

Solihull Metropolitan Borough Council

Downing Close

Inspection report

8-9 Downing Close
Knowle
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out this inspection on 30 June 2017.

Downing Close provides care for a maximum of eight people across two bungalows. At the time of our inspection there were six people who lived at the service. These people were adults with learning disabilities. At our last inspection in January 2015, the service was rated good. At this inspection we found the service remained good.

The service had a registered manager. 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 registered since July 2015.

Care plans contained information for staff to help them provide personalised care and reflected people's care needs. People and families were involved in reviews of the care provided with staff and other professionals involved in supporting people.

Relatives told us people were safe living at the home. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Staff were effective in identifying risks to people's safety and in managing these risks.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to reduce the risks of unsuitable staff working at the service. Staff received a comprehensive induction into the organisation, and a programme of training to support them in meeting people's needs effectively.

People and relatives told us staff were caring and had the right skills and experience to provide the care required. People were supported with dignity and respect and given choices in relation to how they spent their time. Staff encouraged people to be as independent as possible.

People received their medicines from trained staff, and medicines were administered safely. Manager's ensured staff remained competent to do this.

Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. The registered manager had arranged for the correct assessments if they felt people were being deprived of their liberty.

People were supported with their nutritional needs and were involved in preparing meals where possible. People were assisted to manage their health needs, and staff referred them to health professionals when required.

People had enough social activities to keep them occupied with day trips out and holidays, and staff supported people with their individual interests.

Relatives and staff were positive about the management of the service. Staff told us they could raise any concerns or issues with the management team, who were approachable and responsive. There were formal opportunities for staff to do this at meetings and one to ones. Relatives knew how to complain and felt able to raise any concerns about the service.

There were processes to monitor the quality of the service provided. There were other checks which ensured staff worked in line with policies and procedures. Checks of the environment were completed and staff knew the correct procedures to take in an emergency.

Further information is in the detailed findings below:

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Downing Close

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.

The inspection visit took place on 30 June and was an announced, comprehensive inspection. We gave the registered manager 48 hours' notice to enable them to arrange for people, relatives and staff to be able to talk with us.

The inspection was conducted by one inspector.

Before our visit we reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and it reflected the service we saw, the improvements made and plans for the service.

During our visit we spoke with seven staff, including five residential support workers, the deputy manager and the registered manager. We also spoke with one person and three relatives. Most people at the home were not able to share their experiences of the care with us. We spent time observing care in the communal areas.

We reviewed two people's care records to see how their care and support was planned and delivered. We carried out checks of two staff files to see whether staff had been recruited safely. We checked staff were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits, accidents and incidents and complaints.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

Relatives told us the service was safe because staff knew how to care for people correctly. One relative told us, "I have no concerns whatsoever; I think the care is very good."

Staff had received training in safeguarding people, understood the importance of this and their responsibilities to report any concerns. Staff were confident in how to do this and could tell us which external agencies would provide support if required. One staff member told us, "Abuse could be physical, financial or neglect, we have a whistleblowing policy and I could report it to the safeguarding team if I was concerned." Whistleblowing is raising concerns about the service or practice of other staff. We found referrals had been correctly submitted when the registered manager had any concerns about people's safety.

Risk assessments were accurate, up to date and reflected risks to people's care and how staff could reduce these risks to keep people safe. For example, one person was at risk of choking, and the risk and how to reduce this, was clearly documented. During our visit we saw staff supported the person to eat in accordance with their care plan. Another person was supported by staff when they became upset. Staff were able to recognise changes in behaviour and take action to reduce the risks to the person and to other people when they became upset. Other risk assessments were in place for areas such as falls and fire safety and were updated by managers when risks changed.

Prior to staff starting work, the provider checked their suitability to work with people who lived there with background checks completed and references sought.

There were enough staff available to meet people's needs and there were no staff vacancies. Some agency staff were used to cover planned or unexpected absence. However, these staff were consistent and knew the people at the service well. At night, there was one member of staff in each bungalow and an on-call system to ensure that everyone remained safe in the service.

Medicines were administered, stored and disposed of safely. One relative told us about their family member, "They have regular visits from medical people and they have gradually scaled down the medication they take," and they felt this was positive. Relatives told us medicine was given on time, and if there were any problems, staff let them know. Staff were knowledgeable about the medicines administered, for example, one medicine which could not be taken with milk. One person sometimes refused to take their medicines and staff were confident in how they would address this, by liaising with the person's GP and continuing to encourage them.

Staff were trained and assessed to ensure they managed medicines safely. One staff member told us, "I've had no errors, you have training questions every six months. If there was a serious error you would be

stopped from doing this. It is a very tight process."

Guidelines were in place when people needed medicine on an 'as required' basis. Staff were knowledgeable about when people might require this type of medicine, for example if they were in pain, one said, "I know (with person) by a change in their behaviour, they will start pacing up and down and wincing."

Checks were in place to ensure people's finances were managed safely. The landlord of the building acted as an 'appointee' for people's money so this was managed securely. We checked two people's financial records and found these were correct.

