

Trident Reach The People Charity

Coriander Close

Inspection report

8 Coriander Close
Rubery, Rednal
Birmingham
West Midlands
B45 0PD

Tel: 01214537292
Website: www.reachthecharity.org.uk

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Ratings

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

Summary of findings

Overall summary

This inspection took place on the 20 November 2018 and was unannounced. 8 Corainder 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. 8 Corainder Close is registered for five people with learning difficulties and physical disabilities. On the day of our inspection, five people were living at the service.

At the last inspection on 10 June 2016 the service was rated good. At this inspection the provider and registered manager had maintained this good rating. Historically the home has a sustained a history of compliance with legal requirements.

The home has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People living at 8 Corainder Close could live a life as fully as they were able in a homely environment that had been created to meet their needs.

On the day of our inspection there was a registered manager in post who was available throughout the inspection. 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 was run.

People living at the service were protected from the risk of harm because the provider had processes in place to ensure their safety. Staff all knew and understood their responsibilities in relation to protecting people from abuse and had had received the training they needed to support their understanding of safeguarding adults. The registered manager had fulfilled their legal responsibilities and had reported any issues to the local safeguarding teams and CQC.

People were supported by enough well trained and competent staff who knew them extremely well. The registered manager followed robust recruitment checks to ensure that staff employed were suitable to support people using the service with all aspects of their care. People's medication was managed safely and people were protected from the risk of infection.

People's needs were assessed and there was clear guidance available for staff about how to meet people's needs. This meant that staff could gain an excellent knowledge and understanding of an individual's needs and how to provide effective support to people. Staff were supported with appropriate training for their roles.

Staff sought consent from people before caring for them and they clearly understood and followed the principles of the Mental Capacity Act, 2005 (MCA). Where people were deprived of their liberty processes had

been followed to ensure that this was done lawfully. Staff understood people's unique communication styles and ensured that the views of people with communication difficulties were captured and acted upon.

The service was extremely person-centred and staff were passionate about caring for people. We saw that without exception people at the service and relatives were treated with kindness by a staff team that were committed to providing care to people who they considered to be like family members. Staff supported people with respect and dignity, and had developed some extremely positive relationships with people.

People received care that met their individual needs, people's views and preferences were sought and staff made exceptional efforts to provide a service that empowered people to develop and live a life that they enjoyed.

Information about people's care was provided in formats that were accessible to people so that they could understand. The registered manager provided strong and stable leadership and clear direction to the staff team. Staff felt supported and valued.

There were effective systems in place to monitor the quality and safety of the service provided. These systems were used to continue to drive improvements in the service and the care people received.

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 remains safe

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Coriander 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 unannounced comprehensive inspection took place on the 20 November 2018. The inspection team consisted of one inspector.

We asked the provider to complete a Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account when we made the judgements in this report. We also reviewed the information we held about the service including notifications. A notification is information about important events which the provider is required to send us by law. We used all this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit, we met the five people who live at the home. People living at Coriander Close have physical disabilities and a learning disability. Verbal communication is not their preferred method of communicating, so we spend time observing peoples care in the communal areas of the home. We used the Short Observational Framework for Inspection(SOFI). SOFI is a way of observing care to help us understand how people experience the support they are given.

During our inspection we spoke with the registered manager, three care staff, a visiting therapist, a health care work, a relative and a friend of one person. We reviewed one persons care plans and daily records to see how their care and treatment was planned and delivered. We looked at how medicines were managed by checking the Medicine Administration Record (MAR) charts. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

At the last inspection on 10 June 2016 this key question was rated good. At this inspection the -provider had maintained this good rating.

The provider had systems and processes in place so that people were protected from the risks of harm. Staff could describe the different ways that people may be a risk of being abused and described how they would recognise this, such as changes in a person's behaviour. The provider had processes in place to ensure any concerns raised would be dealt with appropriately. Staff told us they had training on how to keep people safe from the risk of abuse and knew who to report concerns to. They told us they were sure that any concerns they had would be acted upon. All the staff spoken with told us they had never seen anything that made them think that people were not safe. Where there had been any incidents these had been reported appropriately to the local safeguarding team and the CQC, in line with legal responsibilities. The registered manager had also conducted internal investigations to look at how the incident had occurred and identified what action they could be taken to mitigate against a reoccurrence.

