

# Solihull Metropolitan Borough Council

## 222 Bills Lane

### Inspection report

222 Bills Lane  
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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 13 December 2018 and was unannounced.

222 Bills Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates a maximum of four people who have learning disabilities. At the time of the inspection two people were using the service.

At our last inspection in February 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's health care needs had been assessed and planned for. These were monitored for any changes. Risks associated with the living environment had mostly been assessed. People did not have any undue restrictions placed upon them. There were sufficient staff to meet people's needs in a flexible way and safe staff recruitment procedures were in place. People received their prescribed medicines safely and these were managed in line with best practice guidance. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People continued to receive an effective service. Staff received the training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs and healthy diets were promoted. Staff worked well with external health and social care professionals, people were supported to access health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity

and respected their privacy. Staff had developed positive relationships with the people they supported and their families. They understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were anxious and made sure emotional support was provided. People's independence was promoted and people were supported to achieve their goals.

People continued to receive a responsive service. People's needs were assessed and planned for with the full involvement of the person and professionals involved in their care. Care plans were user friendly and up to date. People had opportunities to lead their lives in the ways they chose, pursue their interests and maintain relationships with those important to them. There was a complaint procedure and action was taken to learn and improve where this was possible. End of life care was provided in a sensitive and person-centred way.

People continued to receive a service that was well-led. The monitoring of service provision was effective and there was an open, transparent and person-centred culture with good leadership. People, external stakeholders and staff were asked to share their feedback about the service and action was taken in response.

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 ●

# 222 Bills Lane

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 13 December 2018 and was unannounced.

The inspection team consisted of one Inspector Manager.

Prior to the inspection visit we reviewed information that we held about the service such as statutory notifications. These are events that happen in the service that the provider is legally required to tell us about. We also considered the last inspection report and contacted Health Watch. This is an independent Organisation who champion for people who use health and social care services. They did not have any information to share with us.

During the inspection, we spoke with both of the people who used the service for their views about the service they received. We spoke with the registered manager, the deputy manager and a support worker. We spoke with a person's relative by telephone.

We looked at the care records of both people who used the service, the management of medicines, as well as a range of records relating to the running of the service. This included meeting minutes, audits and checks and the management of health and safety risks.

## Is the service safe?

### Our findings

People told us they felt safe at 222 Bills Lane. A person who used the service told us, "I am not worried about anything but if I was worried I would speak to [key worker]." People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff had received training in relation to safeguarding matters and any issues of concern were reported on. Staff understood and told us about their responsibilities in this area.

Risks of harm or injury to people were mostly assessed and risk assessments were in place. For example, risk management plans were in place to help support people with risks associated with their health care needs. Staff were knowledgeable about what action to take to reduce identified risk. Positive behaviour plans were in place. However, we identified a risk within the kitchen in relation to exposed hot water pipes connected to the boiler. People who used the service had access to this area and a risk assessment had not been undertaken. We brought this to the attention of the registered manager who immediately undertook a risk assessment. They contacted the maintenance provider and requested urgent work to cover the pipes.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. Staffing levels were flexible around the needs and wishes of people who used the service. The registered manager told us, "We have tweaked the rota around the service users and staff now that the service is at half occupancy." We saw staff were available when people wanted them and they responded to people's requests quickly. Staff had a calm approach and responded to people's needs in a timely manner.

The registered manager told us they had safe staff recruitment procedures in place. This meant checks were carried out before employment to make sure staff had the right character and experience for the role. We were unable to assess this during the inspection visit as all staff had worked at the service for a number of years. This provided continuity of care for people who used the service.

People received their prescribed medicines safely. We saw staff gave people their medicine in a safe way and as prescribed. This included time critical medicines. Records confirmed this. People's medicines were regularly reviewed by their doctor and other health professionals involved in their care. Staff had received training about managing medicines safely and had their competency assessed. A staff member told us "Every six months I have my competency checked." Staff were knowledgeable about people's medicines. Medicine stock checks were carried out at each staff changeover and regular audits were carried out to check medicines were being managed in the right way.

