Birmingham Multi-Care Support Services Ltd

Greswolde Park Road

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

This inspection took place on 10 May 2016 and was an unannounced comprehensive rating inspection. At our last inspection on the 23 July 2014, the provider was rated as 'Good'.

Greswolde Park Road is a registered care home providing short term (respite) personal care for up to four adults who have a learning disability and other associated diagnoses. At the time of our inspection there were three people living at 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.

People were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed appropriately. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat and meal times were flexible to meet people's needs.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there was positive communication and interaction between staff and the people living at the location. Staff were aware of the signs that would indicate a person was unhappy and knew what action to take to support people effectively.

People's right to privacy were upheld by staff that treated them with dignity and respect. People's choices and independence was respected and promoted and staff responded appropriately to people's support needs.

People received care from staff that knew them well and while they were receiving respite care were

supported to take part in activities and interests that they enjoyed, so that their lifestyle remained consistent.

The provider had management systems in place to audit, assess and monitor the quality of the service provided, to ensure that people were benefitting from a service that was continually developing.

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 protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as required.

Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

People were treated with kindness and respect.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in activities that they enjoyed.

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

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their
concerns. Staff understood when people were unhappy so that they could respond appropriately.

Is the service well-led?

Good

The service was well led.

People benefitted from systems the provider had in place to assess and monitor and develop the quality of the service provision.

Relatives felt the management team was approachable and responsive to their requests.

People benefitted from being supported by staff who were effectively supported and guided by their management team.

Greswolde Park Road

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 10 May 2016 and was unannounced. The membership of the inspection team comprised of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority commissioning service for any relevant information they may have to support our inspection.

During our inspection we spent time with all three of the people living at the location. Some of the people living at the home had limited verbal communication and were not always able to tell us how they found living at the location. Therefore, as part of our inspection we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us and we also observed how staff supported people throughout the inspection to help us understand peoples' experience of living at the home.

We spoke with one person, two staff members, the manager and three relatives. We looked at the care records of three people, the medicine management processes and records maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Good

Is the service safe?

Our findings

A person we spoke with told us they felt safe in the home and we saw that people looked relaxed in the company of staff. We saw that people were happy and did not appear to have any concerns about being at Greswolde Park Road. A relative we spoke with told us, "We have no concerns over his (person's) safety. The care and supports wonderful, they (provider) look after him very well". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and staff we spoke with told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. One staff member explained that as some people have limited verbal communication they might have suspicions and concerns of abuse taking place if a person's behaviour characteristics changed, so were vigilant to look for these signs. Another staff member gave us an example of some of the signs that might indicate if someone was being neglected, "I'd look to see if their (people's) clothes were old and worn, or if they (person) always seemed hungry".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "Risk assessments are carried out yearly or whenever there's a change". They also explained how staff maintained an ongoing evaluation of risk assessments during their daily work routine. We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly in care plans. Any changes that were required to maintain a person's safety were discussed and recorded during shift handovers.

The provider had emergency procedures in place to support people in the event of a fire, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. One member of staff told us, "I would raise the alarm, evacuate the residents, check the sign in sheet and call 999".

Everyone we spoke with felt there was sufficient staff working at the home to meet people's needs and keep people free from risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. We observed that there were enough staff available to respond to people's needs and that they were attentive when support was requested. A relative told us, "They (provider) have enough staff for his (family member) 'one to one' care needs". They went on to explain how confident they were that their family member was being cared for safely, "He (family member) was ill while I was away (on holiday) last year and they (provider) nursed him extremely well". The provider had processes in place to ensure that people were continually supported by staff that knew them well and maintained consistency of care.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. We reviewed the provider's recruitment processes and these confirmed that staff were suitably recruited to safely support

people living at the home. A relative we spoke with said, "They (provider) have the right people to support his (family member) care needs".