There was a system to report any incidents and accidents and these were reviewed to look for any lessons that could be learnt to minimise a reoccurrence. We saw records that showed that this learning was shared with the staff team. Risk assessments were in place for the different aspects of people's care. These gave staff important information about how to keep the person safe.

People were supported by regular staff, many of the staff team had worked at the home for many years, so they were familiar with people's individual needs and preferences. We saw that there were enough staff to support people and meet their needs. Staff all told us that there were always enough staff to support people. Unplanned absences were covered by staff doing additional shifts, or the use of regular bank staff.

The provider has a robust recruitment policy. Staff who had recently joined the service told us that they had completed recruitment checks, including a disclosure and barring service (DBS) security check, and had provided references and proof of identification before they start work. We looked at a member of staff's records that showed recruitment checks were followed.

We found the systems to manage medicines were safe. Staff told us and records confirmed that they received training before they were given the responsibility to administer medicines and checks were made on staff's continued competency to undertake this task. Where people required 'as required' medicines there were protocols in place so staff knew what action to take before the medicines were given.

We saw that the home was clean, staff had completed training about infection control and food hygiene so people were protected from risk associated with infection. Staff spoken with knew their role and responsibilities towards keeping a safe clean environment.

Is the service effective?

Our findings

At the last inspection on 10 June 2016 this key question was rated good. At this inspection the provider had maintained this good rating.

Staff told us they felt well supported in their role and had supervision regularly. Staff knew people well and were knowledgeable as they had the skills to meet the needs of people using the service. Staff told us that they had the training they needed and could seek support from the registered manager if they were unsure of anything.

The providers training matrix showed that staff were up to date with the training they need. All staff completed training which included training the provider considered mandatory and specific training that was needed to enable them to meet the needs of people using the service, for example percutaneous endoscopic gastrostomy (PEG) feeds and epilepsy. New staff had a corporate induction and completed shadow shifts when they started work. Staff told us and the provider information return (PIR) stated that all staff completed care certificate training. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care.

People's needs had been assessed. There was clear person-centred information and guidance for staff to assist them gain a good understanding of an individual's needs. We saw that because staff knew people well they knew the things that were important to them. Most people received their nutrition via a PEG tube. A PEG feed is a feed that is given via a tube implanted directly in to the person's stomach when people have swallowing difficulties. Other people could have small amounts of texture modified food, staff demonstrated a very good understanding of people's specific and individual needs.

People's physical and emotional health needs were well met. We saw many compliments from health care professionals commending staff for their knowledge of people's needs and the quality of the care provided. Relatives were happy with the way staff supported their loved ones and said they were informed and consulted when people were unwell. People were supported to attend appointments with health care professionals to maintain good health, including GP, nutritionalist, district nurses, optician, chiropodist, community nurses and psychiatrists. We spoke to one health care professional visiting the home on the day of our inspection. They told us Staff followed their advice and they always asked for help in a timely way.

People lived in a home that was very well equipped with the specialist equipment that was needed to meet their needs, and provided a homely, warm space for people. Individuals rooms reflected the things that staff knew people liked and were interesting to them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Staff told us they had received

training on MCA and DoLS. People living at Coriander Close had limited verbal communication skills and staff needed to be able to understand what they liked and disliked to be able to help them make their own choices and gain their consent so that they had some control over their lives.

We saw that where decisions were made on people's behalf, there were records of best interest's meetings, which were held with relatives, or the person's representative, relevant healthcare professionals and the staff who supported the person, to ensure the decisions made were in the person's best interests.

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 are called the Deprivation of Liberty Safeguards (DoLS). 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 had made DoLS applications and authorisations were stored in each person's care records. In the records we reviewed where there were conditions on the authorisation we saw that staff were aware of these and complying with them. The registered manager had a system in place to ensure that when people's DoLS expired they could reapply for a new one in a timely way. This meant no unnecessary restrictions were placed on people and their rights were protected.

