Focus Birmingham

Focus Birmingham Beech House

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

Overall summary

This inspection took place on 21 October 2014 and was unannounced which means that we did not tell the provider beforehand that we were coming to inspect the service. At the last inspection in June 2013 the provider was meeting the regulations we looked at.

Focus Birmingham Beech House is an adapted residential house. It provided accommodation with personal care for up to six adults who have learning disabilities and visual impairment. At the time of our inspection six people were using the service, three of whom were away visiting a day centre. There was a registered manager at this location although they were away on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People, relatives and staff told us they felt that people who used the service were safe. We saw there were systems and processes in place to protect people from the risk of harm and observed that staff were caring and kept asking people if they needed anything. Staff treated people with dignity and respect and it was evident that staff had developed close relationships with the people who used the service because they supported them to do the things they liked and referred to people with warmth and kindness.

During our visit some members of staff received training so that they were knowledgeable about people's needs and another member of staff was having an appraisal to review the quality of the support they provided. This ensured that staff provided effective care and support that met people's individual needs. New staff received the appropriate training to ensure there were enough qualified and experienced staff on duty to meet people's needs.

People were able to make choices about what they did and what they ate because they were supported by various communication methods to express their views. Staff had access to information which allowed them to understand what people's specific expressions and gestures meant and how they should respond.

Management systems were well established. The manager monitored and learnt from incidents and concerns such as identifying how to reduce the frequency of a person's behaviour which could be regarded as challenging. A senior manager from the provider organisation conducted regular quality checks to ensure the service was compliant with current legislation.

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?

Good

The service was safe. Relatives all told us they felt the provider kept people safe.

There were enough staff with the skills and knowledge they needed to keep people safe from harm.

Staff knew how to administer medicines safely and in line with people's care needs.

Is the service effective?

Good

The service was effective. There were clear plans and guidelines to ensure that staff met people's care needs.

People were supported to be independent as much as possible and regularly visited their relatives and went out into the community.

People were involved in deciding how their care was provided and they were supported in line with the Mental Capacity Act 2005 Code of Practice.

Is the service caring?

Good

The service was caring. We saw that staff supported people's rights to privacy and dignity and spoke to them with respect.

Relatives said that people had built up caring and loving relationships with members of staff and were supported by staff they liked.

Is the service responsive?

Good

The service was responsive. People were supported to comment on the care they received and care was delivered in line with people's wishes.

Relatives told us that they were regularly approached by the manager for their views on the service. They told us that the manager and staff were always quick to act in response to feedback.

Is the service well-led?

Good

The service was well led. The registered provider had effective systems for monitoring the quality of the service to ensure people received the support they needed to meet their care needs.

Staff told us that the manager and registered provider was always approachable and ready to listen to new ideas to improve the service.

Staff understood the management structure and knew who to contact when they needed advice.

Focus Birmingham Beech House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 on 21 October 2014 and was unannounced. The inspection was undertaken by one inspector. Before our inspection we checked if the provider had sent us any notifications since our last visit. 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. Our records showed that we had not received any notifications and at our inspection the deputy manager confirmed that there had not been any incidences which required a notification to be submitted.

The provider had submitted 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 used this information to plan what areas we were going to focus on during our inspection. We included a review of how people's needs were met by the adaptation, design and decoration of the service because people who used the service were visually impaired and /or required support with their mobility. This included looking around communal areas and in people's bedrooms to see if the environment and equipment provided met people's specific care needs.

During our inspection we spoke with two people who used the service, the deputy manager and five care staff. We spent time observing how care was delivered by staff during the day in communal areas such as the lounge and dining room.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people. After our inspection we also spoke by telephone with the relatives of three people who used the service.

We looked at records including two people's care plans. We also looked at records around the management and monitoring the quality of the service. These included how the provider responded to issues raised, medication audits, action plans and annual service reviews.

Good

Is the service safe?

Our findings

Two people who used the service and staff who we spoke with, all told us that they felt people who used the service were safe. We also spoke to the relatives of three people who used the service and their comments included: "They are very safe there," "They are safe, if not I would say something" and "The staff always keep an eye on them."

We spoke to five members of staff who all told us that they had received training and regular updates in how to safeguard people from abuse and knew how to recognise the signs and how to report their concerns. The deputy manager demonstrated that they were aware of the most recent safeguarding legislation because they told us that they had reviewed each person's safeguarding plans in response to recent changes.

Staff told us that they felt confident that they could raise concerns about people's safety with the manager and deputy manager and they would be acted upon. We saw that people who used the service had access to information in formats which met their communication needs about how to raise concerns and relatives told us that they had also received this information.

A member of staff told us that when they started at the service, they were not allowed to work unsupervised until their Disclosing and Barring Services (DBS) check had been received by the provider. A DBS check identifies if a person has any criminal convictions or has been banned from working with people. This would support the provider to assess if the person is suitable to support people who used the service.

