Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Friendly Inn

Gloucester Way, Chelmsley Wood, Birmingham,
B37 5PE

Date of Inspection: 04 June 2014 Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Michael Goss
Registered Manager	Mrs Caroline Knight
Overview of the service	The location provides accommodation and personal care for 30 older people, including up to ten people with dementia care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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

What people told us and what we found

When we visited The Friendly Inn on 4 June 2014, we spoke with the registered manager, the deputy manager, a senior carer and a care assistant. Most of the people who lived at the home were not able to tell us about their care and support because of their complex diagnoses. Five people were able to tell us what it was like to live at the home.

We reviewed care plans and records of care, staff files, and records of the quality assurance processes. We checked how information was stored and managed. We used our findings to answer the five key questions: is the service safe, effective, caring, responsive and well led?

This is a summary of our findings.

Is the service safe?

The care plans we looked at showed that risks to people's health and well-being were assessed. Care plans described the actions staff should take to minimise the identified risks. People's likes, dislikes and preferences were known to staff.

People told us they felt safe. We found people were protected from abuse and from the risk of abuse. This was because the manager checked that staff were suitable to work with vulnerable people before they started working at the home. Staff received safeguarding training. They understood the various forms of abuse and knew what they should do if they suspected anyone was at risk of abuse.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The deputy manager knew about a recent judgement by the Supreme

Court in relation to (DoLS) and was checking the latest guidance for changes in the local authority's policy and procedures. The manager knew they might need to review people's needs and understood how to make an application to the local authority if they needed to deprive people of their liberty.

Is the service effective?

People told us they were happy with the care they received and their needs were met. It was clear from our observations and from speaking with staff that they understood people's care and support needs and knew them well. People told us they got up and went to bed when they wanted to. We saw people had furnished and decorated their rooms to their own taste and preferences.

Is the service caring?

People were supported by kind and attentive staff. People told us they had a choice of meals. We saw people were supported to follow their own interests and join in group activities if they wanted to. A member of care staff told us, "In the afternoon, we watch a movie or make cakes, or listen to music, have tea and watch soaps. Whatever habits people had at home, we try to maintain."

We saw care workers were patient and encouraged people to make their own decisions. A care assistant told us, "I can back off when their body language or face tells me to. I understand the triggers. You can't force an issue. I offer and encourage."

Is the service responsive?

People's needs and abilities were assessed before they moved into the home. The care plans we looked were regularly reviewed and changed as people's needs changed. We found staff supported people to see other health professionals, such as doctors, dieticians and community psychiatric nurses when they needed to.

The manager listened to people's comments and suggestions and took action to resolve issues straight away. People we spoke with told us they felt comfortable about raising any issue with the staff or manager because they always got a positive response.

Is the service well led?

The manager conducted internal quality reviews and actively consulted with people and their relatives through surveys and meetings. We saw complaints were investigated thoroughly and actions were taken to provide a satisfactory resolution.

Staff had a good understanding of their role and responsibilities for delivering a quality service. Staff told us about the quality assurance checks they made and the actions they took when they identified any issues. A care assistant told us they had team meetings, daily handover meetings and one to one supervision sessions. They told us, "We talk about any concerns, staffing issues and I can ask for a private chat anytime."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our previous inspection in October 2013, we found care was not always delivered in a way that ensured people's safety and welfare. At this inspection we found the manager had taken action to improve how care was planned and delivered and people's needs were met appropriately. Daily records we looked at explained the person's needs and how staff had met them.

For one person who had displayed behaviour that challenged, we found their needs had been reviewed. Health professionals had decided The Friendly Inn was an appropriate place for them to live. The person received ongoing support from the community psychiatric nurse, who visited twice a week to monitor their needs.

For another person who had been at high risk of falls, we found the manager had analysed the time of day, the location and the preceding events of each fall. No patterns had been identified to enable the manager to take any specific action to minimise the risk of the person falling. It was recognised that the person was at high risk of falling because of their complex health condition.

We saw staff were attentive and aware of this person's movements throughout the day of our inspection. We saw staff encouraged this person to join in with the group activity and supported them to eat at lunch time. We saw staff promoted people's independence by encouraging them to move freely around the home. Staff knew people well and understood their individual needs for support and equipment to enable them to mobilise independently. We saw one person hugged a member of care staff and said, "You are a good girl" when staff supported them to walk to the lounge. This meant care and support were planned and delivered in a way that ensured people's safety and welfare.