Health and safety checks of the environment had been completed and were up to date such as water temperature, gas, electrics and equipment servicing. Maintenance of the service was carried out by the provider.

Accidents and incidents were recorded and steps had been taken to prevent these from reoccurring. One person had fallen on some occasions and although a pattern had not been identified, a referral had been made to a healthcare professional and they were awaiting a possible diagnosis of a medical condition which may have contributed to this.

Fire tests were completed and one had taken place in June 2017. One staff member told us about evacuation procedures, they said, "It depends on the time of day, doors would shut, we would explain to people what was happening. There are two exits and the control panel tells us where the fire is, we would leave the building and go to the meeting place." We saw a fire procedure was displayed including one in an 'easy read' pictorial format suitable for people living at the service to understand. People had individualised emergency plans in place in the event of a fire, which detailed their care and support needs so staff could support them consistently and effectively.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

Relatives were positive about people's care at Downing Close. One relative told us, "I know who to contact and they always keep me updated." Another relative told us that they felt the best thing for their family member's future would be to remain at the service with the care staff looking after them.

Staff were positive about working at the service. They said it was a good place to work, where people and staff had good relationships and there was teamwork. One staff member told us staff were open to ideas, for example, if they suggested trying different ways to do something, staff tried this. A handover meeting took place when the shift changed so staff were provided with up to date information about people's care needs and could support them consistently.

Staff received an induction when they first started working at the service. This consisted of training in areas such as health and safety, fire procedures and working alongside more experienced staff.

Staff had the skills and knowledge to meet people's needs. Training in relation to people's specific health conditions, such as epilepsy was provided. Other training such as falls awareness and dignity in care was offered by the provider. Staff told us their training was up to date and recorded on the provider's computerised system. One staff member told us they wanted to complete some further qualifications in health and social care, and the management team were trying to arrange this for them.

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.

Staff understood the principles of the MCA and had completed training in relation to this. Most people at the service lacked capacity to make complex decisions and this information was recorded on their care records. Staff sought consent from people before supporting them with care and we observed this during our visit.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. We found six of the people who lived at Downing Close had their liberty restricted. Decisions had been correctly taken to submit applications to a 'Supervisory Body'. At the time of our visit all of the applications had been submitted or authorised.

People's nutritional needs were met with support from staff. Some people were supported to buy groceries and prepare their own meals and snacks. One staff member told us, "We always make sure people are involved in food shopping." People planned their meals weekly with staff support and we saw one person using pictures of their favourite foods to do this. Daily pictorial menus were displayed in the kitchen, so people knew what they were eating that day. Mealtimes were flexible around people's individual preferences and if people decided they did not want a certain meal, alternatives were provided.

Staff were aware of people's special dietary needs, and how to support them correctly. Due to a recent decline in their health, one person refused to eat at times and staff supported them following guidance from psychology and speech and language therapy. To encourage the person to eat, staff had cooked some of their favourite meals. Staff monitored the person's food and fluid intake, and the person received special dietary supplements to ensure they had enough to eat and drink to maintain their health.

People were supported to manage their health conditions and had access to health professionals such as GP's, psychologists, psychiatrists, dentists and opticians when required. Families were also involved in healthcare appointments. One relative told us, "We are invited to see the doctor, the psychiatrist, we have been involved with podiatry, we are included."

Is the service caring?

Our findings

At this inspection we found people enjoyed the same positive interactions with staff as they had during our previous inspection. The rating continues to be good.

People and relatives were positive about the way staff supported people. One person told us, "Yes, I am happy, they look after me," One relative told us, "[Person] is enjoying life more, enjoying their loves, which are mainly around food and music." They went on to say their family member loved the staff and gave an example of how they had seen the person wake up when they visited one day, see a staff member and give them a 'big smile'. This reassured the relative their family member was happy. They praised the way staff were with the person and how they enjoyed talking with, and responding to them. Another relative described staff as 'all absolutely marvellous' and 'very patient' when providing care support for people.

Staff told us about what caring meant to them. One said, "I do like the work, it makes a difference to people, I entered the job because of looking after my own grandparent and it just went from there." They went on to say that they felt staff did 'go the extra mile' with people. For example, staff spent time helping one person do their hair as this was very important to them.

One staff member ran a community group at a local church, and some people from the service went to this each week. This group included activities such as skittles, bingo and movement to music classes. The deputy manager told us they felt this staff member went 'above and beyond' in the support they gave to people. Staff took another person to a coffee morning in the local community. The person had been particularly welcomed into the group by the local people who attended, and they loved this.

We observed staff showed people kindness during our visit. One person and a staff member chatted while they painted their nails. People were relaxed with staff and we could see they had good relationships, were able to joke together and enjoyed each other's company.

People were encouraged to keep in touch with their families and access support from other people outside of the service. Relatives told us staff updated them about any changes to their relative's care needs. One person had an advocate to help them make some decisions. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

People were encouraged to be independent by staff. One staff member told us, "We try to make sure we don't do things for people straight away. [Person] is very independent; we encourage them and say 'you can do it'." One person enjoyed washing up the dishes after meals. A relative told us how their family member liked to help staff to tidy up and since living at the service they had learned how to put on their own shoes.

