Mr & Mrs P Birks

Conway House

Inspection report

44 George Road
Oldbury
West Midlands
B68 9LH

Tel: 01215521882
Website: www.conwayhouse.org.uk

Date of inspection visit:
30 August 2017

Date of publication:
11 December 2017

Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

Our inspection took place on 30 August 2017 and was unannounced.

At our last inspection on 13 April 2015 the service was meeting all of the regulations that we assessed.

The provider is registered to provide accommodation and personal care to a maximum of eight people. On the day seven people lived at the home. People had needs in relation to their learning disability/ associated conditions and or/physical disability.

The manager was registered with us as is required by law and they were present on the day. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had been in post for a number of years and this promoted consistency of management. People knew who the registered manager was. We saw that the registered manager was visible within the service and had a good insight into the overall operation of the service. Provider visits and quality monitoring processes ensured the service was run in the best interests of the people who lived there. However, the provider had not met their legal duty to notify us of Deprivation of Liberty Safeguarding [DoLS] authorisations. A breach of regulation limits the highest overall rating the service can be awarded to 'Requires Improvement'.

Staff were provided in adequate numbers to keep people safe and to meet their needs. Procedures were in place for staff to ensure the risk of harm and/or abuse was reduced and people were kept safe. Recruitment processes prevented the employment of unsuitable staff. Medicine systems confirmed that people had been given their medicines as they had been prescribed.

Staff received the training they required to give them the knowledge they needed to support people safely. Staff received supervision on a regular basis and felt supported by the management team. Staff were aware that people's care must be delivered in line with their best interests and they must not be unlawfully restricted. Where possible people were encouraged to make decisions about their care. People were offered the food and drink they preferred. Health and social care professionals were involved to promote people's health and well-being.

A homely atmosphere was promoted within the service. People were supported by staff who were friendly, helpful and caring. People were treated with dignity and respect and their independence was promoted. People could see their family whenever they wished to and their families were made to feel welcome by staff.

People and/or their families were involved in their pre-admission assessment of need and follow on reviews. Systems were in place for people and their relatives to raise their concerns or complaints if they had a need to. People were offered in-house activities and were given the opportunity to access the community regularly.

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.

Medicine systems confirmed that people had been given their medicines as they had been prescribed.

Staff knew of the action they must take to prevent people being at risk of harm and abuse.

Staff were provided in adequate numbers to meet people's needs and to keep them safe.

Recruitment systems helped to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good

The service was effective.

Staff had received the training they required and had the knowledge and skills to provide appropriate support to people.

Staff had understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS), people were supported in a way to ensure that they were not unlawfully restricted.

A range of health care services were accessed for people to maintain and promote their health and well-being.

Is the service caring?

Good

The service was caring.

We observed that the staff were kind and caring.

The atmosphere of the home was warm, welcoming and friendly.

People's dignity, privacy and independence were promoted.

Is the service responsive?

Good

The service was responsive.

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

People were supported to engage in activities they enjoyed.

Complaints procedures were in place for people and relatives to voice their concerns if they had the need.

Is the service well-led?

Requires Improvement

The service was not consistency well-led.

The provider had not met a legal requirement as they had not notified us of Deprivation of Liberty Safeguards [DoLS] authorisations.

Staff felt that the registered manager and deputy managers provided supportive leadership.

People knew who the registered manager was and confirmed that they were approachable and visible within the service.

Conway 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 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.

Our inspection was unannounced and took place on 30 August 2017. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has

We asked the provider to complete 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. The form was returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with four of the people who lived at the home and four relatives. We met and interacted with a further three people who were unable to speak with us in detail due to their conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three care staff, one of the two deputy managers and the registered manager. We looked at the care files for two people, medicine records for two people, recruitment records for two staff, training and supervision records for two staff, complaints, safeguarding and quality monitoring processes. We also looked at provider feedback forms completed by people who lived at the home and/or their relatives.

Good

Is the service safe?

Our findings

A person said, "I am treated well not badly". Other people told us they had never suffered abuse or mistreatment. A staff member told us, "If I had any concerns I would report them. I would ask what was done to make sure action was taken". Staff we spoke with told us they had received training in how to safeguard people from abuse. Staff had knowledge of the different types of abuse that included neglect and physical assault. We had not been made aware of any incidents of abuse. The local authority safeguarding team informed us that no incidents had occurred. The registered manager had reported any concerns to the local authority safeguarding team and to us. This was to meet requirements and ensure that people were kept safe.