We observed that most people had chosen sit in the main lounge in the morning because there was live musical entertainment. We saw people who were unable to talk to us, because of their complex diagnoses, joined in the singing and dancing. We spoke with

some people who preferred to spend time alone in their rooms about their care and support. They told us they were happy at the home and the staff were kind and thoughtful. People told us, "They are really good. I get a newspaper every day" and "Staff help us with the bath and shower. I asked for an extra shower and it was alright. Nothing is too much trouble for them."

We found people's needs and abilities were assessed before they moved into the home. We saw assessments for mobility, cognition and communication. The manager had identified equipment and the number of staff needed to support people effectively. The manager had identified risks to people's health and welfare and written a care plan that described the actions staff should take to minimise the identified risks.

We saw the manager had created a care profile for each person called, "This is me." This was kept in the person's bedroom so staff could easily check their knowledge of the person's needs. This included information about their preferred name, mobility, diet, hearing and eyesight, communication and sleep. A member of care staff we spoke with told us, "The care plans are the base line and we fill in care plan reports as we go along. There is enough information to get to know people to begin with, but you need to get to know them as people." This meant people's needs were assessed and care and support were planned and delivered in line with their individual care plan.

We saw staff kept daily records of people's moods activities and appetites. Care staff told us, "We write when we deliver care, the time, how the person responded, their mood. I can tell if they are not themselves, I talk with them, observe them and refer to the GP if I am worried. You get to know how they are and how they react to different things" and "We share information as a team, keep daily logs, charts, anything we need to record. We note any changes and treatment." We saw people's care plans were regularly reviewed and updated to meet their changing needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. The provider had not submitted any applications. The manager knew about the recent Supreme Court Judgement. The manager had received information from the local authority so they knew the local authority was currently reviewing their guidance. The manager recognised the need to review each person's needs in accordance with the latest guidance. This meant the Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

Reasons for our judgement

People we spoke with told us they felt safe at the home. They told us, "It is quiet at night. I sleep well, I feel safe" and "We feel safe here."

We found the manager checked staff were suitable to work with vulnerable people before they started working at the service. The manager obtained references from staff's former employers and checked whether the Disclosure and Barring Service (DBS) held any information about them. The DBS is a national agency that collects and stores information about criminal convictions. This meant people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw staff received training in safeguarding. Staff we spoke with understood the various forms of abuse and knew what they should do if they observed or suspected people were at risk of abuse. A care assistant told us, "I would be concerned if I saw that other staff were not assisting and encouraging people to stand up or not speaking to people properly. Even staff's body language sends a message" and "I would speak out about it to the staff member straight away and tell the senior about it. I would report to the office if I wasn't taken seriously."

We found the manager made appropriate referrals to the local safeguarding team when allegations of neglect or abuse were made, which meant an external agency carried out an independent investigation. This meant the manager followed appropriate procedures to ensure people were protected from the risk of abuse.

The manager told us they did not manage money for people who lived at the home. They told us people's relatives bought the things they needed day to day. If people received services, such as hairdressing or chiropody, people's relatives paid when they received an invoice from the head office.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During our previous inspection in October 2013, we found there were not enough staff on duty to ensure people were cared for and supported effectively. The manager told us staff were attending a training session on that day. At this inspection we found the manager had taken action to ensure there were always enough staff. The manager told us staff training was now arranged on two dates. Staff who were on duty during the first training session could attend the second session.

During our visit, we found there were enough staff to care for and support people according to their needs. Everyone we spoke with who lived at the home told us the staff were very attentive and thoughtful. People told us, "I rang the bell this morning for a towel. They came quickly, no trouble", "The staff are 100% I couldn't fault them" and "Nothing is too much trouble for them."

We saw staff understood people well and offered them appropriate support. We saw staff regularly checked on people who preferred to spend time alone in their rooms. Staff brought people drinks, offered to escort them to the dining room for lunch and invited them to join in the group activities. At lunch time we saw there were enough staff to sit with and encourage people to eat.

We saw the manager analysed the needs and dependencies of people who lived at the home to decide how many staff were needed to support them effectively on each shift. The manager explained they counted how many people needed encouragement or hands-on support of one or two staff with their personal care and mobility or assistance with eating. The manager told us the provider respected their judgement and supported them to employ more staff when people's needs increased. This meant there were enough qualified, skilled and experienced staff to meet people's needs.

Care staff we spoke with told us they were happy with the number of staff on duty and that all the staff worked well as a team. A care assistant we spoke with told us, "The staff here are open and communicate well with each other."

We saw the manager kept a record of staff training so they knew when refresher training was due. Staff we spoke with told us they were encouraged to obtain national vocational

qualifications. Staff told us they had, "A lot of training every year." A care assistant told us, "I have two training sessions booked, including moving and handling" and "The dementia awareness training was good because people can be more challenging now."