A relative we spoke with told us they had no concerns with their family member's medicine. A person we spoke with told us that they received their medicines on time and as prescribed... Staff we spoke with told us that they had received training on handling and administering medicines. We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they could recognise when people were in pain or discomfort and when medicines were needed on an 'as required' basis (PRN). We saw that the provider had a PRN protocol in place to support people when they required medicines on an as required basis.

Good

Is the service effective?

Our findings

A relative we spoke with said, "They're (staff) trained well to support [person's name] requirements". Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A staff member explained how they had received training and support during the induction phase of their employment, which included core training, shadowing and working supervised with more experienced members of staff. Another staff member told us how they were encouraged to identify additional learning and development opportunities that they would like to pursue, they told us, "I talk to the manager if I recognise any gaps in my training". The provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support. We saw that the manager responded to requests made by staff and was aware of the knowledge and skills they needed to support people who used the service.

We found that not all of the people living at the location were able to verbally express their needs; however from our observations we could see that staff knew how to support people. A member of staff we spoke with said, "If [person's name] is nodding his head, I know he's happy". Another told us, "If people can't verbalise, we use hand signals and body language". We saw a person who communicated in a different way gesture to a member of staff that they wanted a drink. The staff member recognised what the person was asking and the two of them went to the kitchen to get a drink together. Another person told us, "If I need something, I give them (staff) a shout".

Staff told us they had regular supervision and appraisals to support their development. One staff member told us, "We have supervision every month." We saw staff development plans showing how staff were supported with training, supervisions and appraisals. We saw that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed.

From conversations with the staff and the manager we were told that not all of the people who lived at the home had the mental capacity to make informed choices and decisions about some aspects of their lives. Throughout the inspection we saw staff cared for people in a way that involved people in making some choices and decisions about their care and support. Staff told us that they understood people's preferred communication styles and used these to encourage people to make informed decisions. One member of staff gave examples of the different ways people communicate to give their consent. They told us, "They (people) use body language. We can tell when people do or don't want something". Another staff member we spoke with said, "If they (people) can talk, they'll tell us what they want".

Where people lacked the mental capacity to consent to decisions about their care or medical treatment, the provider had arrangements in place to ensure decisions were made in the person's best interest in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA (2005) is important legislation that sets out requirements to ensure that where people are unable to make significant and day to day decisions that are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people's rights are upheld. We saw the provider had made applications for some of the people using the service to the Statutory Body to authorise the restrictions placed upon

them. The provider had acted in accordance with the legislation to ensure people's rights were protected. Staff we spoke with were aware of what was meant by depriving someone of their liberty and understood about acting in their best interest particularly whilst awaiting for DoLS authorisations.

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. One member of staff gave us an example of how they would support someone whose behaviour might become challenging, they told us, "I'd wait until they (person) calmed down, I'd keep an eye on them and let them come out of it on their own". We saw that people's care plans had information of the types of triggers that might result in a person becoming unsettled and presenting with behaviours that are described as challenging.

One person we spoke with told us about the favourite types of food that they liked to eat and how staff make sure that they have their preferred meals. A relative told us, "It's (food) wonderful, all home cooked meals". Another relative we spoke with said, "He (person) eats better there (provider) than at home, he loves it". They went on to give us an example, "He (person) never eats pudding at home, but he does there (provider)". We saw that a range of menu options were available to help people make decisions about what they would like to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required and staff monitored people's food intake. For example, some people were on special diets and we could see that dieticians and the Speech and Language Therapy Team (SALT) had been involved in developing and supporting the provider in meeting their dietary and nutritional needs. Speech and language therapists assess and support people with communication problems and with people who have difficulties with eating and drinking. A relative we spoke with told us how the provider supported their family member with their special dietary needs, "They even bought Gluten free bread for him, they're really good like that".

We saw people having drinks and snacks when they wanted to and fresh fruit was available for people to eat if they wished. A person told us how staff always gave them a choice of what they'd like to eat. Staff we spoke with confirmed that they encouraged people to try healthy alternatives.