A person confirmed, "I do feel safe here". Other people also told us they felt safe. A relative shared with us, "I feel like I can relax because my son is properly looked after and is safe". A staff member told us, "People are safe. We [staff] are aware of people's risks and how to prevent accidents and incidents". Another member of staff said, "Health and safety checks are carried out. We [staff] ensure nothing is left lying around that people could fall over so that prevents accidents". We saw risk assessments had been carried out relating to a range of risks and included, moving and handling, falls prevention and seizures. Where people had been assessed as being at risk of accidents due to seizures they wore a helmet to prevent a head injury. People were always supported by staff when out in the community to keep them safe.

The provider had systems in place for recording accidents and incidents that had occurred. Accidents and incidents had been recorded and analysed to determine patterns and trends. We found action had been taken to prevent further occurrences. For example, one person had fallen from their bed so the provider purchased a different bed that enhanced the person's safety. The registered manager told us and records confirmed that in-house checks had been carried out on fire fighting equipment and hoisting equipment. We saw records that confirmed for example, the fire fighting equipment, the emergency lighting and hoisting equipment had been serviced by an appropriate person. These actions promoted safety within the home.

A person shared with us, "There are staff here to help us [people] all of the time". A member of staff said, "The staffing levels are good". Another member of staff told us, "It is nice to work here as there is time to spend with people and do things with them". Other staff confirmed that staffing levels were enough to support people and keep them safe. The Provider Information Return [PIR] highlighted, "We use a dependency based tool to ensure that there are always enough competent staff on duty with the right mix of skills to make sure that practice is safe and that they can respond to unforeseen events". Throughout the day we saw that there were enough staff to support people and take them out into the community.

A member of staff confirmed to us, "Everything [pre-employment checks] had to be done before I could start work". Other staff also confirmed that all checks had been carried before they could start work. We checked recruitment records for two staff and saw that pre-employment checks had been carried out. These included a completed application form and a check with the Disclosure and Barring Service (DBS). The DBS check would show if potential new staff member had a criminal record or had been barred from working with adults. These systems minimised the risk of unsuitable staff being employed.

A person told us, "The staff keep my tablets and give them to me to take every day. I like doing my own tablets". Another person told us, "The staff give my tablets I like that". Medicine Administration Records [MAR] and people's care plans highlighted how people preferred to take their tablets or the prescribed way for people to be supported to take their medicines. These included in a person's hand with staff support, or by a tube that had been inserted into a person's stomach during a hospital procedure for people had difficulty swallowing. We observed both medicine administration methods during the day. We saw that staff informed people that they were giving them their medicines and what they were for. We saw that people willingly accepted their medicines. Staff ensured that people had taken their medicines before they signed the MAR to confirm administration. Staff told us and records confirmed that staff had received medicine training and that their competence had been assessed to promote medicine management safety. We found that the provider had systems in place both for the ordering of medicines and a contract with a company to remove from the premises and safely destroy any medicines that were no longer required. This highlighted processes were in place to ensure safe medicine management.

Good

Is the service effective?

Our findings

A person shared with us, "It is a good place to live". All relatives I spoke to were extremely happy with the care at Conway House. Staff we spoke with also told us that the service provided to people was very good. A staff member said, "It is a good home. People are well supported, are given choices, and get out and about a lot".

A staff member said, "I had induction training when I first started here. I got to know people and worked with staff who had been here for a long time". Staff records that we saw confirmed the induction processes. The registered manager told us that new staff who had not already achieved a recognised vocational qualification in adult social care were required to complete the Care Certificate. The Care Certificate consists of an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member shared with us, "I am supported working here". Other staff we spoke with also told us that they felt supported on a day to day basis. Staff told us and records that we looked at confirmed that staff received supervision sessions on a regular basis to give them feedback on their performance and identify any training needs. The registered manager told us and staff confirmed that an on call system was available for out of hours support for staff.

A person said, "The staff know how to look after me". All staff we spoke with confirmed they had training that gave them the knowledge they required to meet people's needs and to keep them safe. One staff member said, "I have had the training I need". Another staff member told us, "I know how to do my job". A third member of staff confirmed, "I updated my training a few months ago". Training records and certificates that we saw confirmed this. This showed that the provider was committed to staff training to ensure that staff would meet people's needs and keep them safe.