Staff told us they felt supported by the manager. They told us they had regular one to one supervision sessions with their line manager. A senior care staff told us, "We talk about any concerns, staffing issues" and "I can go and ask for a private chat any time. They are very supportive of our domestic issues." We saw there were records of staff's one to one supervision sessions in their personal files.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

Reasons for our judgement

People we spoke with told us the manager responded positively to their comments and suggestions. People told us, "They give me smaller dinners now, I had to tell them it's too much" and "Lunch is ok. We could ask for something different though and they would get it for us."

We saw a copy of the guide that was given to people and their relatives when they moved into the home. It included the provider's statement of purpose and explained the provider's policies for confidentiality, complaints, care plans and accessing other health professionals. People we spoke with told us the policies and procedures, "Work for me." The manager showed us a resident and relatives' survey they had sent out on 30 April. At the time of our inspection, only one person had responded.

People who lived at the home and their relatives were invited to meetings to discuss the quality of the service. The minutes of the most recent meeting were not available on the day of our inspection, but we saw the minutes of the previous meeting. We saw eighteen people had attended and they had discussed activities and food. The manager had responded to people's suggestions to obtain a fish tank and fish. Overall people were happy with the care they received. This meant people who used the service and their representatives were asked for their views about their care and support and they were acted on.

We saw the manager responded appropriately when people made a complaint about the service. The manager told us they analysed complaints by issue to identify trends and possible causes. They took action to resolve them and to minimise the risk of a reoccurrence. We saw the manager kept a record of complaints and the actions they took. This meant the provider took account of complaints and comments to improve the service.

The deputy manager conducted a daily walk around, to check that the quality of the service was maintained. The daily walk around included checking beds were made, that people received the support they needed with personal care, that daily monitoring charts

were completed and up to date and an observation of staff's practice.

Checks were made on practical aspects of the service, such as, fire alarms, water temperatures, accident and incident records and staff training needs. Staff meeting minutes showed staff were reminded of their responsibilities. Staff were encouraged to, "Spend time with people" and "Take pride in your job." Care staff we spoke with told us, "The seniors do medications checks and floor checks. We check that people are ok. For example, after lunch, if I notice that someone has spilt food on their clothes, I will say, "Can I help you change your top?"

The provider checked that the manager completed regular, planned quality monitoring activities. The provider checked care plans were regularly reviewed, staff training records were up to date, accident and incidents were analysed and that the manager took appropriate actions to improve the quality of the service.

The manager told us about their planned improvement for call bell monitoring. They said this would enable them to analyse the frequency and time of day for each room, and the time it took for staff to respond. They said this would be a valuable tool to help them analyse falls, for example. This demonstrated that incidents were investigated and appropriate changes were implemented.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

During our previous inspection in October 2013, we found that care plans did not always fully describe how staff should care for and support people and the daily. We found daily records of care were not always completed in full. During this inspection, we found the care plans we looked at explained the person's medical conditions, their needs and abilities and how staff should support them. We saw the manager had created a personal profile to ensure staff could see at a glance, how best to support the person. In the daily records of care we saw up to date records of falls and body charts. Staff had monitored people's weight, appetite, diet, moods and behaviour.

Senior care staff analysed changes in people's behaviour, moods and appetite to identify the possible causes or triggers. Staff kept records of the advice from other health professionals. This was so they were able to monitor the impact of changes in people's medicines or support. Staff we spoke told us they read the care plans and knew about changes in people's needs and abilities because they kept a daily record. This meant people's personal records, including their medical records, were accurate and fit for purpose.

The two staff files we looked at contained all the information we needed to be assured that the provider recruited appropriate staff. For example, we saw copies of references and Disclosure and Barring Service (DBS) checks. We saw records of staff's training and of their one-to-one supervision sessions with their line manager. The notes of the discussions matched what staff told us about their supervision sessions. This meant staff records were accurate and fit for purpose.

We saw people's care plans were kept in the manager's office where only staff could access them. Staff records were kept in a locked cabinet where only the management team could access them. This meant records were kept securely and could be located promptly when needed.

Copies of people's care plans and daily records were scanned onto a computer system. Paper copies of the daily records were kept for one month after being scanned and then shredded. Paper copies of people's care plans were kept for two months after being scanned and then shredded. This meant records could be archived electronically for an

indefinite period of time, without deteriorating. This meant records were kept for an appropriate period of time and then destroyed securely.

The manager kept records of the results of the provider's surveys, audits and complaints. We saw the manager analysed the information to identify any areas for improvement. We saw the provider's analysis of accidents, falls and other incidents. The records showed actions were planned and taken to minimise the risks of a re-occurrence. This meant records relevant to the management of the services were accurate and fit for purpose

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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