C L H Care Homes Limited

306-308 Packington Avenue

Inspection report

308 Packington Avenue
Shard End
Birmingham
West Midlands
B34 7RT

Tel: 01217493739

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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 7 and 8 June 2016 and was announced. We gave short notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. At our last inspection on 1 May 2015 the provider was assessed at that time as Requires Improvement overall. The provider had not always followed recruitment procedures to ensure that only suitable staff were employed and repairs were not always addressed in a timely manner and staff did not always feel listened to.

At this inspection we found that the provider had made improvements to the arrangements for staffing and improvements had been made to the systems in place to monitor the service and therefore address repairs in a timely way.

306-308 Packington Avenue (Packington Avenue) is a residential care home providing accommodation and personal care for up to eight people with learning disabilities. At the time of our inspection seven people were living there.
The home is made up of two converted houses adjacent to each other. There are two people residing in one of the properties and five people living in the other.

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 responsibilities for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Not everyone that lived at Packington Avenue was able to tell us their views verbally. We used other methods to get a view of the care provided including speaking with relatives, observing people's body language and facial expressions. We also observed interactions between staff and people.

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 systems and processes in place to protect people from the risk of avoidable harm.

We found that there were enough staff available to respond to people's needs and that they were attentive

when support was requested.

People were supported to receive their medication safely as prescribed.

We saw that staff had received appropriate training to learn the skills they required in order to meet people's needs.

People told us that staff respected their decisions and sought their consent. People were supported to eat and drink sufficiently varied meals to remain healthy.

People received care from staff that were caring and knew them well. Staff respected people's privacy, dignity and individuality.

People were involved in planning their care and activities. Relatives felt that their family member's needs were being met. No complaints from people or their relatives had been received by the registered manager recently.

Systems were in place that were effective in ensuring all staff were up to date with people's current care needs.

There were systems in place to gather the views of the people that used the service and their relatives.

The registered manager carried out internal audits, monitored staff performance, reviewed care records and completed a quality assurance checklist to assess the performance of the service provided.

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 abuse and avoidable harm because the provider had effective systems in place.

There were enough staff available to respond to people's needs

People received their medication safely as prescribed.

Is the service effective?

Good

The service was effective

People's needs were met by staff with the appropriate training and skills.

People were encouraged to make their own choices by the staff.

People were offered choices in what they wanted to eat and drink.

Is the service caring?

Good

The service was caring

People received a service from caring staff.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive

People were involved in planning their care and activities.

People received care that was personalised and responsive to their needs.

Is the service well-led?

Good

The service was well led

The views of people were sought when looking at how to improve the service.

The registered manager carried out audits to evaluate the performance of the service provided to people.

306-308 Packington Avenue

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 7 and 8 June 2016 and was announced. We gave short notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Before the inspection, the provider completed 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 reviewed information held by us on the provider. This included details of statutory notifications, which are details of incidents that the provider is required to send to us by law. We also spoke with the local social services teams, commissioners and reviewed information available by the local Healthwatch organisation.

During our inspection we met with four of the people that lived at Packington Avenue. All the people living at the home have a learning disability and additional complex needs. Most people had limited verbal communication. We spoke with people and observed how staff supported them throughout the inspection to help us understand their experience of living at the home.

We spoke with three relatives, the registered manager, deputy manager and three staff. We also spoke with two social care professionals and an advocate.

We looked at the care records of three people, as well as the medicine management processes and records that were 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

Our findings

At the previous inspection on 1 May 2015, we found that the provider had not always followed recruitment procedures to ensure that only suitable staff were employed. At this inspection, we saw that the provider had made changes to their recruitment procedures and record keeping, so that appropriate checks were being made to ensure suitable staff were employed.

We looked at files of two new staff and saw that the new processes were carried out to ensure suitable staff were employed to support people who used the service. One new member of staff confirmed that they did not start work until their Disclosure and Barring Service (DBS) clearance and references had come through and that the registered manager had checked and verified their documents before they started work.

One person told us they liked living at the home and that they felt safe. They said, "Staff work hard to keep me and other residents safe". One relative said, "We are confident that staff keep [family member] safe". Another relative said that staff are, "Always looking out for the lads' [people who used services] safety". Social care professionals who had supported people at Packington Avenue were consistent in telling us that, they were confident that staff and the provider ensured people were kept safe.

Staff told us that they had received training in protecting people from abuse and harm. They were able to talk about different forms of abuse people were at risk from. Staff recognised that changes in people's behaviour or mood could indicate that people could have experienced, or be experiencing some form of harm.