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 they 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 staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. We saw that MCA assessments had been carried out so that staff knew people's individual decision making strengths. The registered manager told us and records that we looked at confirmed that most people had a DoLS authorisation or an application had been submitted for a DoLS approval.

The Provider Information Return [PIR] highlighted, "Staff understand and have a good working knowledge of

the deprivation of liberty safeguards and Mental Capacity Act 2005 and they put these into practice to ensure that people's human and legal rights are respected. For example people are always asked to give their consent to their care, treatment and support". Staff we spoke with were aware of the principles of MCA and DoLS and gave us an explanation of their purpose. All staff knew that people should not be unlawfully restricted in anyway. A staff member told us, "We ensure we give all people choices every day". A person told us, "The staff always ask before they do things for me". We heard that staff sought people's consent before they provided support. This was at mealtimes and when people required support to move from one place to another. Staff asked people if they wanted to go out into the community rather than telling them they should do or just assuming that people would want to. We saw that staff waited for a response from people before they provided support. We heard a staff member say quietly and discreetly to a person, "Shall we get changed?" We saw that the person nodded to show their agreement.

A person told us, "I like the food". Another person told us that staff asked them what they would like to eat and there were choices available. At mealtimes we heard staff asking people what they would like to eat and drink. We saw that people were offered and encouraged to have plenty of drinks during the day. We observed where people required support to eat and drink staff did this in an appropriate way. Staff sat with people, assisted them at a pace that suited the individual and encouraged them to, "Have a bit more".

Care plans we looked at highlighted people's food and drink likes and dislikes. Staff we spoke with knew of people's food and drink likes and dislikes. Care plans also highlighted information to ensure people were supported effectively and safely when eating and drinking. One person could not eat or drink anything by mouth and all staff knew this. We identified where there were concerns about people's dietary needs, or people may be at risk of choking, staff had made referrals to the dietician and Speech And Language Therapist [SALT] for advice.

A person confirmed, "I go to the doctor if I am poorly and have my eyes done". Other people we spoke with told us that they had dental check-ups and eye tests and records we looked at confirmed this. Staff and records we read highlighted that people had received an annual healthcare review by their doctor and had been offered an annual influenza injection to help prevent ill health. Where staff had concerns about people's health they had secured input from a range of services including; physiotherapy, occupational therapy and the dietician. Staff had a good knowledge of people's changing healthcare needs. This ensured that people's health care needs had been addressed.

Good

Is the service caring?

Our findings

A person shared with us, "I like them [staff] they are kind to me. They are my friends". Another person told us, "The staff are caring". A relative told us, "He [person's name] is very happy. I can tell this as he doesn't cling to me when I leave compared to other places he has lived". A staff member told us, "I was shocked when I started working here as it's such a homely place to work". Our observations identified that staff showed compassion and kindness to people. The Provider Information Return [PIR] highlighted, "When we recruit we draw up a person specification, this includes the key personal qualities which we desire, these are: kindness, compassion, respect to others, empowerment and promotion of dignity. We ask applicants to explain in their application how they would deliver these key principles in practice". We found the atmosphere was happy and friendly. We saw a staff member sit by a person. The person wanted the staff member to wear their hat. The person put the hat on the staff member's head in different positions for half an hour. During that time the person and the staff member were joking with each other, laughing loudly and smiling. Other people and staff were watching the staff member and person and they too were laughing and smiling. Other times we heard staff saying to people, "That's a nice smile", and, "Well done" This demonstrated that staff were kind and caring and showed people positive regard.

A person said, "The staff are polite". Another person told us, "I like to be on my own at times so I go in my bedroom". People all had their own bedrooms and there were a number of communal rooms that allowed people personal space. Records that we saw highlighted that staff had determined for each person the name they preferred to be addressed by. We heard staff using these preferred names during the day. We saw that staff knocked people's bedroom doors and bathroom doors before entering. Staff gave examples of how they promoted people's privacy and dignity. They gave examples of closing curtains and covering people when personal care was provided.

A person told us, "I have no set times. I get up when I want to and go to bed when I want to. This can change each day on how I feel". A person shared with us, "I wrote my care plans with staff". Relatives confirmed that they were involved in developing care plans if their family member were unable to or did not want to be involved. Care plans highlighted people's preferred daily routines. Staff were able to inform us of what people's preferred daily routines were.