Relatives spoken with thought that their family member's health needs were being met. One relative explained to us how her family member had a special protocol in place to support their health needs, "They [provider] follow everything to the letter. They monitor him and inform me of any issues". We saw from care records that people were supported by their families or main carers to access a variety of health and social care professionals. As a respite service, Greswolde Park Road were kept informed of any involvement by being copied into letters to and from health care professionals. For example, psychiatrists, dentists, opticians and GP's, so that people who used the service were ensured of consistency of care and support.

Good

Is the service caring?

Our findings

We saw that the atmosphere at the home was warm and welcoming. From our observations we could see that people enjoyed the company of staff, they looked relaxed in their presence and appeared to be living a happy life. We saw that staff were attentive and had a kind and caring approach towards people. There was light hearted interaction between people and staff throughout our time at the home. A relative we spoke with said, "It's like a second home. They have a good knowledge of [person's name] and he knows them, you can see it in his eyes". People appeared content and happy when interacting with staff. A relative told us, "They're (staff) lovely people, really considerate". Another relative said, "They (provider) treat him (person) as if he were their own, they're not just going through the motions. They're great with him (person)".

We saw that staff knew people well and communicated effectively. Staff told us how they used pictures, communication cards and photographs to help people communicate if they needed support. We saw staff communicating with people using techniques that suited them. Most of the staff we spoke with had worked at the location for a period of time and this had provided stability and consistency of care for people. We saw that individual support plans documented peoples preferred style of communication.

We saw that the provider supported people to express their views so that they are involved in making decisions on how their care is delivered. We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how staff would support people's health care needs. A relative told us, "There's good rapport, we (relative and provider) talk all the time". Another relative said, "We (relatives) have a report after every visit, including daily logs, medication etc. If there's a problem, they (provider) phone up and let us know". We saw that plans were regularly reviewed and updated when people's needs changed.

We saw that there was information available to people in easy read formats, where applicable, so that they could make some choices and decisions about their care. Examples being, the use of pictures, communication cards and objects of reference. We saw that people were supported to make decisions about what they did, where they went and what they liked to eat and drink. One person we spoke with told us about the activities they liked to do, "I like the cinema and watching Disney films". Staff we spoke with explained how they treated shared information from people confidentially. A staff member told us, "I don't discuss things with anybody, in or out of the organisation". Another staff member we spoke with said, "I keep things to myself unless they (person) or others are at risk".

Staff we spoke with and observations we made showed us that people were treated with dignity and respect. One member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They said, "I make sure that their body is covered when supporting with personal care. I treat people as I'd like to be treated myself". We found that people could spend time in their room so that they had privacy when they wanted it.

Everyone we spoke with told us there were no restrictions on visiting times. One relative told us, "We turn up anytime we want, there's no problem". Another relative told us, "We can visit anytime we like, even if he's

(person) not there. I could turn up now if I wanted to". Relatives we spoke to felt that they were able to talk to their family member in private if they needed to.

Staff told us how they supported people to be as independent as possible, they explained how people were encouraged to help around the home, for example, washing dishes or laying the table at meal times in order to promote their independence and develop/maintain life skills. A person we spoke with told us, "I make my own cup of tea". A member of staff said, "I know [person's name] can eat without my support, so I encourage him". Another staff member explained how they (staff) had encouraged a person to walk independently.

Good

Is the service responsive?

Our findings

We saw that staff knew people well and were focussed on providing care that was focused/centred on the person's preferences. We saw that people were encouraged to make as many decisions about their support as was practicable. Relatives we spoke with told us they were all involved with their family member's care reviews and were in regular contact with the home about people's care and support needs. A relative told us, "Yes, we review it (care plan) regularly, or we phone [managers name] for chats". Another relative we spoke with told us, "We worked on his (person's) plan together so that she's (manager) sure they (provider) get it right". We saw records of care planning meetings involving people and their relatives. We saw detailed, personalised care plans that identified how people liked to receive their care. A relative we spoke with said, "They're (provider) very pro-active, [manager's name] visits our home to see how he (person) likes to live". A staff member told us that staff read people's care plans before they arrived for respite care to ensure they understood how they would like to be supported and cared for during their stay. A relative explained to us, "They're (provider) absolutely 'on the ball'. They have everything ready for [person's name] when he arrives".

