Birmingham City Council

Ann Marie Howes Centre

Inspection report

20 Platt Brook Way
Sheldon
Birmingham
West Midlands
B26 2DU

Tel: 01216752015
Website: www.birmingham.gov.uk

Date of inspection visit:
18 May 2017
23 May 2017

Date of publication:
11 July 2017

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

The home is located within a care centre owned by the local authority, (the provider) that offers a number of difference facilities. For example restaurant facilities, meeting rooms and an information centre for people living at the home and visitors to the centre to access should they wish. Ann Marie Howes provides residential accommodation for adults living with dementia and/or a physical disability, with a maximum capacity for 32 people who require support and personal care. At the time of our visit 30 people were living at the home.

At the last inspection, the service was rated 'Good'.

At this inspection we found the service remained 'Good'.

People were kept safe because staff had a good knowledge of current, good safeguarding practices and how to apply this when supporting people. People received safe care because risks had been identified and were managed effectively. Although people living at the home, relatives and staff felt there insufficient numbers of staff available, this was not evidenced on the day of our visit and we found there were sufficient numbers of staff available to ensure people received support as they wanted. People were supported to receive their medicine safely.

People were assisted by suitably trained and supported staff that had the knowledge and skills they needed to do their job effectively. People felt staff had a good knowledge of their support needs.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The provider had taken suitable action when they had identified people who did not have capacity to consent to their care or treatment. Applications had been made to authorise restrictions on people's liberty in their best interests.

People were complimentary about the quality of food and were supported in their choice of meal. Health care professionals were involved in supporting people to maintain peoples' health and wellbeing.

People were supported by caring and kind staff who demonstrated a positive regard for the people they were supporting. People had been encouraged to be as independent as much as possible. Care was reviewed, where possible, with the person and their relatives to ensure the care provided continued to meet people's needs.

People and their relatives were aware of how to raise concerns or make complaints and were happy with how the service was managed. There were systems in place to monitor the quality of the service to ensure people received a good quality service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Ann Marie Howes 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 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 inspection took place over two days. The first unannounced visit was on 18 May 2017 and an announced second visit on 23 May. The membership of the inspection team comprised of one inspector and an expert by experience on 18 May and one inspector on 23 May. An expert by experience is a person who has personal experience of using or caring for someone living with dementia.

As part of the inspection process we 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 11 people, six relatives, three health and social care professionals, the registered manager, the deputy manager and 10 staff members. Because a number of people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a 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.

We looked at records in relation to four people's care and nine medication records to see how people's care and treatment was planned and delivered. We looked at three staff recruitment files to check that suitable staff were safely recruited. We also 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.

Good

Is the service safe?

Our findings

People who used the service confirmed they felt safe with the staff that supported them. One person told us, "This place is secure, no one can get in apart from the staff." Another person said "I am not afraid; the staff are always around us." Relatives we spoke with felt their family members were happy and were satisfied with the care and support being provided. One relative told us, "[Person's name] is safe here; they [the provider] have a key code pad at the entrance, which is good." Staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff that we spoke with knew the provider's procedures for reporting concerns and were clear about what action they would take if they were concerned about people's safety.

We found people had assessments in place that related to risks associated with receiving care as well as risk assessments in relation to their specific health needs. For example, moving and handling, falls and personal care. A number of people had been identified at risk of developing sore skin. We saw pressure relieving equipment was available, for example pressure cushions on lounge chairs and wheelchairs and air flow mattresses were in place to support people. Where applicable, referrals had been made to the appropriate clinical professionals. All staff spoken with and records we looked at showed that up to date risk assessments were in place to support staff to manage risks to people's care and support.

Everyone spoken with felt there was not enough staff on duty. A relative told us, "It has made a difference losing that one carer sometimes [person's name] does have to wait." All staff we spoke with said they would like to see an extra care worker. One staff member said, "We don't have our breaks when we should." Another staff member told us, "We don't stop, we work incredibly hard to make sure everyone is looked after here." Our observations on the day were that care staff were kept busy all day, however, we found staff attended to people in a timely way and did not keep people waiting. This showed at the time of our visit, there were sufficient numbers of staff on duty.

