

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: 08 November 2012

Date of Publication:
December 2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✗ Action needed
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 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

Contents

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 8 November 2012, 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with 12 of the 27 people using the service at the time of our inspection and one of their relatives. We looked closely at the care records of four people.

People spoken with told us they were satisfied with the care they received. Their comments included,

"They are friendly."

"Mostly they're alright. Some staff are more caring than others."

" I feel safe here."

We spoke with the registered manager, the deputy manager, and three care staff. We looked at some records relating to the running of the home, such as the staff duty rota and training records.

People were treated respectfully. We saw staff addressing people by their preferred names. Personal care was carried out in private and staff were discreet when asking about care needs.

We saw a member of care staff talking with a person who was confused. The care staff sensitively interpreted what the person was trying to say. We saw from the person's response that they felt relieved and reassured.

We saw that staff were knowledgeable about people's needs and their likes and dislikes. They were kind, caring and attentive towards them. We saw that most people were supported to maintain their personal appearance.

We were concerned there were not enough staff on duty to safely meet people's needs during the late afternoon and evening.

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

What we have told the provider to do

We have asked the provider to send us a report by 15 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We saw staff addressing people by their preferred names. Personal care was carried out in private and staff were discreet when asking about care needs.

We saw some sensitive staff interactions with people using the service. For example, we observed that some staff bent down to people sitting in chairs to speak with them face to face at their level. We observed some staff spending time talking and giving sensitive responses at a pace and level appropriate for the person.

Staff were knowledgeable about people's preferences and lifestyle choices. Staff spoken with told us about the needs of people. Staff knew what people could do for themselves and what they needed support with. We saw that staff knew about the significant relationships and events in the lives of people using the service because we saw and heard staff chatting with people.

We saw that people made use of the several communal areas in the care home. We observed friendship groups where people chose to spend their day together.

We looked at staff training records which showed some staff had completed equality and diversity training and most staff had completed dementia awareness training.

We saw a member of care staff talking with a person who was confused. The care staff sensitively interpreted what the person was trying to say. We saw from the person's response that they felt relieved and reassured.

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

We saw that most people were supported to maintain their personal appearance. Most people's skin looked clean and their hair was clean and brushed. People had been supported to choose coordinating clothing. Clothes and shoes looked clean.

We saw that staff were knowledgeable about people's needs and their likes and dislikes. They were kind, caring and attentive towards them.

People spoken with told us they were generally satisfied with the care they received. Their comments included,

"I feel safe and happy here."

"It's very good. Everyone is very kind."

We looked at the care records of four people using the service.

Care plans were available for most of the identified needs of each person. They gave staff the information required to make sure the person's needs were met appropriately. For example, a care plan had been developed to support a person's personal hygiene needs. It recorded that the person required one care staff to assist them and detailed the level of assistance required.

We saw evidence of the use of risk assessment tools for falls, nutrition, mobility and pressure sores. Care plans were developed when risks were identified so staff knew what to do to reduce the risk. The provider might find it useful to note that in one of the files we looked at a care plan was not available for a person with a risk of developing pressure sores.

Records in people's care files demonstrate they were supported to access other health care professionals such as GP, optician, dietician, and chiropodist. There was evidence that staff were observant of changes in people's health and make appropriate referrals to other health professionals. For example, one person's care records document that staff made a referral to the district nurse for advice about pressure relief after noticing redness to the person's skin.

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

Our judgement

The provider was meeting this standard.

People who use 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

We observed that people felt confident in approaching the staff and asking for support. We saw people were treated respectfully.

When we asked, "Do you feel safe here?" people using the service responded positively. No one expressed concerns about their safety.

The care files we looked at showed that risks associated with the care of people using the service were assessed and reviewed. Training records looked at showed staff had access to the training required to work with people safely.

Records given to us by the provider showed that the majority of staff had completed training in safeguarding vulnerable adults. Some staff had completed training on Mental the Capacity Act and Deprivation of Liberty Safeguards.