We saw that staff were responsive to people's individual needs, they were focussed on what people wanted to do at any given moment. A person we spoke with said, "They (staff) take me bowling, for a meal or to the cinema". We observed staff responding to people's needs promptly when required, for example; we saw two staff members taking a person out for lunch. He seemed very happy to be going out".

We saw that all people living at the home had their own rooms and choose whether to stay in them or join the communal areas. Even though people stayed at Greswolde Park Road for short periods of time rooms were clean and tastefully decorated so that they did not feel temporary and impersonal. This gave people a sense of homeliness and comfort during their stay.

Throughout our inspection we saw that people had things to do that they found interesting. One person told us that they had been creating glass art work at college. They explained further, "I make and sell glass frames at the art gallery". Throughout our inspection we saw that people were engaged in activities that they found enjoyable and were supported to maintain their hobbies and interests. A member of staff told us, "We speak to people and arrange times to do activities with them". The manager explained that staff were always looking for new and interesting opportunities for people to access.

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. One relative told us, "Any issues are dealt with directly at exit meetings". Exit meetings take place at the end of every respite period for people staying at Greswolde Park Road. They went on to explain, "Any concerns are dealt with straight away". Another relative we spoke with said, "If we have any complaints, we go straight to [manager's name] or [deputy manager's name], they're very good". Relatives told us that they knew the complaints procedure and how to escalate any concerns if they needed to. The manager told us and records we looked at showed that there had not been any complaints made about the location since our last inspection. We found that the provider had a robust procedure in place which outlined a structured approach to dealing with complaints in the event of one being raised.

Relatives told us that they had completed satisfaction surveys and we saw that these had been used by the provider to enhance the quality of service provided for people at the location. A relative we spoke with said, "We complete satisfaction surveys after every visit". We saw that the provider retained survey information from relatives following every period of respite to support consistency of future service provision for people and families using the service.

Good

Is the service well-led?

Our findings

We saw that the manager guided and supported staff, ensuring that they were clear about their roles and responsibilities. The manager was available and accessible to respond to any circumstances.

We saw evidence from house meetings that people, staff and families were involved in how the home was run. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. A staff member we spoke with said, "The manager's very approachable". Another staff member, who supported when staff cover was needed, explained how they felt valued in their role, "They (provider) keep asking me to come back".

Staff told us they were happy with the way the location was managed, one staff member told us, "It's very good, I like it here they have very high standards". They continued, "I even recommend them (provider) to people for respite support". A person we spoke with told us that the manager was a kind and considerate person. Staff we spoke with told us that they felt that they were listened to by the manager. Relatives we spoke with told us that they felt there was a positive attitude at the home between the manager, staff and their family member. A relative told us, "I'm happy with the way the home is managed". They also said, "They're (staff) never too busy to talk to us".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.

We saw that the provider promoted and encouraged good links to the local community. We saw that people had access to social groups and leisure facilities. We saw staff and people coming and going from the location on visits to local shops.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw that quality assurance and audit systems were in place for monitoring the service provision at the location. This included surveys to relatives where they were encouraged to share their experiences and views of the service provided at the location. We also saw that both internal and external audits were used to identify areas for improvement and to develop and improve the service being provided to people. Other quality and safety monitoring processes included regular recorded visits by the organisation Director/Nominated Individual. A nominated individual is someone who is employed as a director, manager or secretary of the organisation with responsibility for supervising the management of the regulated activity. The provider must be sure of that individual's ability to fulfil the responsibility of their role.
The provider had and a process to access resources to carry out any maintenance or refurbishment when

necessary. During our visit we met the Director/Nominated Individual and saw from their interaction with the manager that the manager was supported to carry out their role effectively to best support people's needs.