

# Trident Reach The People Charity Showell Green Lane

## Inspection report

121a Showell Green Lane  
Sparkhill  
Birmingham  
West Midlands  
B11 4JD

Tel: 01216332194  
Website: [www.reachthecharity.org.uk](http://www.reachthecharity.org.uk)

Date of inspection visit:  
02 March 2016

Date of publication:  
04 April 2016

## 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 2 March 2016 and was unannounced. When we last inspected this service in August 2014 we found it compliant with all the regulations we looked at.

Showell Green Road is a residential home which provides support to people who have learning disabilities. The service is registered with the Commission to provide personal care for up to six people and at the time of our inspection there were six people using the service. There was a registered manager at this location. 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 we spoke with told us they felt safe and were kept safe from the risk of harm by staff who could recognise the signs of abuse. Assessments had been conducted to identify if people were at risk of harm and how this could be reduced.

There were enough staff to meet people's care needs. Staffing levels were regularly assessed and changed when necessary to meet people's specific care needs or when a new person started to use the service.

Medication was managed safely. Where people were prescribed medicines to be taken on an "as required" basis there were details in their files about when they should be used. Checks were conducted regularly to ensure people had taken their medication as prescribed.

Staff told us and records confirmed that they received regular training and supervisions with senior staff to maintain their skills and knowledge. People were confident in the abilities of the staff to meet the needs of the people who used the service.

The service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. When necessary the registered manager had made applications to the local safeguarding authority to support people in ways which could restrict their freedom.

Meal times were positive occasions. People were invited to help prepare meals and given a choice of foods staff knew they liked to eat. When necessary the registered manager involved dietary and nutritional specialised to help meet people's specific needs.

Staff spoke affectionately about the people they supported. Processes were in place which supported people to be involved in developing their care plans and expressing how they wanted their care to be delivered. People felt listened to and had control over the care they received.

People were supported to take part in activities they said they liked and staff responded promptly to people's requests for assistance. The registered manager actively sought the views of the people who used the service and took action to meet their expressed wishes and views.

The deputy manager had taken action when people had voiced their opinions about the service and people were involved in recruiting staff they wanted to be supported by.

People were aware of the provider's complaints process but felt they could talk openly with staff and that their concerns would be addressed appropriately.

There were processes for monitoring and improving the quality of the care people received. The provider conducted regular audits and we saw that effective action had been taken when it was identified improvements were needed.

## 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 was safe. People told us that they felt safe in this home and they trusted the staff.

Staff demonstrated that they knew how to keep people safe and managed people's medicines safely.

There were enough members of suitably recruited staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective. People were involved in making decisions about their care. They were asked about their preferences and choices and consented to their care.

People received care from members of staff who were well trained and supported to meet people's individual care, support and nutritional needs.

### Is the service caring?

Good ●

The service was caring. People and their relatives told us that staff were kind and treated people with dignity and respect.

Staff sought people's views about their care and took these into account when planning the care and support.

### Is the service responsive?

Good ●

The service was responsive. People were involved in planning their care and supported to pursue their interests and hobbies in the home and the community.

Staff supported people to be involved in expressing their views about their care.

### Is the service well-led?

Good ●

The service was well-led. The registered manager provided staff with appropriate leadership and support. Staff enjoyed working at the service.

The manager consulted people about planned changes and had good systems to monitor the performance of the home.

---

# Showell Green 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 inspection took place on 2 March 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for key information about what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. As part of our inspection we also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we spoke with three people who used the service and an advocate who was visiting a person they supported at the home. We also spoke to the registered manager and four members of staff. We observed how staff supported people and if this was in line with their wishes. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We sampled the records, including three people's care plans, staffing records, complaints, medication and quality monitoring.

After the visit we spoke with the relatives of two people on the telephone.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe in the home. We saw that people looked relaxed in the company of staff. A person who used the service told us, "Safe? Yes." A relative told us, "They are safe there." Another relative said, "They are very vigilant. Staff know what to do."

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. They were aware of the need to pass on any possible concerns regarding the conduct of their colleagues and they knew how to do this. One member of staff told us, "I would not hesitate to report any concerns." Another member of staff said, "I would tell the manager, or you [The Care Quality Commission]."