The provider mainly used a Monitored Dosage System (MDS) to administer medicine. This system re-packages medicines into individual containers that indicate the days of the week and times of day medicines should be administered. We reviewed nine medicine records and completed audits of medicines in stock. People and relatives we spoke with all told us they had not encountered any difficulties with their medicines and received them as prescribed by the GP. We found procedures were in place to ensure medicines were ordered, received, stored, administered and disposed of safely.

Good

Is the service effective?

Our findings

People spoken with told us and we saw people were happy with the staff and felt staff had the skills and knowledge needed to support them. One person said, "They [staff] are all brilliant and look after me very very well." A relative said, "[Person's name] keeps falling and I am not trained to deal with her, but the staff at this home are trained." The staff we spoke with confirmed they received the necessary training to support them in carrying out their roles. One staff member told us, "We get lots of training, I've just completed my medicines training." We saw training for staff was reviewed and refresher training planned for the year. A health and social care professional explained how staff effectively supported a person when they became upset without escalating the person's anxiety levels.

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 checked the provider was working within the principles of the MCA. Staff we spoke with gave us examples of how they would obtain people's consent before supporting them. One staff member said, "You talk to people, ask them what they want or show them different choices of food or clothing so they can pick what they want." We saw where people lacked mental capacity to make certain decisions for themselves mental capacity assessments had been completed. This ensured that people were supported in the least restrictive way and their rights were being protected. 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw applications had been made to authorise restrictions on people's liberty in their best interests.

Everyone we spoke with told us they enjoyed their meals. One person told us, "They [staff] feed me properly here, I enjoy the food, sometimes the chef also cooks rice and peas for me." We saw there was a choice of meals available to meet peoples' cultural and specific dietary needs. A staff member told us, "We ask residents on the same day to choose the food from the menu or we show them a plate of the food so they can choose from that. Due to their condition they cannot always recall from the menu." Where appropriate, referrals had been made to health professionals for people who were at risk of losing weight or had difficulty with swallowing.

People were supported by health care professionals to assess and review their care and support needs. Staff spoken with were knowledgeable about people's' care and support needs and how people preferred to be supported. A healthcare professional confirmed the staff would follow their instructions and were quick to contact them if there were any concerns. 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 as required.

Good

Is the service caring?

Our findings

People said the staff were kind, caring and friendly towards them. One person told us, "Staff are passionate about their job and I have been looked after well." A relative said, "I wouldn't put [person's name] here if I didn't like it, I am very happy." Staff were pleasant and spoke to people in a kind and caring manner demonstrating that people were treated with kindness. Staff spoke with enthusiasm and demonstrated good knowledge of the people they were supporting and described in detail things that were important to people.

People, where possible and their relatives told us staff involved them in decisions about people's care and staff knew the importance of people being involved in these decisions. One person said, "Staff know how I like things done." A relative we spoke with said, "[Person's name] gets confused and I am involved in his care to make decisions." Care plans detailed people's cultural needs, how the person communicated and specific information that staff needed to know to support effective communication with the person. There was information available about people's life histories which detailed the people that were important to the person receiving support. People were supported to maintain relationships with people that were important to them. One relative said, "I am glad you can visit at any time, it's also comfortable for people who are in full time employment so they can visit their loved ones at any time."

Peoples' privacy and dignity was respected by staff. One person told us, "The staff do respect my dignity and privacy." People were supported to maintain their personal appearance as they wanted. One person told us how much they enjoyed putting on their make up and jewellery.

People were supported to be independent as much as practicably possible. We saw one person was washing some cups, they told us, "I enjoy washing the cups up." A relative told us, "They [staff] encourage [person's name] to eat by herself, which is very good, as it is good to be independent." Staff gave us examples of how they supported people to remain independent with their daily living. A member of staff said, "We ensure that people do as much as they can for themselves and support them when necessary." This showed that people were encouraged to be as independent as possible.

People we spoke with told us they were able to practice their beliefs and were supported by the provider to do this with privacy. There was also information available about independent advocacy services. Advocates are people who are independent and support people to make and communicate their views and wishes. The registered manager explained they had supported people to access advocacy, when required, to ensure people could fully express their views.

Good

Is the service responsive?