When people exhibited behaviour which might challenge there were risk assessments and plans in place which detailed what might trigger the person's behaviour, how the person may display their anxiety and how staff should respond to this. The provider kept a record of the person's behaviour so they could identify any common triggers or if other health care professionals should be involved. We spoke to a member of staff about a person's behaviour and they were able to explain what actions they would undertake if the person became unwell. We found that this was in line with the person's care plan. This documentation enabled staff to have access to information which helped them to support the person safely and respect their dignity.

People were kept safe because the provider had assessed staffing levels to identify how many staff were required to meet people's needs. Three members of staff told us they felt there was enough staff to meet people's needs and a member of staff said, "I can manage, I never feel rushed." Another member of staff told us, "It may not always be possible to take someone out immediately when they ask, but we will take them out at some point in the day." During our visit we saw that there were enough staff to promptly respond to people's need and spend time sitting with people and encourage then to take part in tasks they enjoyed. Staff told us that when people went out and on day trips they were supported by enough staff to ensure each person had 'one to one' support in line with their care plans. A member of staff told us that if they thought they would not be able to support a person to go into the community safely a second member of staff would accompany them. When staff had left the service we saw that the provider had taken action to recruit new staff and existing staff would work flexibly to provide the hours people needed to keep them safe. This ensured that there were enough staff to keep people safe from the risk of harm.

People's medicines were managed safely. A member of staff was able to explain the provider's medicines policy for reporting medication errors and records showed that staff had received training in how to manage medicines appropriately. Medicines were stored safely in a locked cabinet in the manager's office which was also lockable. There were suitable arrangements for medication which required chilled storage in order to remain effective and records showed that medicines were stored at the appropriate temperatures.

The manager conducted regular audits to check that people had received their medicines as prescribed. When audits identified that staff had on occasion failed to sign that they had administered medication we saw that the manager had taken action to address this with the staff concerned. A member of staff showed us how they would conduct an audit of one person's medication and was able to demonstrate that the actual quantities held matched the provider's records. Therefore the person had received their medicines in line with their care plans.

Good

Is the service effective?

Our findings

Two people who used the service told us that they liked living at the home and felt they were well cared for. One person said, "It is good here, they help me get my music and play it."

Relatives of people who used the service told us they felt confident that the manager and staff knew how to meet people's needs. A relative told us, "We have meetings all the time, I know what has happened and what is going to happen." Comments from other relatives included, "They [Staff] are great, they have really built [person's name] confidence and they are a lot more independent than they were'" and "[Person's name] has really come on with their confidence and independence since joining the home."

We spoke with three staff about the people they were supporting during our inspection and they were all able to tell us people's specific care needs. During our visit some members of staff were receiving training so they were knowledgeable about the needs of people who used the service and another member of staff was having an appraisal to review the quality of the support they provided. Staff told us that they had training in how to meet these needs and we saw that there were clinical publications about people's conditions in people's care records which staff could refer to for guidance. For example, we saw staff support a person to engage with a particular object in order to keep them calm and speak with another person in a distinctive manner to encourage them to do a specific task. Both the staff and deputy manager could explain why they supported the people in these ways and we saw that these explanations were in line with what was written in people's care records. People were supported by staff who knew their preferences and how they wanted their care to be provided.

When the provider had concerns about a person's welfare, staff told us that they would monitor their specific conditions. We saw that people's behaviour and nutritional intake had been monitored when concerns about their health had been raised. The provider also included guidance about the person's needs in their care records so staff had the information they needed to provide care which met the person's changing needs. People received continuity of care because care plans were updated so they contained guidance for staff about how to meet people's care needs when their needs changed.

People were able to consent to the care they received because the provider followed the principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with understood their responsibilities in relation to the MCA including Deprivation of Liberty Safeguards, (DoLS). We saw that staff had received training in the MCA and did not find any evidence to suggest that people had their movement restricted or were deprived of their liberty. During our inspection a person who used the service indicated that they wanted to go out for a walk and they were promptly supported by a member of staff to do this. Therefore people were safe from having their rights restricted inappropriately.

Where assessments determined a person lacked capacity to make a decision, records showed that the person and other people concerned with their care and welfare had been consulted. All relevant factors, including finding the least restrictive option, had been considered before a best interests decision was made on a person's behalf. Records showed that regular reviews of mental capacity assessments and best interest decisions were undertaken to ensure that decisions remained valid. The provider had supported people who used the service to have court of protection appointed deputies when they were unable to express consent to treatment themselves. This ensured that people's rights were respected and they would receive treatment and support which was in their best interests and wishes.