Staff supported people with privacy and dignity. One staff member told us, "That is paramount, very important. When we are supporting people, perhaps in the bathroom, the door is closed, we make sure we keep people covered up, they would not be exposed to any other people here."

People's room were individualised with their own personal items and ornaments. One person enjoyed watching television. This had been placed in a lower position in their bedroom so they could see this more easily, as a physical condition had made this difficult for them.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be good.

Relatives were positive about the support people received. One relative told us, "People like familiarity; staff know people's needs and recognise these and the triggers. Sometimes staff do come and go, but they do try to keep the same ones." This relative felt consistency of staff particularly benefitted people. Staff were also positive about the care. One said, "The care is excellent, it is 'person centred', people here have a choice."

Staff understood people's care needs and knew the ways to support them. For example, as one person's needs changed, staff were helping them to gradually move across to another adjacent bungalow, which offered them more space. This was being done as a transition to enable the person to gradually adjust to their new environment, and was working well.

People were allocated a named worker they were familiar with, called a keyworker. Staff knew people well and could tell us about people's likes, dislikes and histories.

Care records were updated by deputy managers with input from care staff and these documented people's health and care needs, routines and preferences. Records documented what was important to people and how best to support them. Areas such as personal care, education and leisure were completed with detailed information, and had been recently reviewed. Care records were also produced in an 'easy read' pictorial format so people could understand these more easily. 'Hospital passports' contained important information for hospital staff if a person was admitted, so they could be supported in the ways they preferred. Review meetings were held annually and involved relatives, staff and 'multi-disciplinary' teams.

People's communication methods were documented, for example one person clapped their hands when they were pleased. Care records in relation to specific health conditions were in place. One person had a care plan around managing epilepsy. Another person's health needs had changed rapidly and there had been close involvement of other professionals in supporting them. Their care records documented all these changes, however their care plan did not reflect how staff should meet their current needs. We discussed this with the deputy manager who confirmed that whilst staff had the knowledge to provide responsive support, a short term care plan would ensure it was all documented. The plan was completed during our visit.

Social activities were arranged for people to enjoy and we saw photos displayed of people taking part in these. People planned activities with their keyworkers, however they remained flexible according to what people preferred to do each day. One staff member told us about activities, "We look at what the person we are supporting needs, ask families, we create activities in the home or outside, [Person] likes to go out for a drive and comes back really happy." Another staff member told us, "I think it is amazing for people here, we do get people out in the community." One person at Downing Close was involved in gardening and also enjoyed baking with staff. Staff told us one day on the weekend was called a 'slummocks' day, this was

where people had a quiet day and could relax with brunch and watch a film.

Some people had access to their own vehicles, so staff could take them out. On the day of our visit, one person returned from a short holiday to Wales.

We looked at how complaints were managed by the provider. No complaints had been made, however the registered manager was aware of the correct procedures to follow if there were any. People told us they had no complaints, however were confident to raise any concerns and felt any issues they raised would be addressed.

Is the service well-led?

Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The rating continued to be good.

People and relatives were happy with the management of the service. The management team consisted of the registered manager and two deputy managers. One relative told us, "This is the best place [Person] has been to, as far as we're concerned. [Person] has come on in 'leaps and bounds'." They went on to say they felt the home was well led and the registered manager was 'good'.

Staff told us the management team were approachable and they were positive about the support they received. One staff member told us, "The service is run excellently, I'm all for the clients coming first. It is beyond a basic standard of care here, and I would not work here otherwise."

Staff had formal opportunities to meet with managers at team meetings and one to one meetings. At the meeting in May 2017 use of temporary staff and activities were discussed and how staff could improve these. Staff told us if they had any concerns these were raised and dealt with by the management team.

The management team had not sought recent formal feedback from people and relatives to identify where they could make improvements. One relative told us, "We used to get newsletters and photographs," however, they still felt they were updated about changes with their family member's care and were happy with this. We asked the registered manager about this and they told us that formal meetings were held if there were any issues to discuss.

Audits and checks of the service were carried out by the management team to ensure staff followed policies and procedures. Checks were in place around people's medicines, finances and for areas such as infection control.

The clinical commissioning group had visited in July 2016 to check medicines were safe. Some issues were identified around the medicines policy and storage temperatures, which had now been addressed.

Plans were in place to make some changes at the service around staffing, and for another adjacent bungalow to become part of the service. The registered manager they were supporting staff during this period of adjustment and change.

The registered manager understood their responsibilities and the requirements of the provider's registration. They were able to tell us what notifications they were required to send us, such as changes in management and events that stop the service. We had not received notifications from them when DoLS applications were authorised, however the registered manager told us they would notify us of these now.

It is a legal requirement for the provider to display their ratings so that people are able to see them. We were able to see the ratings in one bungalow, however not in the other. We discussed this with the registered

manager who told us this posed a challenge as sometimes people removed items displayed on the wall. However, they assured us the ratings would be displayed and accessible to everyone who used the service.