Solihull Metropolitan Borough Council

7 Downing Close

Inspection report

7 Downing Close
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Date of inspection visit:
28 March 2018

Date of publication:
15 May 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 28 March 2018 and was announced. There were no breaches in the regulations at our last inspection visit.

At our last inspection visit, the home was a respite service for up to three people who had learning disabilities and autism. Recently, the service changed its statement of purpose and now provides permanent accommodation to three people. 7 Downing Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The home 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 manager had recently registered with the CQC, and was providing interim management to the service. This was because the current manager of the service was undertaking a time limited different role for the provider but was planning to return to manage the home.

The provider had recently made changes to its provision of care in Solihull. This had meant some care homes had closed and some people, staff and managers had moved to different locations. At the time of this visit, the staff team and management had only been in place for a few months and as well as providing support to people, were still in the process of adapting to the changes made.

Medicines were not always managed safely. Management had identified some of the medication concerns but not all, and had not acted on all those they had identified in a timely way.

People who lived at 7 Downing Close received care and support from a staff team that knew their needs well. People were supported by a staff team who had mostly received appropriate training to meet their needs, and who knew how to safeguard them from harm. However, records did not reflect the changes in people's needs.

Staff were kind and caring with people, treated people with dignity, and respected people's need for privacy.

The home had aids and adaptations to support people's needs, and people's rooms were personalised to

reflect their hobbies and interests.

The home had worked well with other providers of health and social care to support people's health and well-being.

People received the food and drink they liked and which met their specific dietary needs. They enjoyed a range of activities within and outside their home in the local community.

Staff felt supported by the management team and told us they were able to go to management if they had any concerns or issues. Some management processes had not supported the registered manager to have a full knowledge of issues in their home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Medicines were mostly administered safely. Staff mostly had a good understanding of the risks to people's health and well-being but records did not provide up-to-date information. Staff knew the procedures to safeguard people from abuse. There were enough staff to meet people's needs. The provider's recruitment practice reduced the risk of people being supported by unsuitable staff. Checks had been undertaken on the premises and equipment but some required actions had not been completed. The home was clean and staff understood infection control.

Is the service effective?

Good

The service continues to be good.

Staff received training and support from the provider to provide effective care to people. The provider worked within the Mental Capacity Act and Deprivation of Liberty safeguards. People received the food and drink they wanted and needed to keep them healthy. People received health care support from other healthcare professionals when required. The premises were homely and there were good aids and adaptations to promote and encourage independence.

Is the service caring?

Good

The service continues to be good.

People received support from a staff team who knew them well, and treated them with kindness. Staff treated people with dignity and respect, and valued people's privacy. The home supported people to keep in contact with their families as much as they would like.

Is the service responsive?

Good

The service continues to be good.

People enjoyed a range of activities within the home and in the community which met their needs and interests. People were encouraged to be as independent as possible. The provider had

a complaints procedures but there had been no complaints made about the service.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

Changes in management and to service provision meant that the leadership had not reviewed care plans and risk assessments in a timely way; and had not acted on some of the issues regarding medicine management. Some management systems had left registered managers not having full oversight of the issues in their homes. Staff felt well supported in their roles, and people were happy with the service they received.

7 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 checked 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.

We inspected this service because the service had previously been rated 'Good', and it was time for us to return to check whether the rating continued to be 'Good'.

We gave the service 24 hours' notice of the inspection visit because it is small and the manager oversees more than one home. We wanted to ensure they would be available. We also wanted to ensure people and staff were available during the day so we could see and talk to them about the care provided.

The inspection was carried out by one inspector. Three people lived at the home at the time of our visit. We checked one person's care records, two medication and health records, the medication administration records of all three people, health and safety records and policies, as well as audits undertaken to support the quality of care provided at the home.

Requires Improvement

Is the service safe?

Our findings

We rated this key question as 'good' at our last inspection visit. During this visit we found improvements were required.

We looked at the administration of medicines to see if people received their medicines as prescribed. We found improvements were required. For example, for one person, staff had not noticed that the prescription for a medicinal gel had changed from an 'as required' medicine to one which needed to be administered twice a day, and this was not being routinely administered according to the prescription. We found the gel being used had been opened in September 2017 and was still being used, despite three gels being in stock. This was contrary to the provider's medicine policy. Another medicine was used for ear wax. The information sheet with this medicine said it should be used for up to seven days, however this was being used for a longer period and there was no information to inform us why. The prescription was for two drops a day in each ear, but the amount left indicated this had not been happening as there was more in the bottle than would be expected if the prescription was being followed.