The service had a policy in place for responding to suspicion or allegations of abuse. The provider might find it useful to note that a current copy of local authority multi-agency guidelines was not available for reference. During discussion with staff in the office it became evident they had developed their own local arrangement for referring allegations of abuse to the local authority and were not following agreed multi agency guidelines.

The manager and deputy were aware of their roles and responsibilities in responding to allegations of abuse. Staff spoken with were able to describe signs and symptoms of abuse. Staff told us they would report any observations of potential abuse to the person in charge and felt confident their concerns would be acted upon. Staff had an awareness of whistle blowing and the agencies they could report concerns to.

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

Our judgement

The provider was not meeting this standard.

People using the service were at potential risk of harm because there were not enough available staff to monitor them during the course of the day.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

On the day of our visit there were 27 people using the service at The Friendly Inn. We saw staff supporting people to make choices about their daily life and promoting their independence by encouraging them to retain their skills. Most of the 12 people we spoke with were positive about the support they got from staff. Their comments included,

"They are friendly and do everything I need. I couldn't wish for better."

"Mostly they're alright. Some staff are more caring than others."

"Sometimes I have to wait a bit if I call them to help me, but I think that's because they are busy helping someone else."

The manager was supernumerary, which means the hours she worked were not included in the numbers of staff delivering direct care. The deputy manager was supernumerary for three out of the five shifts she worked each week. This means senior management had time to supervise staff and undertake administrative tasks relating to running the home. The manager told us that either she or the deputy would "work the floor" when necessary to replace any staff that called in sick at short notice.

The manager told us the usual staff complement was:

Four care staff on duty between 7am and 2pm

Three care staff on duty between 2pm and 9pm

Two care staff on duty between 9pm and 7am

An activities organiser had recently started working in the home to support people with social activities. The manager told us there was a cook on duty in the kitchen between 8am and 2pm each day. The service employed cleaning staff but no laundry staff. Care staff undertook the laundry duties.

We looked at two weeks of the staff duty rota between 22 October and 4 November 2012. We noted that on three of the 7am to 2pm shifts there was a member of care staff short. The duty rota did not include the supernumerary hours worked by the manager or deputy manager so it was not clear if they had 'worked the floor' on these occasions.

During the late afternoon and evening, there were not enough staff to cover the health and welfare needs of people living at The Friendly Inn. This was because care staff undertook kitchen and laundry duties as well as delivering care. This did not leave staff with sufficient time to focus on care.

We found that after 4pm the number of staff in the home was reduced to three care staff. Management staff and the activities organiser finished their shifts by 4pm. There were no kitchen or cleaning staff on duty, which meant care staff also had to undertake these tasks as well as delivering care. During the evening shift one of the care staff was allocated to kitchen duties. The care staff we spoke with told us kitchen duties could take up to two hours. This meant that the number of available care staff was reduced to two during those periods.

People's bedrooms were situated on the ground and first floor. There were several communal areas in use during our inspection. There were times when people were left unattended because staff were busy in other areas.

At least three people using the service needed the support of two care staff to meet their needs. We saw several people who were unsteady on their feet walking around the home. Some of these people used mobility aids such as walking frames. Care records documented that many people were at risk of falls.

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 because accurate and appropriate records were maintained.

Reasons for our judgement

The Friendly Inn had a dedicated manager's office with access to telephones and computers holding records relating to the running of the home. This meant that people using the service could be confident that any discussions about their personal affairs were kept confidential.

Filing cabinets and cupboards containing people's care records and staff records were locked. This means people using the service can be confident their personal information is maintained securely.

Daily monitoring records were completed in sufficient detail to provide an accurate record of the care given. One relative told us staff kept them up to date about their relative's progress verbally. We spoke with one relative who told us, "I know they keep written records about Mum's progress because staff sometimes look at them when I've asked how she's been."

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
	How the regulation was not being met: There were not enough staff on duty throughout the day to meet people's needs safely.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 15 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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