We observed how people were supported at lunch time. Everybody had a choice of meal and could choose to sit with other people to promote their social interaction or to eat on their own. One person asked to have their meal on their own and staff respected this. The food was hot and looked appetising, people were provided with sauces if they wanted and a choice of drinks. Staff were able to explain to us people's specific nutritional needs because they could access assessments to identify what food and drink people needed to keep them well and what they liked to eat. Records showed that the provider monitored people's weight and care plans were updated as their nutritional needs changed. This meant people were supported to eat and drink enough to keep them well.

Staff knew the specific support each person required to eat and drink and we saw that people were supported in line with their care plan. This included preparing soft foods and providing crockery and cutlery which enabled people to

Good

Is the service effective?

eat independently. When a person said they did not want to eat staff gently prompted the person, who then chose to sit at a table and eat. The deputy manager and staff member explained that this was a specific approach which they had developed to support the person to eat and was detailed in the care records for other staff to follow. We observed a member of staff continued to use this approach to encourage the person to eat. Staff were patient, treated the person with respect and regularly provided verbal prompts to ensure they ate a sufficient quantity to maintain their wellbeing.

The environment was suitably adapted and maintained to support people who had a visual impairment and/or required support with their mobility. There were no steps in the property and there were ramps at the front door and into the back garden so people could enter and exit the property easily. There was a lift between the two floors of the property for people who used wheelchairs or could not use stairs comfortably. Where possible the provider attempted to place people with limited mobility in bedrooms on the ground floor in order for easier access to the home's living areas. We saw that people had adapted shower rooms en-suite with shower chairs available when needed. There was also an adapted bath with a power hoist so people had a choice of a bath when they wanted. There were handrails around the property to support people to walk and also help people orientate themselves to the environment. There was a large secure garden which people could access through alarmed doors. When opened, these doors triggered an alarm so staff could attend and stay with people in the garden to ensure their safety.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that they felt that members of staff were very caring. A person told us, “I like it here, the staff are my friends,” and a relative of another person told us that they were always made to feel welcome when they visited, “There is always a pleasant smile and a, ‘Do come in,’ when we visit. This is very important to us,” and that, “A cup of tea will always appear for us within 10 minutes of arriving.” Another relative told us, “People are always dressed smartly,” and, “They even offered to help me when I was unwell.”

There was a relaxed atmosphere in the home and staff prompted and supported people’s social interactions. We observed that people engaged in social interaction and saw that several people laughed and joked with staff throughout the day. People who used the service, their relatives and staff told us that they were supported to express their views of the service at regular meetings and told us that they felt listened to. Staff showed us a guide they had developed which explained the gestures and movements made by one person to communicate their feelings. We also saw that other communication aids were available when necessary to help people express themselves. We noted that the provider had taken action to improve the decoration and arrange outings for people in response to the views they expressed at these meetings.

People were relaxed with staff and confident to approach them throughout the day. Staff we spoke with told us they enjoyed supporting the people living there and knew their interests and what they liked to do. Throughout the day staff encouraged people to take part in these interests and a member of staff had several discussions with a person who used the service about recent additions to their music collection. We found that most staff had worked at the service for several years which had enabled people who lived there to build meaningful and caring relationships with the staff. Staff spoke fondly about the people who used the service and a member of staff told us, “If you don’t care you shouldn’t be here. You shouldn’t be doing this job.”

The provider had a policy to protect people’s independence and dignity. We saw that people were provided with suitable equipment in order to maintain their dignity. These included mobility aids, crockery and cutlery which enabled them to be as independent as possible. Staff were able to explain to us the provider’s policy and the actions they would take to protect people’s privacy when delivering personal care or supporting them when they displayed specific behaviours which could compromise their dignity and that of others. During our inspection we saw staff would take action to maintain people’s dignity by adjusting their clothing and supporting them to eat and drink without spilling.

Good

Is the service responsive?

Our findings

A person who used the service told us that staff supported them whenever they needed assistance They told us, "They help me a lot." A relative told us, "If there's a problem they ring us straight away and tell us what they're doing." We spoke to the relatives of three people who used the service and they all told us that the manager and deputy manager were approachable and that they were confident they would react to any concerns they had.

The provider conducted initial assessments of people's care and welfare needs in order to identify how they would need to be supported when they went to live at the home. Relatives were also involved in the assessments to ensure that people were supported to express their views about how they wanted their care to be provided. This ensured that the provider could identify if they had the resources and skills to meet people's needs. Staff were able to explain people's specific preferences and interests which enabled them to provide care which reflected people's choices and wishes. During our inspection staff routinely responded to people's wishes as required. This included taking a person for a walk when they asked and supporting someone to eat when they said they wanted some lunch.