Another person was prescribed stronger medicine. We found that a quantity of this medicine was in the medicine cupboard but had not been booked in, two days after it had been dispensed. We also found information in the controlled drug book was inaccurate. This same person was also prescribed paracetamol for pain on an 'as required' basis. The record informed us of why the person might need this. We found the person had this medicine administered to them four times a day every day except for one day when there was no record of this being administered and no record of why for that one day, the person's pain had improved so much they did not require any.

The storage instructions for one of the medications administered said it should not be stored at a temperature of 25c or over. The recorded temperatures for the room the medicines were stored in were showing at less than 25c. However the temperature checks were taken early in the morning, at around five and six am, and later in the evening when temperatures were less. On the day of our visit, during the day the temperature was showing as just over 25C. We asked the registered manager to monitor this because the day was not warm and we were concerned that as the spring and summer months approached, the temperature would exceed the recommended temperature for most medicines.

We found some medicines, including topical creams did not have their opening date recorded, or were being used longer than the provider's medicine policy stated. There was a risk that these would not be effective on application.

The registered manager informed us they had only recently started to use the room in which the medicines were located, and acknowledged it was important to make sure the room did not get too hot. They also told us before our visit they had found issues with medication management and had identified further medicine training was required by staff. We were shown a medicine audit undertaken on 24 February 2018, a month prior to our visit which demonstrated a number of concerns had been identified, but only limited action had been taken.

The day after our inspection visit the registered manager undertook a full audit of medicines in the home and sent us an action plan detailing how they would improve medicine management. This included further staff training, increasing the number of checks made on the administration of medicines, and setting up additional recording systems.

Staff provided us with a detailed knowledge of people's care needs and the risks related to their health and well-being. However, when we looked at people's care records we found the records had not been updated to reflect how the person's needs had changed. For example, one person had received a considerable amount of input to support their health and well-being; this included input from other healthcare professionals as well as staff at the home.

This person had some skin damage. We saw staff were working to the guidance from the district nurse which was to encourage the person not to sit in their chair for prolonged periods of time, but were not repositioning the person whilst they were in bed to reduce the risks of further skin damage. The registered manager told us this was because the person had an airflow mattress which reduced the pressure on the person's skin. However, the notes from the District Nurse in February 2018 informed staff the person required being repositioned in bed every two hours. The registered manager told us they would clarify this with the district nurse.

We spoke with the registered manager after our visit. They told us they had spoken with the district nurse who had confirmed the person should have been repositioned as well as having the air flow mattress. The registered manager told us in light of this information they had updated the person's 'pressure area care' risk assessment, and sent us a copy of this to confirm. This provided staff with detailed information to support the person's skin care. Although staff had not correctly followed all of the advice from the district nurse at the time of our visit, the person's skin had been improving.

There were enough staff on duty to keep people safe. During the day there were three staff on duty to support the three people who lived at the home, and at night time there was one member of staff available, with additional cover provided by staff in another of the provider's homes close to 7 Downing Close if needed. Staff told us their shift pattern had recently changed to longer shifts of 12 hours. They felt this provided people with better support because the same member of staff could support them throughout the day and reduced the need for any external activities to be cut short because of shift changes.

People were protected by the provider's recruitment practices. Staff told us prior to working for the provider, references from previous employers and checks from the Disclosure and Barring Service had been made. The DBS is a national agency that keeps records of criminal convictions. No one who worked at 7 Downing Close was new to working for the provider. They had either worked at 7 Downing Close for a long time; or had been re-located from another of the provider's homes when service provision had changed or closed.

People were protected from the risk of abuse. Staff told us they had received training to understand what constituted abuse, and knew what their responsibilities were if they were concerned a person was being harmed. They told us they would report concerns to management who they believed would act on their concerns straight away.

The premises and the equipment used by people were clean. Staff understood the importance of using gloves and aprons when providing personal care to people, to prevent or reduce the risk of infection or contamination from spreading from one person to another.

There were systems to make sure the premises were safe. The provider had recently conducted a fire risk

assessment at the home to ensure was safe, and identified areas which required improvement. This showed that some of the expected tests to maintain safety had not been carried out as frequently as expected by the provider, but action had been taken to address this. For example, testing of the emergency lighting system had lapsed, as had weekly checks of the fire alarms. Immediate action was taken to address this and now these tests had been added to staff rotas to ensure they had been completed within the expected timescales. Other actions had been identified and a target completion date of 30 April 2018 been given.

We looked at other safety checks of the premises. We saw that actions were required in response to two of the checks made. The registered manager did not know about these and told us they would follow these up after our inspection visit to make sure the premises were safe.