Staff were confident about being able to inform the registered manager if they had any concerns about people's safety. They were aware of other agencies they could contact if they felt the registered manager had not taken appropriate action. The registered manager was aware of their responsibilities for safeguarding people from harm.

Records we hold showed us that the registered manager appropriately reported concerns about people's safety to the relevant authority. We contacted the local authority learning disabilities team social care professionals. They confirmed that the provider was cooperative in sending relevant documents and information that was required.

Most people were not able to understand fully the risk issues that could affect their safety. Nevertheless, staff involved people in developing plans that would reduce the chance of risks occurring. For example, one

person was able to explain to us in terms they understood, about the system put in place to encourage them in coping with stress.

Relatives spoken with were confident in the staff members' ability to deal with risk issues associated with looking after people. One relative told us, "The staff at the home most definitely understand the risks with [family member]". Another relative said, "They [staff] know his [family member] his risks and needs really well".

We looked at the way the provider managed risks to people living at Packington Avenue. We found that each person had an individual risk assessment and plan written to reduce the likelihood of risks occurring. We found that when people's needs changed, the staff reviewing the risk assessments had identified the changes and taken action to accurately update the record and adjust the support the person required to reflect this increased risk or level of need.

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. A relative told us, "Whenever I go to pick up [family member] I always see enough staff around". One staff we spoke with said, "There always enough people on shift". Another member of staff said, "There is never an issue with the number of staff on shift".

We saw that there were enough staff available to respond to people's needs and that they were attentive when support was requested. The registered manager had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge so that people were cared for safely.

We saw that the registered manager had systems in place to ensure that they managed people's medicines appropriately. This included how people's medicines were received, stored, administered, recorded and returned. We saw medication administration records were accurate and up to date.

The staff had the knowledge to ensure that people received their medication safely, including understanding what the side effects were and the different times people needed to take their medication. One staff we spoke with was clearly able to describe the covert medication procedure used to give medication to one person.

Staff were also able to explain how they recognised when people were in pain or discomfort and when medicines were needed on an 'as required' basis (PRN). This was particularly important for people who lived at Packington Avenue because most people could not express or recognise if they were in pain. We saw that the registered manager had a PRN protocol in place to support staff for when people required medicines on an as required basis.

Good

Our findings

A person who used the service told us that staff understood how to get the best out of them. Another person said the name of a staff member and said "Good" while making a thumbs up gesture. Relatives said they were confident in the ability of staff and assured that staff members were suitably qualified to provide their family members with effective care. One relative told us, "I could not look after [family member] as well as the staff look after them". One social care professional said, "Staff are continually working to meet people's needs". Another social care professional told us that the staff had a good understanding of the health and support needs of people living at Packington Ave.

Staff told us that the registered manager provided them with the appropriate training and support to enable them to care for people effectively. Another member of staff told us, "We have a good mix of training including on-line, work books and with a trainer". Another staff said, "We get lots of training opportunities and we are given time during work to complete the training".

One staff member explained that they had received training and support during their induction that helped them learn to do their job effectively. This included shadowing of more experienced members of staff.

We saw the registered manager had systems in place to monitor and review staff learning and development to ensure that all staff were suitably skilled and knowledgeable. This was one way the registered manager made sure that staff delivered good care and support that was effective in meeting people's needs.

The PIR gave details of the training, qualifications and knowledge of the staff working at Packington Avenue. This information was consistent with what we saw and with what staff told on the inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were

being met. The registered manager had appropriately applied for DoLS for people whose liberty was being deprived.

Most people who used the service needed support to make the majority of decisions concerning their care and support. The provider involved people in making these decisions with support from their relatives or appointed advocate. We saw that the provider kept a record of such decisions.

One person told us that, "If I don't want to do something until tomorrow for some reason, then staff will respect my decision". One social professional told us, "Staff encourage [person who used service] to make their own choices about what to do, only offering support when asked."

Staff told us about the different ways that they obtained consent from people, based on people's individual communication needs. Staff also spoke of the importance of knowing people's likes and dislikes in supporting people when they made decisions. We saw that people were supported to make choices about what they wanted to do and that staff sought people's consent.

People were offered choices in what they wanted to eat and drink. One person said, "I get to eat and drink what I want". Another person told us, "The food is tasty here". We spoke to two people who showed us the evening meal they had chosen on a picture menu board in the dining room. Another person talked with us about the range of different meals they had recently eaten. A relative told us that, "[Family member] gets the food they like". Another relative told us, "I am reassured that the staff provide [family member] with food that meets their religious needs".

