

# Mrs Eileen Walsh and Mr John Walsh

# Northumberland Road

## Inspection report

31 Northumberland Road  
Coundon  
Coventry  
West Midlands  
CV1 3AP

Tel: 02476552712

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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

About the service: Northumberland Road is registered to provide accommodation with personal care for up to four people with learning disabilities or autism. There were four people living at the home at the time of our visit.

Prior to January 2015, Northumberland Road was part of a 'shared lives' scheme. These are designed to support adults with a range of needs who are unable to live on their own. The scheme matches a person with care needs, with a carer who provides care and support to them and shares their family home and community life with the person. The provider had to change their registration because they wished to support four people. Once more than three people are supported in one location, the location operates as a care home. However, the provider's ethos continued to be that they supported people as part of their family. The home was run by the registered manager and they employed one member of care staff part time.

People's experience of using this service:

Northumberland Road has been developed and designed in line with the values that underpin Registering the Right Support, Building 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.

People told us that they were happy living at Northumberland Road and were supported by the registered manager and the staff member, who were kind, caring and supportive. Risk assessments managed risks within people's lives and the registered manager and staff member knew how to keep people safe from those risks.

People's dietary needs, preferences and nutritional needs were assessed and known by the registered manager and staff member and when needed. People were referred to other professionals to support their healthcare needs. People received their medicines safely.

The registered manager and staff member had training in relevant subjects and they knew their roles and responsibilities, such as safeguarding people from poor practice.

People continued to have 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 registered manager and staff member, knew people well and supported people in line with their care plan. Care plan records were reviewed regularly and were person centred.

People pursued opportunities to engage in activities and interests of their choice and were supported to be as independent as they wanted to be.

The registered manager completed quality assurance checks, and these had been reviewed by the local authority who had no recommendations.

We found the service met the characteristics of a "Good" rating in five areas. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: Good. (The last report for Northumberland Road was published on 20 December 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The previous 'good' service provided to people continued. The overall rating continues to be Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

# Northumberland Road

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection Team:

One inspector carried out this inspection.

Service and service type:

Northumberland Road is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We provided the registered manager with 48 hours notice of our inspection. This was to ensure that there would be people and staff who we could speak to.

What we did when preparing for and carrying out this inspection:

Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. We looked at notifications that we had received about events that had happened at the service, which the provider is required to send to us by law. These included notifications about deaths, serious injuries, whistle blowing and safeguarding's. We also considered the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to give us key information about the service such as what it does well and any improvements they plan to make. Through our conversations with the management and staff we gave them an opportunity to tell us and show us how what they described to us translated into everyday practice.

During our visit, we spoke with two people who used the service and the registered manager. We reviewed a range of records. For example, we looked at two people's care records, multiple medication records and examples of related healthcare records. We also looked at records relating to the management of the home. These included staff training and people's feedback.

Following our visit, we spoke to a member of care staff by telephone to gain their views.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff member had the knowledge and confidence to identify safeguarding concerns and act on them to protect people.
- A staff member told us they received safeguarding training and we confirmed this from training records and speaking with the registered manager.
- The registered manager knew their responsibility to report any concerns to the relevant authorities and notify us.
- People told us their family members were safe, well looked after and they had no concerns.

Assessing risk, safety monitoring and management

- People were protected from risks.
- Risks were assessed and action taken to manage them. One person had an assessment completed for epilepsy management. The assessment clearly identified the risk and how to react if the person had a seizure.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks included references, identity checks and DBS. A Disclosure and Barring Service clearance check allows employers to make safer recruitment decisions and helps to prevent unsuitable candidates from working with vulnerable groups of people.
- A person told us that there was "always someone here when I need them"

Medicines were managed, administered and stored safely.

- The home had a medicines policy and appropriate 'as required' protocols for people's individual medicines, in place.
- The registered manager and a staff member told us they had training in medicines administration. This included how to complete a medicines administration record (MAR) accurately. Stock checks were completed daily and a full medicines audit was carried out monthly.

Preventing and controlling infection

- People were protected from the risks of infection. The registered manager and a staff member told us they had training in infection control practices and we observed hand gels and personal protective equipment (PPE) in place.
- The home, communal areas and bathrooms were clean with no malodours detected.