A person confirmed, "Staff don't need to help me. I choose the clothes I want to put on each day". Another person said, "I pick the clothes I want". On the day when people went out we saw they were dressed appropriately for the weather. We saw that ladies had their hair nicely styled and wore nail varnish. During the day one person told staff that they wished to have their hair styled differently. The staff asked the person if they wished to be supported to go to the hairdressers. Shortly after this the person went with staff to the hairdressers. This showed that staff knew that people's appearance was important to them and they supported people to maintain their appearance as they wished.

A person shared with us, "I do everything for myself. I wash, dress, do my tablets, tidy my bedroom and make drinks". Another person told us, "I like to do things myself and do what I can". Staff confirmed that they encouraged people to do tasks for themselves wherever possible. We heard staff encouraging people to be

independent. For example, at mealtimes people were supported where possible to eat and drink independently. We saw that plate guards were available to help people eat independently.

A person shared with us, "Visitors can come at any time". A relative told us, "We can come anytime and are made to feel welcome". During the day two visitors arrived. We observed staff greeted them in a friendly way. Staff told us that they encouraged people where possible to have regular contact with their family and friends. The registered manager confirmed that visiting times were open and flexible.

People told us they were supported by their family to make decisions. This was confirmed by relatives and staff we spoke with. However, we saw information was available that gave people and their relatives contact details for advocacy services in case people wished to access this service for additional impartial support. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

A person shared with us, "I decided if I wanted to stay here. I answered questions about my health and what I wanted". Staff told us and records confirmed the pre-admission process for people had included an assessment of need and then a visit to the service to see if the person liked it. Records we saw highlighted an assessment of need had been undertaken for people and information from their funding authority had been obtained so that the staff would know about people's needs, preferences and risks.

A person highlighted, "I have reviews and attend them". Staff and records we saw confirmed reviews of people's needs and risks had been undertaken regularly. Where concerns were identified these were referred to appropriate health and social care professionals and care plans and records had been updated. Our conversations with staff confirmed they knew people's needs, risks and special things that people liked. For example, staff knew one person liked to watch musical films. The person told us staff ensured they had the opportunity to watch musical films regularly.

A person said, "We [people] who want to go to church and have a drink. I like doing that". Staff told us people who wished to go to a local church coffee morning every Wednesday and that people would be supported to attend religious ceremonies if they wished to. Assessment and care plan records we saw confirmed people had been asked about their preferred faith and if they wanted to follow this.

A person told us, "I go out a lot with the staff. We have fun". Other people and their relatives confirmed community outings and preferred activities were offered regularly and included, shopping, the cinema, bowling, safari park, a monthly snozelen [a controlled multisensory environment to provide soothing and stimulation] event and holidays. A relative said, "They [staff] took my son on holiday to Blackpool and he goes on lots of day trips". Staff told us that people were asked what activities they would like to do and arrangements were made. Two vehicles were available at all times both with wheelchair access so that people could go out and attend appointments. A day room was also provided to the rear of the premises where people could do art and craft activities and group activities. A pleasant well maintained garden was situated at the rear of the premises for people to spend time during nice weather. People told us they liked to watch the television and listen to music as relaxation when at home and they did this. One person had wanted to make a cake the previous week. The person and staff told us that staff supported the person to purchase the ingredients and to make the cake. The person told us that they enjoyed the activity. During the afternoon some people used the foot spa. People also listened to music playing on the duke box which they enjoyed. We saw people singing along to the music. This showed that a range of leisure time activities were provided for people for them to enjoy and gain stimulation from.

A person said "Staff helped me fill in a form" [provider feedback form]. Relatives confirmed they had completed provider feedback forms each year since their family member had lived there. We saw provider feedback forms that had been completed by people, relatives and staff and that an overall analysis from the feedback that had been produced. The feedback was positive relatives had rated all key areas of service delivery as good or excellent. A relative commented, "They [person's name] love it at Conway House".

A person said "I would tell the manager if I had any complaints". Another person informed us, "The complaints procedure is on the door". Relatives told us that they knew how to make a complaint. One relative told us they would be comfortable making any complaint or raising any issues with the manager when visiting. A person informed us, "The complaints procedure is on the door". We saw that an easy read complaints procedure was in place. An easy read complaints procedure is produced in different formats for example, large print, or with some text represented by pictures or symbols to ensure that it is easier to read. Records highlighted that no recent complaints had been received and this was confirmed by the registered manager.