People were encouraged to have as full a life as possible, whilst remaining safe. We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk. Staff we spoke with explained how they kept people safe and we noted this was in line with people's care plans. The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. Staff held regular meetings with the people who used the service to review their care needs and identify how to maintain their safety if their conditions changed.

Staff told us and the registered manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. The registered manager was supported in the recruitment process by the organisation's Human Resources department. The registered manager was unable to recruit new staff unless they had received confirmation that the suitable checks and references had been obtained. People who used the service were also involved in the recruitment of new staff which gave them the opportunity to say who they would feel safe being supported by.

We saw that there were enough staff on each shift to respond to people's request for support promptly. Staff we spoke with told us they did not feel under pressure and could spend time supporting people to pursue their interests. One member of staff told us, "You can always spend time with people. It's important." We observed staff had time to spend time dancing and doing jigsaw puzzles with people when they wanted. Staffing levels were regularly reviewed and extra staffing hours were introduced when an additional person started to use the service. Staff told us that extra staff would also be available to support people to go on planned trips into the community. This ensured there were enough staff available to meet people's individual needs and to keep them safe. Staff told us and records confirmed that a number of permanent and casual members of staff had worked at the service for several years which ensured that people were cared for by staff who knew them and their needs.

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitably safe location. The medicines were administered by staff who were trained to do so and had

undertaken competency checks. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions which would mean that they should be administered. Staff had signed to indicate that they had read these. We sampled the Medication Administration Records (MARs) and found that they had been had been correctly completed. There were regular audits of the medication to ensure people received their medication as prescribed.



# Is the service effective?

## Our findings

The people and relatives who we spoke with told us that the staff were good at meeting their needs. The relative of one person told us, "The facilities are very good. They help [Person's name] to get about." Another person said, "Staff have been fantastic. We would not want [Person's name,] anywhere else". One person told us how they had seen, "Significant improvements," in a person's condition since they started using the service." Staff we spoke with also gave us examples of how people's conditions had improved. These included people taking responsibility for managing their personal care and improved social skills.

Staff told us, and records confirmed that all staff had received induction training when they first started work at the service which covered the basic skills needed to support the people in the home. Staff had received additional training when necessary to meet people's specific conditions which included training by other health care professionals. Staff demonstrated that they knew and understood people's mental and physical health conditions and could explain people's preferred means of communications. We observed members of staff respond appropriately to people's non-verbal requests for support. These included requests for drinks and support to engage in activities. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary.

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis. They felt well supported by the registered manager and other team members. There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities. There was a key worker system in place which enabled specific members of staff to provide expert guidance and advice to other members of staff about how to support people's specific conditions.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). We saw that the manager had sought and taken appropriate advice in relation to people in the home. No people in the home were subject to restrictions at the time of our visit.

People we spoke with said they liked the food they were offered and during our visit people were supported with food and drink of their choice. During our visit a person was supported by staff to help make shepherd's pie which they told us it was one of their, "Favourites." Meals were promoted as social events and people were supported to eat out in the community and on occasion enjoy meals with people and staff from the provider's other locations. When they wanted, people were supported to choose menu items, buy groceries

and help prepare meals. During our visit one person was supported to help prepare lunch for the people at the home.

We saw that staff had carried out nutritional assessments in relation to people. They had sought and taken the advice of relevant health professionals, including dieticians in relation to people's diets. Staff were knowledgeable about the affect diet had on people's specific health conditions and how to support people to eat healthily. One member of staff told us of the actions they had taken to help a person to achieve a healthier diet but still have foods they enjoyed.

Relatives we spoke with said they regularly receive updates from staff when people attended healthcare appointments. Records showed that people had regular access to healthcare services when people became unwell or it was felt their condition was deteriorating. A member of staff told us how they supported people to attend a GP practice. Arrangements which were in place to ensure health care professionals would regularly visit the home to monitor people's specific conditions. During our visit we spoke to a person's advocate who told us the staff were very prompt at involving them when necessary in the person's care.

## Is the service caring?

### Our findings

People who used the service and relatives told us that the registered manager and staff were caring. One person told us that staff were, "Lovely," and another person smiled and nodded when we asked them if they liked the staff who supported them. One relative told us, "We are always made very welcomed," and, "We all have a good relationship with the staff." Another relative said, "They have built up a fantastic relationship with staff. They have friends amongst the staff." During our visit we saw numerous displays of affection between the people who used the service and staff. This involved people wanting to hold hands with staff or going to seek out members of staff when they wanted reassurance.

