saw that systems were in place for the receipt, administration, storage and disposal of medicines. Qualified nurses trained in medication management administered medicines in the home.

Good

Is the service effective?

Our findings

People spoken with told us they were happy with the care provided. One person told us, “This is a very nice place, I am very well treated.” Another person, “They [staff] ask me if I want a wash.” A relative told us that they were very happy with the care provided and had noticed a lot of improvement in their family member and that this was due to the skills of the staff. The relative told us, “The staff communicate very well with her and she is now so much better.” Staff spoken with were knowledgeable about the people they supported and we saw that there were good interactions between them and the people they supported. Staff told us they received the training they needed to support people and we saw records that confirmed this.. We saw that there was an on-gong training plan in place for staff and staff received supervision and support to carry out their roles effectively. Staff felt well supported to carry out their roles through individual supervision, training and staff discussions.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguard (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty.

We saw that mental capacity assessments were carried out where needed and that best interest meetings were held when decisions could not be made by the individual. One person’s relatives told us that they were asked about the support their family member needed. Two relatives told us that they had been involved in making decisions about people’s care so that staff had the information they needed about how the person liked to be cared for. One relative told us that they had been involved in a best interest meeting. We saw that people were asked what they wanted to do and if they wanted any assistance with personal care tasks. We saw that DoLS applications had been made where required so that people’s rights were protected.

We saw that the majority of people were happy with the food provided. One person told us that the food did not suit them but most people told us they were happy with the food. We saw people enjoying their food and saw that a variety of food offered so that people’s individual needs were met. For example, we saw one person having cornmeal porridge for breakfast which was appropriate to their culture and preference. People had been assessed to determine if they were at risk of dehydration or not having enough to eat and if they needed any special diets. One relative told us their family member was not eating before they came to the home but now they were. We saw that people were weighed on a regular basis so that their weights could be monitored to determine if there was any unplanned weight loss or gain that may indicate an under lying health problem. People were referred to the dietician where necessary and their advice followed. We saw that drinks were offered at regular intervals. People were served food which looked both healthy and nutritious. People told us they liked the food. People were able to eat their meals where they wanted and were appropriately supported when needed. We saw that special diets were catered for such as pureed, soft, diabetic or Percutaneous Endoscopic Gastrostomy (PEG) feeds, (which means that people received nutrition directly into their stomach) due to swallowing problems. We saw that advice was sought from dieticians and speech and language therapists for people at risk of malnutrition and choking and that this advice was followed.

We saw that people were supported to have their health needs met by referral to other professionals including; doctors, district nurses, tissue viability nurses and specialist diabetes services. People told us that they could see the doctor when they needed. At the time of our inspection one person had been supported to have blood tests carried. In addition people had access to dentists, opticians and chiropodists. One healthcare professional involved in the home told us, “We have no concerns what so ever. Standards of care are good and they [staff] always work with us.”

Good

Is the service caring?

Our findings

All the people spoken with told us the staff were caring and kind. One person told us, “Staff are okay and friendly.” The relative of one person told us, “This is the best place for [person’s name] in her situation; The staff is so caring and kind.” Another relative told us, “I have no concerns about the care. All [staff] are approachable from the top to the bottom.” A third relative told us, “Staff are quite lively, even as you enter the building staff are pleasant”. We observed caring and comforting interactions between the staff and the people they supported. We saw people smiling and heard them speaking with staff and asking questions which showed that they felt comfortable in the presence of the staff. Staff spoke about people as individuals and knew their needs and personalities and how to comfort them when they became distressed.

We saw that people were dressed in individual styles of clothing that reflected their preferences, personalities and cultural backgrounds. We saw that people looked clean and nicely presented with tidy and combed hair. We saw that people with particular cultural needs in respect of language, food, hair care and dress were appropriately supported.

People’s privacy and dignity was promoted by staff. One person told us “Staff knock on the door before coming in.” Staff spoken with told us that they maintained people’s privacy by ensuring they knocked on bedroom doors and waited to be invited in but we also saw one staff enter two bedrooms without knocking on the door. We saw staff ensured doors and curtains were closed when providing personal care. We saw that there was training on promoting equality and diversity, and, privacy and dignity for people.