Learning lessons when things go wrong

- The registered manager recorded accidents and incidents and reflected on them as a means of improving safety for people.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good - People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were fully assessed, prior to the person moving to Northumberland Road, to ensure they could be met.
- Care plans were developed from these multi-disciplinary assessments which gave detailed guidance to the registered manager and staff on how to meet people's needs appropriately.
- The registered manager and staff worked closely with health and social care professionals to ensure specific needs were met and planned for.
- People were supported to attend hospital and GP appointments in the community. Each person had a hospital passport which detailed essential information for hospital staff on how to deliver person centred care.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. A staff member told us they had received good training which was relevant to their individual roles. Examples of training included, communication and person centred working.
- A staff member told us when they began to work at Northumberland Road they had an induction and were observed to ensure they were competent to work independently.
- A staff member told us they received informal supervision and guidance and had regular 'job chats' to discuss learning needs or concerns.
- A staff member told us they knew there was an open door policy and they could approach the registered manager whenever they felt they needed to. The staff member felt well supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to be involved in choosing and preparing their meals. People were asked what they would like to eat and one person enjoyed going with the registered manager to buy food each week.
- During the visit we observed people being offered plenty of drinks and snacks.

Adapting service, design, decoration to meet people's needs

- Northumberland Road had a communal lounge which was frequently used by the people living there.
- People's rooms were individually decorated to their taste and preference. Rooms had personal possessions, photographs and pictures.



Ensuring consent to care and treatment in line with law and guidance

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 Safeguards (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.

- Mental capacity assessments had been completed along with their corresponding best interest decisions.
- The registered manager had made appropriate applications to the local authority for DoLS and had a 'tracker' system to monitor their progress including screening, and when an authorisation was due for renewal.
- A member of staff we spoke with were knowledgeable about the Act and how to apply this in their work with people. The provider was meeting the requirements of the Mental Capacity Act (2005).

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The registered manager spoke kindly with people throughout the day and whilst carrying out support.
- A person living at Northumberland Road had been supported to follow their chosen religion and attend a place of worship when they wanted.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager gained people's permission before supporting them. We heard the registered manager ask people what they wanted to do, they were given options to choose from to make the decision easier.
- Staff knew people and their behaviours well. For example, one person enjoyed helping with household tasks and was supported to do this.
- The registered manager was passionate about the standard of care provided and adapting to the individual needs of people. They told us "People's needs change and you have to adapt with them. Every person is different and I adapt to all their different needs. I now do it without thinking."

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us "Dignity and privacy is important to me, it's their home and they need to feel comfortable here."
- Staff were encouraged to continually reflect on how they supported an individual and if they could do anything better or use a different approach next time.
- People were supported to be as independent as they wanted to be. Some people living at Northumberland Road had their own keys to access the property when they wanted to. The registered manager explained that as one person was getting older they preferred to be accompanied when they went out and this was accommodated to ensure they could still access activities they enjoyed.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was fully compliant with The Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People's individual communication needs were identified. Some people used pictures and signs and others had more complex means of communicating. For example, one person had a positive behaviour plan in place to guide staff on how to interpret behaviours as part of the person's communication method.
- Guidance included identifying noises and actions, what they meant and how to respond to meet the person's need. The registered manager and staff member were instructed to know how the person communicated and to understand how they made choices.
- People had the opportunity to access their local community and attend events they enjoyed and to socialise.
- Each person had an activities file with their individual interests. Examples included, going for a drive in the car, visiting shops, going to a day care centre and drawing.
- The registered manager had explained that one person had showed signs of anxiety after visiting a previous day centre. They had changed this and the person now enjoyed the activities they did and no longer showed any signs that they were unhappy or worried.
- When people's needs changed, the registered manager contacted relevant professionals to re-assess the person for specialist equipment and services to meet their increased need.

Improving care quality in response to complaints or concerns

- Northumberland Road had not received any complaints. A complaints policy and procedure was in place.

End of life care and support

- No-one living at Northumberland Road was receiving end of life care at the time of our inspection.
- The registered manager told us that when a person was approaching the end of their life, they would receive professional guidance from other health and social care organisations.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager understood their role and their responsibilities under the duty of candour and in compliance with the regulations.
- A staff member spoke highly of the registered manager and the support they received. They were proud of the standard of care they provided to people and how well they worked together.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits for medicines were up to date and were managed monthly by the registered manager. No errors had been identified.
- There was a clear management structure in place which was supportive and effective.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service actively sought feedback from people. We saw positive feedback had been given by people and health professionals about the care provided.
- Northumberland Road was an adapted terrace house situated in a private residential area and they had good relationships with their neighbours.

Continuous learning and improving care

- The registered manager continued to work with the local authority and the most recent review by the local authority raised no concerns or actions that required completing.

Working in partnership with others

- The registered manager worked closely with other professionals in the community team for people with learning disabilities. Their good working relationship meant provided good outcomes for people's health and treatment.
- The registered manager attended registered manager meetings to share knowledge and to keep up to date with best practice techniques.