Staff spoke affectionately about the people they supported. One member of staff said, "When you see their smile you will understand how precious they are." Another member of staff said, "They are lovely people. You want to do your best." We observed staff supporting people to engage in activities they knew they liked. We saw that there were clear records of what people liked to do and who was important to them. A sample of daily records showed that people had been supported in line with these preferences. Such as meeting with family members and attending social events. This helped people to maintain relationships which were important to them.

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. We saw that people who used the service had regular meetings with named staff who were nominated to take the lead in ensuring their individual needs were met. This enabled people to say how and who they wanted to be supported by. There were several forms of communication aids and advocates available to help people express their views.

One person we spoke to said they enjoyed helping with chores around the home and we saw that an area in the kitchen was adapted to allow people to help prepare meals if they wanted. The person showed us how their room had been decorated and furnished to reflect their specific interests. This helped to promote people's independence and self-expression.

Staff respected people's privacy and we saw staff seek permission before entering people's bedrooms. We saw there were plans in place to support people whose behaviour could compromise their privacy and dignity.

## Is the service responsive?

### Our findings

Staff and the people we spoke with told us about the activities that people enjoyed and we saw that staff supported people to choose what they did each day.

People were encouraged and helped to maintain contact with friends and family members, where possible including visiting relatives in their homes. When requested, people had been supported to participate in the wider community. This involved supporting people to attend social events with people from the provider's other locations and meals at a local pub. The registered manager told us they would help people to develop personal relationships if they wanted while still supporting their physical and emotional wellbeing.

The registered manager told us how she received information from people's previous placements before they moved into the home. They gave us an example of how they used information about a person's interest to help make the person feel welcome and relaxed when they moved into the home. We saw that care plans were developed further as staff got to know the person and saw how they behaved in the home. We saw that plans had been updated in response to changes in people's needs and behaviour on a regular basis. Plans contained instructions for staff about how people had expressed they needed and preferred to be supported. When necessary people had been helped by relatives and others close to them to help express their views and review their care.

The registered manager had introduced regular meetings with people living in the home to provide an opportunity for them to raise issues and discuss plans such as changes to the menus or activities. People had made suggestions and we saw that the registered manager had taken action such as purchasing new furniture and arranging day trips.

The home had clear policies and procedures for dealing with complaints. People in the home and relatives told us that the registered manager and staff were approachable and they would tell them if they were not happy or had a complaint. They were confident that the manager would make any necessary changes. One relative told us, "We are confident to speak up." We observed that people were confident to approach and speak with the staff who were supporting them.

There were details of the provider's complaints policy around the home and this was available in a variety of formats to meet people's specific communication needs. There was a process in place to submit any complaints or incidences to the provider's head office for review in order to identify any adverse trends and the actions required to reduce the risk of them happening again.

## Is the service well-led?

### Our findings

All the people we spoke with said they felt the home was well run. One relative told us, "Consistency amongst senior staff have helped them to settle in." Another relative said, "Staff are very approachable and tell you what's going on"

People were encouraged to express their views about the service and felt involved in directing how care was provided such as being involved in interviewing new members of staff. Staff said they felt involved in developing the service through staff meetings and supervisions with the registered manager. Members of staff told us that the registered manager was supportive and led the staff team well. A member of staff said, "We know what's going on," and "We get on because we work as a team." Several members of staff told us they had worked at the home for several years because they got on well with the manager and other members of staff.

Staff described an open culture, where they communicated well with each. All the staff we spoke with said they felt they could raise any issue without fear of recrimination and that their views would be listened to. One member of staff told us, "We can talk about anything."

The registered manager who understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. There was a clear leadership structure which staff understood. Although the registered manager was also responsible for supporting another of the provider's locations, staff said the registered manager and area managers were always contactable when necessary. This meant that staff could access to senior management advice and guidance when needed.

The provider operated a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care people received. Other staff could approach key workers for guidance and advice on how to meet people's specific needs. The records at the home which we sampled showed that the registered manager and provider made checks that the standard of care was maintained and improved on where possible. Where there were instructions for staff, staff had signed to indicate that they had read and understood them.

The provider had processes for monitoring and improving the quality of the care people received. The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements such as redecoration were needed. The registered manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. We saw the registered manager had taken action when to minimise the chance of an incident happening again.