Care Quality Commission

Solihull Metropolitan Borough Council

Downing Close

Inspection report

8-9 Downing Close
Knowle
Solihull
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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

Overall summary

This inspection took place on 5 January 2015. It was an unannounced inspection.

Downing Close provides accommodation with personal care for up to eight people. The accommodation is in two adjacent houses situated within a group of NHS community service buildings. At the time of our visit there were three people living in each house.

The home has 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 care provided at Downing Close is in small 'family' units. Staff were respectful of being in people's homes and the relaxed support they provided complemented the home environment. We saw people responded positively when approached by staff. One member of staff told us, "I love it. I wouldn't want to work anywhere else."

Summary of findings

People living at Downing Close had little or no verbal communication. Staff demonstrated a good understanding of their responsibility to be observant for non-verbal signs that a person was unhappy or concerned. Staff told us that if they thought the signs were an indicator of potential abuse, they would have no hesitation in reporting their concerns to the management team.

There were sufficient numbers of staff on duty to meet people's needs and keep them safe both at home and out in the community. Staff had received training that supported them to meet the specific needs of the people living in the home. Staff told us they felt supported in their role and were confident to make suggestions about how the quality of service provided could be improved.

The provider was meeting the requirements set out in the Deprivation of Liberty Safeguards (DoLS). Where potential restrictions on people's liberty had been identified such as being unable to leave the home unsupervised, the appropriate applications had been made to the local authority.

Care records provided clear and up to date information for staff to follow so they could assist people with the care and support they needed in a way people preferred. Staff worked with external healthcare providers such as psychologists to develop guidelines to support people's mental health and manage any challenging behaviours. People's medication was well managed so they received their medicines as prescribed.

People living in the home took part in various activities so they had an interesting and meaningful lifestyle. People were encouraged and supported to maintain relationships with family and within the wider community.

Summary of findings

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 was safe.

Staff understood their role in keeping people safe and were able to explain the action they would take if they suspected abuse may be happening. There were sufficient staff on duty to keep people safe within the home and when in the community. People's health and welfare was protected against the risks associated with the handling of medicines.

Good

Is the service effective?
The service was effective.

Staff received the training they needed to know how to support people safely and meet people's needs. Training offered was specific to the needs of the people living in the home. Where potential restrictions on people's liberty had been identified, appropriate applications had been made to the local authority under the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

The level of care provided complemented the small family units in which people lived. People responded positively to the relaxed and friendly support from staff. People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and care planned and delivered in line with their own individual care plan. People were supported to maintain links to people important to them and to continue their involvement in the community. Activities were planned to ensure they met people's individual needs.

Good

Is the service well-led?
The service was well-led.

There was a management structure that enabled senior staff to make decisions about the day to day management of each house. Staff understood their roles and responsibilities and felt confident to make suggestions about how the quality of service could be improved.

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.

This inspection took place on 5 January 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we sent the provider 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 had initially been sent to a previous manager of the service and then forwarded to the present manager. The manager was completing the form at the time of our visit and sent us a copy the following day. The information provided in the form was supported by what we saw on the day of our inspection.

We reviewed all the information we held about the home such as statutory notifications, (the provider has a legal responsibility to send us a statutory notification for changes, events or incidents that happen at the service) and safeguarding referrals. We contacted the local authority who confirmed they had no additional information that we were not already aware of.

People who lived at the home had no or limited communication and were unable to share their experiences of living at the home. We therefore spent time observing the care and support people received in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with three staff, a house leader and the registered manager.

We looked at two people's care records and medication records. We also looked at records relating to the management of the service such as quality assurance audits, staff records and accident and incident forms.

Good

Is the service safe?

Our findings

The people who lived at Downing Close had no or limited speech. As they were unable to tell us whether they felt safe living at the home, we spent time observing the interactions between them and the staff supporting them. We saw people were relaxed and responded positively when approached by staff.

Staff told us they had received training in safeguarding and had a good understanding of the provider's safeguarding policy and procedures. Staff demonstrated a good awareness of being vigilant for signs that people were unhappy or upset which could be an indication of abuse. One member of staff explained indicators could be "mood swings, if they don't want you to wash them, bruises or different behaviours or body language". Another said they would be concerned if a person had "unexplained bruising, a sudden change in mood in general or to specific people". All the staff told us they would not hesitate to report any suspected or observed abuse to the management team. Staff had access to the information they needed to help them report any safeguarding concerns. The local authority safeguarding contact numbers were displayed in staff areas should they be required.

People who lived at the home needed support to manage their finances. The home was able to hold small amounts of personal money for people. There were robust arrangements in place to keep people's money safe and protect them against financial abuse.

Notifications received by the CQC confirmed the management team understood their obligations for managing safeguarding concerns and reporting them to the CQC and the local authority.

Some people could occasionally demonstrate behaviours that could be challenging to others. There were detailed guidelines which had been developed with psychologists to support staff in managing those behaviours. The guidelines detailed what circumstances made these behaviours more likely to occur, how to minimise them happening and what to do if they did occur. Where behaviours could present a potential risk to people or others, risk management plans were in place. These plans informed staff of the actions they should take to minimise the risks in order to keep people, staff and others safe. Risk management plans ensured people were safe both in the home and when in the community.