People were supported to make day to day choices and remain as independent as possible. For example, people were provided with equipment such as walking frames so that they could walk independently. People were supported to make choices in their daily lives by staff encouraging them to choose where they sat, what they did during the day and the food they ate.

Good

Is the service responsive?

Our findings

We saw that people and their relatives had been involved in contributing to the assessment and planning of care. One relative spoken with told us they had been invited to and had taken part in the care planning of their family member. We saw that records had been signed by relatives and people showing they had been involved in planning care. Staff were aware of people's preferences and needs. For example, staff told us how people's cultural needs were met and how they had learnt some words in an Asian language so that they could communicate with people when staff with the appropriate skills were not available to assist. At lunch time one person had fallen asleep at the table and did not eat and their food went cold. The person was offered an alternative when they woke. This showed that people received individualised care that met their needs.

People and their relatives told us they would have no worries in raising any concerns they might have and felt sure they would be listened to. One relative told us that they felt that when they needed to speak about their family member someone was available and made sure they got feedback about the action taken. Another relative said, "Management are good, address concerns straight away. The manager deals with a problem you may have and gets back to you if they cannot resolve it straight away."

We saw that complaints made to the service were recorded and monitored on a monthly basis so that any trends could be identified and addressed.

We saw that meetings were held for people and their relatives so that they could give feedback about the service. We saw that people were asked for their views about the food, activities and laundry and actions were taken in response. For example, changes were made to the menus and trips out were arranged. Staff told us that they received supervision regularly and there were staff meetings where issues could be raised. Staff told us that they felt that the organisation was open and felt that they would feel comfortable to raise issues with senior staff or management. This showed that there were systems in place to gather the views of people so that the service could respond to comments where appropriate.

People were able to choose whether to be involved in organised activities or not. One relative told that the activities available had improved. One person told us, "I take part in whatever is going on." One staff told us that activities were organised so that they were available almost every day. We saw that two staff were allocated to engaging with people to provide recreational pastimes that they might enjoy. Activities planners showed that activities were organised for everyday in the week. We saw that staff were massaging people's feet and catching, throwing balloons and dancing with people. People appeared to enjoy the activities.

Relatives told us they were able to visit at all reasonable times and friends can visit without undue restriction enabling people to maintain relationships important to them.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager who had been in post for several years and this provided continuity of oversight and meant the law was being complied with. Relatives told us the manager was accessible to speak with and they felt that a good service was provided. People told us they were happy with the care they received.

There was an open and inclusive environment in the home. The registered manager delegated responsibilities to staff on the units so that they were included in the running of the service. For example, nurses were in charge of their floors when on shift and responsible for passing on the required information at shift changes. The views of people using or working in the home were gathered via staff meetings, relatives meetings, complaints and surveys to inform the action plans. The majority of staff told us that the manager was approachable and the registered providers visited the home on a regular basis and were available for people to speak with. Staff told us and we saw records of meetings with staff, relatives and people that lived in the home where people could raise issues.

We saw that systems were in place that ensured that staff had the skills and knowledge to provide a good quality service. Staff stated that training was regular and encouraged. One member of staff told us, "Training is always encouraged."

There were systems in place to monitor the quality of the service. We saw that a variety of audits, including medicines, environment and financial were carried out by the management team in the home and actions for improvement discussed. We asked a nurse how they knew they provided a good service. They told us, "Because we don't get many complaints." The provider's representative visited on a monthly basis and monitored the service and actions plans were put in place to address any issues identified. Annual surveys were carried out and the results were displayed in the home so people could see how well the service was performing.

Our observations showed that although a good quality service was provided there were some areas of staff practices that needed closer monitoring. For example, we saw a nurse sign several medicine charts in one go rather than as each person had taken their medicines. We also saw that the nurse had potted up the medicines of three people who were in their bedrooms and taken them on a tray. When asked about this practice the nurse told us, "We have been told not to put names in the pots." This indicated that this was custom and practice and could lead to the wrong people receiving the wrong medicines. Planned menus were changed without informing people that their chosen meals were not available and what was available instead. We saw that some dining room chairs were stained and had not been replaced or adequately cleaned although they had been brought to the manager's attention. We saw that staff did not always promote the privacy and dignity of people.