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt to reduce the risk of reoccurrence. There were plans in place for emergency situations. For example, staff demonstrated they knew what to do in the event of a fire, and each person had an up to date personal emergency evacuation plan. This meant staff and the emergency services had the information they needed to ensure people were safely evacuated in an emergency.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to equipment to maintain good food hygiene practices. Cleaning responsibilities were allocated to staff each day and checks were carried out.

## Is the service effective?

### Our findings

Prior to using the service an assessment of people's needs was completed. This was to ensure their needs were suited to the service and could be met. People were invited to spend time at the service to see whether they would like to stay there. People who used the service were involved in decisions about new admissions to the service. The registered manager told us, "They [people who use the service] will be fully consulted about who comes in."

Staff had received the training they required to do their jobs and they also received regular supervision and appraisal. This meant staff had opportunity to discuss their learning and development needs and their performance. Additional training had been undertaken about people's specific needs, for example, Autism, Falls Awareness and End of Life care.

Although no new staff had started at the service recently, the registered manager told us that should one start, they would have an induction period. This would include 'shadowing' (working alongside) experienced staff and studying for the Care Certificate. This sets the standard for the skills, knowledge, values and behaviours expected for health and social care workers.

People were supported to eat and drink enough and healthy diets were encouraged. One person had a reduced appetite and staff had a good understanding of how to encourage them to eat, little and often. Both people had soft diets for reasons of health and we saw these were provided. People were fully involved in food shopping so meals were prepared of their liking. People were encouraged to assist with food preparation if able or interested to.

People had access to the healthcare services they required and staff were knowledgeable about people's healthcare needs. For example, they knew how to recognise when a person was unwell. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and social and health care professionals, including a Speech and Language Therapist and Parkinson's Nurse who had regular input into people's care. A person who used the service told us, "I go and have my eyes tested." A relative commented, "I am happy with how the staff manage [person's] health care needs. If there are any problems the manager or deputy ring me and they told me I can phone them at any time if I am worried about anything."

The premises and environment met the needs of people who used the service, was comfortable and homely in style. People's bedrooms were furnished and decorated as they wished. People were encouraged and supported to participate in household tasks where able.

People had choice and control over how they spent their time. A relative told us that previously a person who used the service chose spend more time in their bedroom and this was respected. They told us their family member now chose to spend more time in the lounge with the other person who used the service.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as social care professionals. The MCA and associated Deprivation of Liberty Safeguards, where applicable were applied in the least restrictive way. Consent was sought before care and support was provided.

## Is the service caring?

### Our findings

People were treated with kindness and compassion. A relative told us, "Staff are very respectful."

Staff knew people well. For example, they knew about people's preferences, what was important to people and how to motivate people in their day to day lives. Staff showed concern about people's wellbeing and responded to their needs. They knew about the things people found upsetting or may trigger anxiety. Relationships between staff and people were friendly and positive. One staff member said, "When I go home at night I know the [people who use the service] are safe. That pleases me."

Staff were well organised, communicated effectively with each other, people who used the service and external professionals. Staff spoke positively about the the caring relationships which had developed between the staff team, one said, "We are a good team, good teamwork. I am proud of how the house operates." The registered manager told us how proud she was of the staff team and how they provided support to each other following the recent passing of two people who used the service. They stated, "It has been a difficult year."

People were supported to maintain relationships with family and friends, including those that lived abroad. Visitors were welcomed and people regularly had social engagements outside of the home with friends. A relative who visits very regularly told us, "I have no problems at all. They [staff] always make me feel like part of the family. It's a very friendly place."

People's independence was promoted. A staff member described how , for example they tried to encourage a person to change their bed and that they "Had a go at doing this but often lost interest."