There were systems in place to make sure that equipment and the environment were well maintained and safe. These included water temperature checks, health and safety audits, wheelchair checks and vehicle safety checks. Accidents and incidents were recorded, together with any action taken to reduce the likelihood of them re-occurring.

During our visit we saw there were enough staff to meet people's care and welfare needs. The manager explained that staffing levels were based on the day to day needs of the people who lived in the home. For example, there were four staff on duty in 8 Downing Close to provide care for three people. This was because one person required two staff to keep them safe when in the community. On the day of our visit an extra member of staff was on duty in 9 Downing Close as one person required two staff to support them to a health appointment. Staff confirmed that staffing numbers were maintained and where a need was identified, extra staff were on duty. Comments from staff included: "Our ratio of staff to residents is fantastic" and "We have got a lot of good, skilled staff and they will fill in when necessary."

There were procedures to ensure staff were safe to work with vulnerable people. Records showed that criminal record checks and the required checks and references were completed before staff worked at the home.

Medicines were stored safely and securely and there were checks in place to ensure medication was kept in accordance with manufacturer's instructions and remained effective. Each person had their own section in the medication administration folder with a photograph on the front of their records to reduce the chances of medication being administered to the wrong person. There was a list of each person's medication with any potential side effects. There was also information about how each person preferred to take their medicine. Records showed people received their medication as prescribed. Appropriate arrangements for the recording of medicines meant that people's health and welfare was protected against the risks associated with the safe handling of medicines.

Good

Is the service safe?

Some people required medication to be administered on an “as required” basis. There were protocols in place for the administration of these medicines to make sure they were administered safely and consistently.

Staff completed training before they were able to administer medication and had competency assessments every six months. This ensured staff continued to manage medicines to the required standards.

Good

Is the service effective?

Our findings

During our visit we observed staff meeting people's needs quietly and efficiently. Staff we spoke with confirmed they received training that supported them in meeting people's needs effectively. They were confident in their abilities to provide appropriate care and support to people who lived at the home. One member of staff told us, "I've been on a lot of training which is good for my development. It has helped me with the job." Another said, "They invest a lot of money in the training."

Records showed that staff had received training that was essential to meet people's needs such as moving and handling, infection control and health and safety. Training was provided that was specific to the needs of people who lived in the home such as epilepsy, dementia and autism. Staff told us they had also received training in managing challenging behaviours. This had been tailored to meet the level of needs within the home and included conflict resolution and breakaway training. The manager explained that staff competency at this level meant that physical restraint was neither appropriate nor necessary. We asked one member of staff if they felt they had received an adequate level of training to manage behaviours. They responded, "Yes, from the training and from watching and observing staff you learn from them and use that experience when the situation crops up."

When staff started working at the home they received both a corporate induction and an induction specific to the home. Staff confirmed that the induction included a period of shadowing experienced staff members until they understood the needs of the people who lived there. One staff member told us, "I had to shadow people and read all the care plans before I could provide care."

Staff told us they received good support from the management team through supervision and annual appraisals. A member of staff explained that good support meant they were, "Comfortable and happy in what I am doing and carrying out the job in the way I have been trained to do." Another said, "I think we are a good team."

Staff we spoke with understood their responsibility to obtain people's consent before they provided support. Staff spoke about reading people's body language, signals and facial expressions to ensure people consented to the support provided. One staff member explained that when providing personal care, "If a person is showing signs of distress I will say I will come back when you are ready. It is the same with medicines. The guidelines say try three times in an hour and then get another member of staff to try." During our visit we saw a person refuse their medication. The member of staff left them, returned after a few minutes and the person immediately took their medication when it was offered. This showed staff were following the required guidance.

There were arrangements in place to ensure people received good nutrition and hydration. We looked specifically at the records of one person who was at risk of weight loss. All the staff we spoke with were knowledgeable about the person's diet and the nutritional support they needed in order to maintain their weight.

Records showed that people's mental health needs were cared for as well as their physical care needs. A number of healthcare professionals provided support to the people who lived at Downing Close including psychologists, psychiatrists, dieticians, speech and language therapists and GPs.

The Mental Capacity Act supports and protects people who may lack capacity to make some decisions themselves. Where people had been assessed as not having the capacity to make certain decisions, for example complex decisions regarding their health, meetings had been held with those involved in their care and other healthcare professionals. This ensured that any decisions made on behalf of the person were in their "best interests".

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The manager was aware of changes in DoLS practice following a recent court judgement. They had submitted applications to the local authority for everyone who lived in the home as they were unable to leave without supervision. At the time of our visit some of the applications had been granted and others were still in the process of being assessed.

Good

Is the service caring?

Our findings

8 & 9 Downing Close are small homes where people live together as a family unit. We observed that staff were aware that when they arrived for work they were entering people's own home. They greeted people warmly on arriving and said goodbye and explained when they would next be there when they left. They chatted with people in a kind but respectful manner and were caring in their interactions. It was clear that staff had formed caring relationships with the people they looked after. Support was provided in a low-key and relaxed way that complemented the home environment. One member of staff told us, "I love it. I wouldn't want to work anywhere else."