The provider was responsive when people's care needs changed. The provider had made arrangements for a person to be reviewed by a health care professional when their needs changed in order to ensure they continued to eat enough to keep them well. The provider also included guidance about the person's needs in their care records so staff had the information they needed to provide care which met the person's changing needs. Staff had signed to indicate that they were aware of the changes in how the person was to be supported and a member of staff was also able to explain the current guidance to us. Therefore people received continuity of care because care plans were updated so they contained guidance for staff about how to meet people's care needs when their needs changed.

People had the opportunity to take part in events they liked and maintain relationships with relatives and friends because the provider had identified what was important to them. During our visit three people were supported to attend a day centre and another person who was due to attend had decided to stay in the property. We observed that people were supported to engage in tasks which their records showed were important to them, such as having a foot spa, going for a walk, watching television and engaging with items which were precious to them. There were records confirmed people were supported to attend social events such as visiting the pub and going for meals and a person's relative confirmed that they, "Liked going down the pub. They look forward to it." Relatives confirmed that family members who used the service would be supported to visit them regularly for a day or weekend. This meant that the provider had systems in place to protect people from the risk of social isolation and the staff responded to people's expressed choices and preferences.

We saw documentary evidence that people were regularly supported to comment about the service they received so the provider could review if the service was meeting people's needs. A relative told us, "We have monthly 'Parent Meetings' but I can always talk in private with the manager if necessary." People who used the service and relatives had been supported to complete a quality questionnaire and we saw that comments about the service were positive. As a result of these comments the provider had arranged a summer holiday for people who used the service and introduced new members of staff to relatives when they joined the service. The provider had a system to record formal complaints, however the manager told us that they had not received any. We saw that there was information about the provider's complaints process in the home which was also available in audio format to support the people who used the service and their relatives to raise concerns. The manager kept a 'grumbles' book to record and review the comments and concerns of people who used the service, their relatives and staff who did not want to formally complain. The manager advised that action would be taken to address any issues and to prevent similar issues from happening again.

We spoke to five care staff who all told us they felt well supported by the manager and deputy manager. One member of staff told us, "They are very good. I feel I can go to them whenever," another member of staff told us, "I can say what I like, I am not seen as a trouble maker." Records of meetings showed that people's wellbeing was regularly reviewed by the manager and staff to identify if people were being supported in the most appropriate manner or if current care plans needed to be reviewed. This ensured that people received care which met their individual needs.

Good

Is the service well-led?

Our findings

The relatives of three people who used the service expressed their satisfaction with the service and the quality of leadership at the service. One person told us, "The manager is very professional. They have brought a lot of stability to the service." Another person said, "They are very approachable, I am able to discuss anything and it will be taken seriously."

The deputy manager told us that they had an "open door" policy and staff and relatives confirmed this. All the relatives we spoke to told us that they were able to state their views so they could influence how the service was delivered which included monthly, 'Parent's Meetings,' to discuss what was happening at the service. Therefore there were systems in place to capture the views of relatives and visitors about the quality of the care being provided.

The provider had a clear leadership structure which staff understood and in addition to the manager there was a deputy manager who staff could also approach for guidance. Staff said they felt the manager and deputy manager were approachable and they were encouraged to express their views which included discussing additional support required to meet some people's specific needs. A member of staff told us, "I can say what I want. They [The management team] are very good." During our inspection the deputy manager held a planned review with a member of staff to identify if they were meeting the care needs of the people who used the service and what additional support they may require in order to do this. We also saw the manager had identified when staff required additional training as the needs of the people who used the service changed and two members of staff were undergoing training during our visit. Therefore both the manager and staff understood key challenges and how the service needed to be developed in order to meet people's care needs.

The provider had ensured that people were supported to express their views about the service and how they wanted to see it develop. This included expressing what they liked to do and which staff they preferred to be supported by. When necessary staff had worked with people to establish their preferred methods of communication which had, for example, resulted in the production of a guide for staff which explained the gestures a person used to express their needs and wants. All staff we spoke to were able to explain people's preferred methods of communications and we saw that they used them in line with their care plans. This resulted in people engaging in things they wanted to do and receiving the care they needed such as engagement in a social activity and staff providing people with food and drink when they wanted.

The registered manager regular reviewed each person's care records at staff meetings which staff were required to sign in order to show that they had read the records and knew how people needed support. There was a process for recording and reviewing accidents and incidents to identify how similar events could be prevented from occurring in the future. This ensured that people were kept safe from the risk of receiving unsafe or inappropriate care.

The provider had a system to conduct regular audits of the service in order to ensure it complied with current legislation. When actions had been identified the manager and provider monitored these to ensure they were completed effectively. There were established policies in place to support people who wished to raise a complaint which enabled the manager to assess if the quality of the service was meeting people's expectations. We found that no complaints had been raised however, staff and relatives we spoke with told us they would feel confident to raise matters of concern and they would be acted on.