Requires Improvement

Is the service well-led?

Our findings

Records that we looked at confirmed that two people had Deprivation of Liberty Safeguards [DoLS] authorisations in 2015 and 2016. We spoke with the registered manager about this.
The registered manager told us they had not notified us of the DoLS authorisations. It is a legal requirement that we are notified of every DoLS authorisation.

Failing to inform the Care Quality Commission of Deprivation of Liberty Safeguarding authorisations is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Providers are required legally to inform us of incidents that affect a person's care and welfare to include accidents and untoward incidents. The provider had notified us of the events they were required to. It is also a legal requirement that our current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was on display within the premises. This showed that the provider was meeting those legal requirements. We requested that the provider completed a 'Provider Information Return' [PIR]. The PIR was completed to a good standard and returned to us within the timescale we gave. The PIR reflected our inspection findings.

The provider had a leadership structure that staff understood and were confident with. There was a registered manager in post who was supported by two deputy managers and senior care staff. A person told us, "I know the manager and I like him". Relatives we spoke with also knew the registered manager. The registered manager and the deputy manager on duty were visible within the service. We saw them speak and interact with people. We observed that people smiled and chatted with the registered manager and looked relaxed and comfortable when doing so. Our conversations with the registered manager confirmed that they knew the people who lived there well.

The registered manager and staff told us that regular audits were undertaken. Records we saw confirmed that in-house audits had been undertaken relating to the whole service and included checks relating to health and safety, medicine management and care planning. Records that we looked at highlighted that the provider undertook visits to the service and produced a report of their visit findings. Records highlighted during the visits the provider checked as examples, the premises for cleanliness, that the garden was maintained and in a good state of repair and that health and safety requirements were being met. The provider spoke with people and staff to gain their views. Staff meeting minutes also confirmed that the provider had attended manager/senior staff meetings to give their input and feedback on the findings of their visits. The visits and attendance at meetings gave the provider an up-to-date overview of the service. Where the provider identified issues these were raised with staff at meetings to ensure improvement. A staff member said, "When they [the provider] visit they look at everything. They do not miss a thing. Mind you that is good as it keeps us all on our toes".

A staff member confirmed, "Staff are monitored to ensure that we work to the correct standard". Other staff confirmed that they had regular staff meetings where instruction and updates were given and feedback and prompts given where the registered manager had identified shortfalls. We looked at minutes of staff meeting

minutes that confirmed that the meetings were held regularly.

A staff member told us, "Whistle blowing is a procedure staff can use to report anything we were not happy with". Other staff we spoke with told us they would have confidence to report concerns or if they witnessed bad practice. We saw that policies and procedures regarding whistle blowing were in place and these are what staff told us they would follow if there was a need to. The whistle blowing process encourages staff to report occurrences of bad practice or concern without fear of repercussions on themselves.

The provider and registered manager had made improvements to the service. A new bed had been purchased for one person and we saw the conservatory had been extended. The registered manager told us, "People needed more space as wheelchairs are getting bigger so we had the conservatory extended. A staff member said, "It is much better. Safer and people have more room". Two deputy managers posts had been approved and recruited into since our previous inspection. The registered manager told us, "I felt that I did not have time for everything. I discussed this with the provider and they authorised the new posts. It has worked out well now I have staff to delegate certain tasks to". An incident had occurred years before when a member of the public had a concern about people when they were in the community. This had been looked into and dealt with. The provider and registered manager had learnt from this and had introduced 'concern cards'. Staff take these out when they support people to go into the community. If a member of the public approach staff with a query or concern about people's support or welfare. Staff give them a concern card. This was confirmed by staff we spoke with. The card gave the service name and contact details for the registered manager. The registered manager told us, "At times members of the public may not understand that we need to do things in a certain way to keep people safe. The concern card enables them to ring us and speak with us. It is a way of being open and transparent".

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. The provider visit reports were available for us to view to confirm transparency. he registered manager and staff were open and honest in their approach to our inspection by telling us plans for the service and where they felt improvements were needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify us of all Deprivation of Liberty Safeguarding authorisations as is a required by law.