The people who lived at Downing Close benefited from a stable staff team. The manager explained that after a period of recruitment, it was rare that agency staff were needed to cover shifts. A staff member told us, "I think the relationship between the residents and staff is very good because we have a lot of continuity."

Care plans provided staff with information about how people communicated non-verbally. During our visit staff demonstrated a good understanding of people's non-verbal communication. For example, staff knew when one person wanted something to drink by their actions.

People were supported in promoting their independence through encouragement to make choices and decisions on a day to day basis. Staff supported people in making decisions about what they wanted to do and where they wanted to be within their home. Staff encouraged one person to make their own decision about what drink they wanted by showing them different bottles of squash.

Staff understood their role in supporting people's privacy and dignity. People were well presented and wearing clothes that reflected their individual choices, age and preferences. Staff were able to give us examples of how they promoted privacy and dignity when providing personal care by closing doors and covering people as much as possible. People's rooms were personalised to their individual needs and contained personal photographs and possessions. People's relatives were able to visit when they wished.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual care plans. We looked at the care plans for two people. We saw the care plans were detailed and promoted personalised care. They provided information which helped staff to anticipate and respond to the needs of people with limited verbal communication. They contained information about people's routines and likes and dislikes so staff could provide support in a way people preferred. Care plans also detailed people's personal choices for gender specific care. Staff we spoke with were aware of people's choices and preferences and were able to describe how they responded to meet the individual needs of people.

Care plans were reviewed regularly to make sure they continued to meet people's needs as they changed over time. We saw the care and support people received corresponded with the information in their care plan.

The service had introduced ways of supporting people who had no or limited communication to contribute to planning their care. For example, for one person there was a learning log in place. This detailed what activity they had participated in, whether it had worked for them and what the benefits were. This demonstrated that future activities were planned around the person's evidenced likes and dislikes.

Another person's records stated that attendance at a club and meals out were of positive benefit to them. We saw their activity timetable for the week included attendance at the club and on the day of our visit they had been taken out for lunch.

Records showed that people went on holidays of their choice. One person had enjoyed a holiday to Jersey in 2014 and staff were planning to take them back again in the summer. Another person had been on holiday to Devon whilst another had recently enjoyed a 'turkey and tinsel' break at a hotel.

People were supported to maintain links to those people important to them and to the community. For example, staff supported people to visit relatives who were unable to travel to the home. For another person, staff had completed the necessary documentation so they could vote in the forthcoming general election.

The home had a complaints policy and procedure on display in the entrance hall. This contained information about who people could raise any concerns with and was in a photographic easy read format. This meant the procedure was accessible to people who lived in the home. For those people not able to explain their anxieties and concerns, there was information in their care plans about how they may express concern or unhappiness. Staff understood the importance of observing people's body language and behaviours. The home had not received any complaints in the last twelve months.

Good

Is the service well-led?

Our findings

There was a registered manager in place who had overall responsibility for the service. Each house then had a house leader who was responsible for the day to day management of that house. This included the management of the staff team, ensuring people's individual care needs were being met and monitoring the quality of service provision. Staff spoke positively about the leadership provided by both house leaders. Comments included: "She is a lovely house leader" and "She has a lot of paperwork but she is very hot on everything being up to date. She is down here as well and knows everything that is going on. She has an open door policy, if you have any issues you are welcome to go upstairs."

Whilst staff told us they would raise any initial concerns with the house leaders, they told us they would feel confident to speak to the manager if the need arose. One staff member said, "If I had an issue and needed to speak to her she would be approachable." Another said, "I don't really have cause, but if I did, I could go to her."

The manager was keen for house leaders to feel confident and supported in their decision making. The manager explained, "It depends on [team leaders] judgement what comes through to me. If they feel they have an issue that isn't sorting itself out, they come to me." The house leader we spoke with confirmed they received regular supervision from the manager and understood their responsibilities.

The management team were aware of their responsibilities for submitting notifications to the CQC and had submitted most notifications as required. However, we had not been informed of the DoLS applications that had been authorised by the local authority. The house leader confirmed that DoLS notifications would be submitted to us as a priority.

Staff told us they felt confident and encouraged to make suggestions about how the service provided at Downing Close could be improved. One staff member told us, "We sometimes get asked in our supervisions if there is anything we can think of to improve." Another staff member explained, "When I started [team leader] said, if you've got any ideas we would love to hear them, anything to improve the service. She likes new staff to bring new approaches. Nothing is really rigid, she will take on board your ideas and your points of view."

Relatives and friends were encouraged to share their views about the service provided through annual customer satisfaction surveys. We looked at those completed this year. The responses had all been positive about the care delivered by the home.

The manager assessed the quality of care given to people who lived at the home through monthly audits completed by the team leaders. These looked at different areas of the service. Any actions identified from the audits were discussed with team leaders during their supervision to ensure they had been addressed.

There were also regular checks by the provider organisation to ensure quality standards were maintained.