Staff and the registered manager told us that people chose menus every month with staff support. This ensured that people were supported to eat and drink sufficiently varied meals to remain healthy. Pictures of meals were used to help people in choosing what meals they wanted to eat. This made it easier for people to make their choices.

People were supported to prepare drinks and meals where appropriate. Staff also prepared the evening meals for people unable to undertake this task. We saw that snacks were available but access was restricted to prevent some people from eating them in excess. We saw that nutritional assessments had been completed and referrals made to the appropriate professionals where required. We saw that people who required special soft diets were provided these by the staff. People with difficulty swallowing had appropriate care plans and risk assessments in place. Staff were able to talk knowledgeably about these and therefore provided people with the required support.

Most people needed help from staff to make arrangements for their healthcare needs. Relatives informed us that they were satisfied with how the service monitored people for any changes to healthcare needs and the actions they took when needed. One relative told us, "I am happy with the way the staff look after [family member's] health". Another relative told us, "[Registered manager or the assistant manager always let me know about any changes with [family member's] health and with things like dental appointments".

Staff were able to talk with us about people's health needs. We saw that care records were in place providing staff with clear guidance on what action they needed to take to meet people's health needs. We saw that people had health action plans in place with detailed information about people's health care support needs. A Health Action Plan is a personal plan about what people need to do to stay healthy. It lists any help that people might need in order to stay healthy and makes it clear about what support they might need. The plans also provided staff with information of who was involved in providing this care. These ensured that people received appropriate health care from staff at the home and, when visiting health care

services such as the Dentist.

Good

Our findings

One person we spoke with said, "I get treated the way I want to be treated" and that, "They [staff] treat everyone equally" but that, "I am treated as an individual". Relatives we spoke with commented, "Knowing that [family member] is being properly cared for takes a lot of weight off our minds" and, "We can see that there is a bond there between staff and people living at the home". Another relative said, "[Family member] is really happy with the service provided. If they weren't happy it would be obvious". Another relative said, "I find everybody to be understanding and caring".

We observed that people were at ease and relaxed in the company of all staff on duty. Staff spoke with genuine interest and caring about the people they supported. Our conversations with staff and our observations provided evidence that staff knew people well. Staff described people's likes, dislikes and individuals that were important to them. Relatives we spoke with confirmed this. One relative told us, "Staff know [family member] and us so well" that, "The staff feel like family friends".

Relatives told us that staff regularly spoke with them to ask their views on how the service could continue to meet their family members care needs. We saw samples of records which showed that people had regular one to one meetings with their keyworkers to discuss their care and the activities they wanted to do. We saw that people's individual communication needs were taken into account when these discussions were recorded. For example, using pictures and symbols or using easy to read and clear language.

One person told us that they were learning skills to be more independent. They said, "I have started ironing, I am learning to cook and manage my money". Other people were supported to make drinks, tidy their rooms and help prepare evening meals. Staff told us that people were supported to be as independent as possible and develop their self-help skills. For example, one member of staff said, "[Person who used the service] likes to tidy the tables after the evening meal so we encourage them to do this as a way of improving their skills".

We observed staff treated people with dignity and respect. Staff spoke with people in an informal and friendly way. We saw that staff were available at all times and responded attentively to people's requests. All staff we spoke with told us how they delivered care in a sensitive way to maintain people's dignity. For instance, staff talked about the way in which they supported people with personal care.

We also saw that people's privacy was promoted by for example the fact that all personal records and files of people who used the service were kept securely. In addition, we saw that private spaces were available to

ensure people could talk confidentially with relatives, visitors, staff or the registered manager.

Good

Our findings

During the inspection, our observations showed that people chose what they wanted to do in terms of activities. Nearly all people had an established routine of regularly attending a community college to participate in various courses, for example gardening, woodwork, art and craft. People were free to choose what activities they wanted to do when they were not at college. One person told us, "If I want to do an activity, I let [registered manager] know that I'm going out and when I will be back and it's never a problem".

We saw one person using a hand held computing device. Staff informed us that the person used this device as a means of de-stressing when they returned from community activities. Another person talked excitedly to us about the different activities they had available to them at the home. They proudly showed us the numerous paintings that they had created on the computer. We could see that staff also appreciated this person's creative hobby.

Relatives were positive about their family members having opportunities to undertake activities they liked. One relative said, "They [staff] are flexible in supporting [family member] with activities they want to do". Another relative said, "Staff understand what [family member] likes and is encouraged by staff to undertake these activities, for example Art". One relative told us, "[Family member] loves doing activities with [staff member] because they are similar in age and therefore he feels normal".