Our findings

People we spoke with told us they were happy with the home and the support they received from staff. People and their relatives were involved with planning people's care and support. A relative said, "When [person's name] moved here we had done some paper work with senior staff and filled in a form with regards to [person's name] likes/dislikes and their care needs." We saw individual care plans were in place which reflected people's support needs and detailed people's medical conditions. The plans had been regularly reviewed and updated, where appropriate, to reflect people's changing support needs. For example, we saw where one person's health condition had deteriorated referrals had been promptly submitted to the appropriate social and healthcare professionals for a full reassessment of the person's healthcare and support needs.

People and their relatives told us the service was responsive to people's needs and were quick to take action when people's needs changed. A relative said, "Any changes in [person's name] the staff are very quick to contact us." Staff we spoke with explained to us in detail how they provided support in line with people's wishes and how the support was adjusted to ensure the person's individual needs continued to be met. Staff confirmed and we saw, that they were given information about people's needs at the start of their shift so that they were made aware of any changes in people's needs. Staff continued to tell us about people's likes and dislikes and they were able to explain the risks and specific health needs of people and how these were managed.

Although we did not see any specific social activities taking place during our visit, we were told by people and their relatives they did participate in events that were of interest to them. One person told us, "I do get to go to the local shops once a week, if the weather is nice and I enjoy the walk." A relative said, "[Person's name] is too poorly to participate in any activities but she is happy watching others." Staff we spoke with explained a 'show' took place every Sunday afternoon and how much this was enjoyed by everyone. Staff also explained they would spend time with people completing quizzes, exercise classes, sing-a-longs and weather permitting, relaxing in the large gardens.

People we spoke with told us they had no complaints but if they did, they would speak with staff. One person told us, "I'd tell them [staff] if I wasn't happy." A relative we spoke with explained, "I don't have any complaints about the home and if I do raise anything it is dealt with quickly by the manager." We saw that no complaints had been made since our last inspection and this was confirmed with conversations we had with people and their relatives. We saw the provider had a complaints policy and process in place to respond to complaints. People and their relatives had confidence in the provider that if they had any concerns or complaints, they would be listened to and any issues dealt with quickly.

Good

Is the service well-led?

Our findings

People and their relatives we spoke with were all complimentary with how the service was managed by the registered manager. One person told us, "I love living here, I love the staff, I'm very happy." A relative we spoke with said, "This home is supreme." All the staff we spoke with told us they felt supported in their role by the registered manager. One staff member said, "We have good team work and the manager is very approachable." We found the home was well led by the registered manager and their team.

As there was a registered manager in place the conditions of the provider's registration were met. 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. The registered manager was aware of their responsibilities to inform the Care Quality Commission (CQC) of specific events that occurred at the service. We saw where accidents and injuries had occurred appropriate treatment and actions had been put in place to ensure the person's safety and no long term injuries had been sustained. We found that, where appropriate, investigations into any safeguarding's had been conducted in partnership with the local authorities to reach a satisfactory outcome.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the registered manager and if it became necessary to contact the local authority, CQC or the police. The provider had a whistleblowing policy in place that gave clear guidance on what procedure to follow. Whistleblowing is the term used when an employee passes on information concerning poor practice.

Quality audits were carried out around key aspects of the service and we saw evidence that action plans were put in place to remedy any concerns raised. We saw the provider had effective systems in place that identified when there was an error in the administration of people's medicines. When errors were identified appropriate investigations were completed and actions taken to reduce the risk of further errors occurring. 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 that the registered manager had been open and honest in their approach to the inspection and co-operated throughout the day.

Staff, people we spoke with and their relatives shared their concern about the level of communication from the provider in respect of the future of the home. One person told us, "It's sad to hear about the cut backs, they [the provider] don't understand how it will affect us." A relative said, "We used to have regular meetings to talk about the service but these have been reduced, we would just like to know what's happening with the home." Staff we spoke with also expressed their concern over the potential changes to the service. We discussed the concerns raised to us with the registered manager. She confirmed there were to be changes made to the provision of service but no current information had been shared with her from the provider that could be shared with people living at the home or their relatives. Although everyone we spoke with told us the communication from the provider could be improved, they all confirmed the actual management of the

home itself, by the registered manager, was good