People had individual evacuation plans which staff could provide emergency services to help them know what support people required to evacuate the building safely.
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Good

Is the service effective?

Our findings

This key question was rated as 'good' at our last inspection. It continues to be rated as 'good'.

The care and support people who lived at 7 Downing Close needed had been provided in line with best practice and evidence based guidance. For example, one person's physical health had become compromised due to their behavioural and psychological issues. Psychology services had been consulted to discuss how best to support the person's psychological health; and other healthcare professionals had been contacted to help staff to manage and improve their physical health. All had worked together in the best interest of the person.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The registered manager understood their responsibilities under the Act. They and staff had received training to understand the MCA, and had a working knowledge of the Act. Where there were concerns that people did not have the capacity to make specific decisions, there had been assessments with relevant professionals to determine whether this was the case.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had applied for a DoLS for all people who lived at 7 Downing Close. One had been authorised by the local authority (the supervising body).

Staff told us they had received enough training to effectively meet people's needs. This included training considered essential by the provider to meet people's health and safety needs, such as food hygiene, and infection control, but also training which met the individual needs of people. For example, one member of staff told us they had received additional support from psychology services to help manage a person's behaviours. Staff had also received mental health training, training in epilepsy management, and training to help them understand the Mental Capacity Act.

During our inspection visit we found staff were supporting a person with skin damage. Staff had not received training in pressure area care and we found there were gaps in staff and management knowledge in this area. After our visit the registered manager informed us they had spoken with the district nurse who had agreed to provide staff with a two hour training session to increase their knowledge and skills to ensure the person would be supported effectively.

We asked the registered manager if staff received training for The Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. There were no new staff working at the home and so the provider had not needed to offer this training at 7 Downing Close.

The registered manager also told us that any new staff would have an induction to the home which would include reading the policies and procedures of the home; understanding the weekly tasks expected of them; and getting to know people who lived at the home. They said new staff would have a period of time when they were extra to the rota to provide them with opportunities to learn about the home and the people who lived there. They gave us an example of a member of staff who had been absent from the home for a long time, and on return was extra to the rota for two weeks to help them familiarise with the service.

Staff told us they received support in their roles. A member of staff told us they received supervision from a senior member of staff every four weeks and each year met with management to appraise their work performance.

We looked at the food and drink provided to people. We saw that each Sunday, people and staff decided together what meals they would like for the week ahead. People were supported in this process with picture cards of the meals to help them make decisions about the food they would like.

During our visit we saw people were supported by staff to make choices about their lunchtime snacks, and we saw people provided with ample opportunities to have hot and cold drinks. Staff understood what people's likes and dislikes were. For example, one person who lived at the home did not like one type of vegetable, and staff made sure this was not included in their food. We saw that where there had been concerns about people's eating and drinking, these concerns had been acted on and the relevant professionals contacted to provide support.

The premises were homely but at the same time provided people with the aids and adaptations they needed to promote and encourage independence as well as meet their needs. For example, one person's bedroom had a tracker hoist to help them move in and out of bed; and the communal bathroom was very spacious which provided staff with enough room to move around the bath to support people to get in and out. All bedrooms were on the ground floor, and all were personalised to reflect people's preferences. One person gave us permission to look in their room. They had previously told us about their London trip and their love of London. We found pictures of London icons in their room.

Good

Is the service caring?

Our findings

This key question was rated as 'good' at our last inspection. It continues to be 'good'.

During our visit we saw staff treated people with kindness. When we asked staff about the people they supported they spoke of them with affection. One person was happy to speak with us and share their views about the service. They told us they liked living at the home and they liked the staff who supported them. They shared their views with a member of staff about a recent trip to London and the enjoyment they had from going on the visit. A good rapport between them and the member of staff was seen.

We saw people were treated with dignity and respect throughout the time we spent at 7 Downing Close. Staff had a good knowledge of the people they supported and knew how to help people feel valued. For example, it was in the best interest of one person to have bed rest in the afternoon because of their health condition. The person could feel excluded when on their own, so to help them feel less excluded, a member of staff stayed in the person's room and engaged with them to help them feel valued. We heard good communication between the person and the member of staff during this time.

People's privacy was valued. When people required personal care, they were supported with this in their bedrooms or in the bathroom. Their bedrooms were on the ground floor, and as well as curtains, each room had blinds which staff pulled down to ensure people outside the home could not see inside to people's rooms when personal care was delivered.

Care records and staff discussions showed that staff had spent time with each person and their families finding out what people needed and wanted. Staff told us they were pleased about the rota changes because this meant when they were undertaking activities in the community, they didn't have to get back to the home for a shift change, and it meant people could enjoy their activities more.