People had access to advocacy services if they required support making decisions. This meant that people were supported to make decisions that were in their best interest and upheld their rights.

Staff told us they had time to spend with people so care and support could be provided in a meaningful way by listening to people and involving them. There was a 'key worker' system in place so that people had a staff member allocated to them to provide any additional support they may need. Regular care review meetings were held with the person which included their key worker so they could express their views.

People had their privacy and dignity promoted. Staff had received training about privacy and dignity; they knew how to protect people's privacy at all times. Throughout our inspection staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded. For example, care plans included information about people's aspirations, likes and dislikes and staff were knowledgeable about these. As people's needs changed this was reflected in their plan of care.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. One person said, "I enjoy going to the café for coffee and cake and the cinema."

The service had made strong links with local organisations and people made use of local amenities. People had control over who they engaged with socially and were involved in a number of recent fund raising initiatives. This included a 'Bake Off' for a cancer charity and events for a charity who support homeless people. Charities were selected based on who had supported people who used the service over the years and meant something to the staff teams. One person had recently undertaken voluntary work in a charity shop and people were involved in planning a Christmas party and fundraiser for a Parkinson's Disease charity.

Staff respected that each person had individual interests and beliefs and encouraged them to pursue these. Arrangements were currently being made for younger people from local secondary schools to visit the service. The registered manager told us both people who used the service had expressed an interest in this.

People received information in accessible formats. The registered manager knew about and was meeting the Accessible Information Standard (AIS). This is a framework, introduced in 2016, which places a legal requirement on providers to ensure people with a disability or sensory loss can access and understand the information they are given. We saw health action plans and information about the service was available in an 'easy read' picture format. Service satisfaction surveys were also sent out to people in a picture format.

The provider had a complaints procedure which they followed. No complaints had been received recently however people told us they would speak with the staff if they had any concerns. The service had, however received a number of compliments about the service, including from the DoLS team who recently praised the standard of the paper work and staff knowledge.

People were supported at the end of their lives. The registered manager told us about a person who had recently passed away at the service, in accordance with their wishes. They told us, "On-going support was provided to other people and staff due to the impact of their loss." They explained how they had ensured the person came out of hospital so they could pass away at the service, "Surrounded by people they knew." People who used the service were also involved in devising their funeral plans.

## Is the service well-led?

### Our findings

The service had a registered manager who had been in post since December 2017. 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 understood their regulatory responsibilities, for example they sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The provider and management team carried out audits to check the environment was safe and staff were working in the right way to meet people's needs and keep them safe. Audits covered a range of areas such as care provision and health and safety. Where issues were identified, actions were taken for the benefit of people who used the service. The management team told us earlier this year, they had identified improvements were needed in relation to care planning. At this inspection we found these improvements had been made.

There was a clear vision and culture within the service which was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. Staff felt supported by the management team, one told us, "They [Registered manager and Deputy manager] are always available if we need them." Staff said they spoke freely with the managers if they wanted to raise any issues. It was clear managers had a good understanding of people's support needs, preferences and aspirations for the future.

We asked the registered manager what they were most proud of. They replied, "We and the service users [people] are proud of the links we have with our other two services." They told us people enjoyed meeting up with people who used the provider's other services because this had resulted in new friendships and reconnecting with old friends.

People who used the service were asked for their feedback and were encouraged to participate in the development of the service. Meetings were held for people who used the service and actions were taken in response to people's feedback. One person said, "We have meetings. We talk about food!" People, external stakeholders and staff were sent surveys to complete. The results of the most recent ones were very positive. One person who used the service had stated, "I am happy here, I like the staff."

Staff were encouraged to put forward their suggestions for the running of the service and regular staff meetings took place. We asked a staff member what challenges the service faced. They replied that on occasions it took a long time for housing repairs to take place. However they confirmed that anything more serious was rectified quickly.

The management team and staff worked in partnership with many other agencies. Information was shared appropriately between agencies so people got the support they required and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the service and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.