The advocate we spoke with told us, "I think staff understand person centred care really well" because, "They recognise that people have different and individual needs". Another social care professional told us they had observed how staff adjusted the way they supported one person to provide extra reassurance after this person had had a difficult experience.

Care homes are required by law to record the care that they plan and deliver to people. We reviewed a sample of records and found that each person's record had a written plan that reflected people's current needs including, issues of risk.

Staff told us that they undertook regular meetings with people to discuss their care needs and plan what they wanted to do. All staff told us that people undertook monthly reviews with their key worker. A key worker is a member of staff that works in agreement with, and acts on behalf of, the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life. The keyworker then shared the review information with the registered manager and other colleagues in team meetings or the written communication book which staff called the

read and sign book to ensure that all staff were up to date with people's current care needs.

The registered manager or the key worker shared any changes that were agreed at any review meeting with relatives. One relative told us, "The staff inform me if anything happens with [family member]". Another relative said, "We're given feedback by the deputy manager every time we phone".

There was a handover system to ensure that, staff coming on duty, were knowledgeable about the events that had occurred and also, to be made aware of any considerations such as health appointments that people needed to attend. Staff said they had the handover meetings twice a day and found them useful. They used these as a way of gaining knowledge about people to ensure the care they delivered was personalised and responsive to people's needs.

People we spoke with did not have any complaints about the service they received. Relatives told us they had not needed to make any complaints yet. One relative said, "I have never had to make a complaint but I know I would be able to approach the registered manager if I had any problems about anything". Another relative said, "I am really happy with the service that [family member] receives".

We reviewed complaints logs with the registered manager. We saw that although there had not been any recent complaints reported that the registered manager had followed their company procedure on historical complaints. We could see that learning taken place from these complaints had been shared with the staff team.

Good

Our findings

At the last inspection on 1 May 2015, staff told us that they did not always feel listened to and that the management team (registered and deputy managers) were slow in responding to staff issues. We spoke with staff about this and they told us that the management team responded quickly to any concerns or requests raised. For example, staff members said that the registered manager supported them to access additional training that they had identified as a development opportunity.

Staff felt listened to and said that the communication by the management team had improved. One member of staff said that one reason for this was the communication procedures in place. For example, the read and sign folder. This was a way for staff to know what changes there were with people's care needs as well as other work issues. The senior care worker and the registered manager were responsible for keeping the folder up to date and making sure that colleagues were made aware of any changes.

Another member of staff said communication had improved because, "We get regular team meetings and the manager feedbacks at the end of these meetings on any issues that workers have raised". Also both the staff and the management team felt that the use of the communication and request book had helped management to respond more quickly to staff issues and improved communication in the organisation.

Staff told us they felt trusted and empowered to respond to situations. One member of staff said, "When it comes to giving care, the manager is happy for us to use our own initiative and then let them know what was done".

Staff we spoke with knew the whistleblowing procedure and were clear about their responsibilities to report any concerns about people's care or wellbeing. Staff confirmed that they had not raised any whistleblowing concerns to the registered manager. Our records showed that in the 12 months prior to the inspection there had not been any whistleblowing's at Packington Avenue.

At the last inspection we found that the monitoring of repairs and replacement of equipment in the home was not always completed in a timely manner. The registered manager showed us changes to their record-keeping audits for equipment and repair issues. This allowed them to identify quickly maintenance work that needed to be undertaken. The registered manager then hired external contractors to carry out timely repairs. These audits also ensured that equipment replacement was done quickly.

The registered manager carried out internal audits, monitored staff performance, reviewed care records and

completed a quality assurance checklist to assess the performance of the service provided. We saw that where audits had identified any shortfalls that an action plan was developed. This was so that the registered manager could make sure that the identified improvements took place.

There were systems in place to gather the views of the people that used the service. Staff asked people during and after activities if they enjoyed them and if they had any concerns. Relatives confirmed that questionnaires were sent to them asking if they were happy with the service provided and how care could be improved. Relatives also told us that they were regularly asked for informal feedback from the management team. One relative told us, "If something needs discussing [deputy or registered manager] always phone and ask for our views".

The provider has a condition on their registration that they must have a registered manager in place. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in place at time of inspection.

Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so that we can take any follow up action that is needed. We saw from our records that the provider had systems in place to ensure we were notified so that their legal responsibility was fulfilled. The provider had completed our Provider Information Return (PIR). The information provided on the return gave a detailed account of the service. This reflected what we saw during the inspection. The provider also told us about their planned improvements to the service given to people and how these would be implemented.