The provider supported people to stay in touch with their families and to make sure the engagement with families was as good as it could be. For example, one person's relative came to visit them in the home. For various reasons it was becoming more of a challenge for the relative to visit the home, and so it was arranged for staff to support the person to visit their relative instead. The outcome was the visit was more relaxing for both.

Good

Is the service responsive?

Our findings

We rated this key question as 'good' at our last inspection visit. It continues to be 'good'.

Whilst care records did not provide up to date information about people who lived at 7 Downing Close; because the home was small and staff had good amounts of time to provider personalised care and support to people, they knew people's needs, likes and dislikes well.

Staff we spoke with had a high level of understanding of people. They knew how people communicated; what their health conditions were; what they liked and disliked; and what their hobbies and interests were. For example, a member of staff told us how much a person liked sausages and eggs; and during the day the person told us they liked sausages and eggs.

We saw that each person had an activity calendar comprised of individual activities that met their interests and hobbies. For example, one person liked going shopping, and having tea and cake; another liked going to the pub; and a third liked bowling. All these activities were included in their activity planners.

All people's daily, evening and night time routines were recorded. The records provided staff with information about people's preferences and how to encourage people's independence.

We found that day staff went off duty at 9pm leaving one member of waking night staff on duty. Two of the people who lived at the home required two staff to support them move safely. The registered manager told us nobody who lived in the home needed two staff to support them after this time because people liked to be in bed by 9pm, but if their needs or wishes changed they would revise the rota to reflect their needs. There was a system in place to ensure if an emergency arose, other staff from one of the other provider's homes could get to the home quickly to provide the extra support required.

The provider had a complaints policy and procedure. Since our last inspection there had been no complaints made about the service. People who lived at the home communicated any concerns to staff who dealt with these as they arose. The registered manager told us they used to have monthly 'satisfaction' meetings with people, but these had not recently taken place because of the changes to the services. They told us they would ensure these meetings were again held by the end of April 2018.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we rated this key question as 'good'. At this visit we found improvements were required.

Since our last inspection in 2015, there have been a lot of changes to the provider's care provision. When we last inspected this service it provided a respite service to people with learning disabilities and/or autism. The purpose of the home had since changed, and it now provided a permanent home to three people with learning disabilities and/or autism.

There was a registered manager for the home. This was a different registered manager to the person who was registered at our last visit. The registered manager had registered with the CQC in February 2018 to manage 7 Downing Close, as an interim measure whilst the previous registered manager undertook other work with the provider.

At our last visit, only one person was using the service on a respite basis. During this visit, three people lived at the home. Two had previously temporarily stayed at the home on a respite basis and were now living at the home permanently; and one had moved from another of the provider's locations because the home suited their needs better. The staff team were also fairly new to the home. Permanent staff had worked for the provider in different parts of the service, but the restructuring of the service meant they had re-located to work in different homes.

The registered manager was aware that people's care plans and risk assessments were not up to date, and was aware there were some issues with medication management prior to our visit. They told us they had inherited a system where the managers of the provider's three homes located in Downing Close were responsible for specific tasks across the three homes. The results of the medicines audit had been sent to a manager of a different home because they had responsibility for medicines. The management team had identified a week before our visit that this system was not working effectively because the manager in charge of each home did not have a full knowledge of the issues in the home they were responsible for. This was confirmed by the minutes of the managers meeting where this was discussed.

The registered manager said there had been a lot of upheaval with the closure of some of the provider's homes and acknowledged this had meant some of the health and safety systems and care planning had not taken place as regularly as they should. They told us they had updated the records of people who lived in the other homes in Downing Close, but had not yet had chance to do those in 7 Downing Close. We also found that the quarterly audit undertaken by senior management had not taken place recently. This meant senior management did not have their own, up to date overview of the management of the home. In response to this, the provider arranged for an audit to commence in April 2018.

Staff at the home told us that whilst there had been a period of uncertainty, they now worked well as a team and supported each other to make sure people who lived at the home received good care and support. They felt management provided them with good support and there was an 'open door' policy where they could

speak face to face with management if they needed to. They told us there were weekly meetings which provided them with opportunities to discuss any issues or concerns about the home or the people who lived there. They went on to say each month there was a meeting for staff who worked across the three homes in Downing Close to talk about the care and support provided and wider organisational issues.

The provider had a responsibility to send us notifications of events that happened in the home; and to inform the public of the CQC's most recent rating of the service. The rating of the home's performance was displayed on a notice board in the home's entrance, and the link to the inspection report was on the website used by the local authority to advertise its services. The provider had kept us informed of events that happened.