Is the service caring?

Our findings

At the last inspection on 10 June 2016 this key question was rated good. At this inspection the provider had maintained this good rating.

We saw that people received support from staff that were consistently kind, caring and passionate about the people they worked with. Most staff described the service as like a family. We saw that staff engaged with people in an affectionate and warm manner that created a calm and positive environment for people. A member of staff told us, "We know the things that are important to people."

Some people had an advocate appointed to them where they had no family involvement. An advocate is an independent person who supports people to ensure their views, wishes and beliefs are not only listened to but also taken into consideration when decisions are made about them.

People received support to express their views and make decisions about their care the service as much as they were able by a staff team that knew them well. Efforts were made to involve people in making decisions. All the staff were aware of how people liked to communicate. Staff used visual aids and objects for people to help them express their views.

People were physically challenged and it was difficult for them to be independent in the activities of daily living. The registered manager and the staff were committed to promoting people's independence people so they could be involved in making choices where they were able. For example, staff offered people two items of clothing to wear and knew from people's body language which they preferred. This offered people some control over their lives.

People were treated with dignity and respect by the staff who supported them. Their privacy was maintained and each person had their own room to promote their privacy. We saw that people were extremely well presented and were wearing clothes that reflected their age, gender, weather conditions and individual style.

Is the service responsive?

Our findings

At the last inspection on 10 June 2016 this key question was rated good.

People living at 8 Coriander Close received very personalised care from a staff team, where most staff had worked there for many years and showed an excellent knowledge of their needs and preferences. People's care was delivered in an extremely person-centred way that focused on achieving the best life possible for them. Staff worked with each person to support them express their choices and do things that they enjoyed in ways that were unique to them. Each person's room was decorated and equipped with individual things that the person liked and expressed their own personal interests. Each person's room provided them with stimulation, such as music, sensory lights and pictures making it a pleasant place to spend time.. A member of staff said, "This is the best home I have worked in because it is so person centred, activities that people do are amazing and give people a good life."

Communication at the home was excellent, and there were regular opportunities to discuss people's support and wellbeing at handovers, staff meetings or one to ones. We observed a staff handover and saw detailed information about people's day was shared between staff. This meant that staff had received clear information about any changes in people's health and wellbeing to ensure they could continue to support them in the best way possible.

We saw examples of good interactions between people and staff. We saw that staff were aware of people's verbal cues and body language so they were aware of their emotions, so staff could anticipate their needs. Care plans recorded detailed information so that staff at the service had the information they needed about the people they cared for, to ensure they received a very high standard of personalised care.

Where people's needs had changed staff told us and we saw records that showed people's care was adapted to meet these needs. For example, when one person's ability to swallow had changed and they had been referred to health care professionals in a timely way. As a result, a different feeding regime was implemented. A relative said, "The number of chest infections [name of person using the service] has significantly reduced now they have a PEG fitted."

We saw a complaints and compliments book, in which visiting professionals and other visitors and relatives had made many compliments.

We spoke with a healthcare professional that told us staff went above and beyond, for the benefit of people. They gave us an example where one person had a complex and difficult to manage skin wound. The registered manger and staff all completed specific training so that they could manage the wound daily to avoid the person having multiple hospital admissions and despite its complexity the wound had now healed.

The staff team gave us examples of the actions taken so that people could enjoy their lives, and demonstrated that they had an excellent understanding of people's needs. For example, where one person

didn't like being touched or restricted by their moulded wheelchair, staff had explored different ways of providing the person some freedom safely. A specific bean bag had been sourced. We saw photos of this person using the bean bag where they were less restricted and could tell from their facial expressions that they were enjoying this opportunity.

An aroma therapist visited the home regularly, and was present on the day of inspection. We could see that people responded positively to this intervention and became less tense.

The service understands the needs of different people and delivers care and support in a way that meets these needs and promotes equality. For example, an assisted bathroom had been refurbished to provide an opportunity for people to have an enjoyable experience. Consideration had been given to each person's unique sensory needs and the things that they enjoyed and incorporated this in to the design of the facility.

We saw that people could take part in a variety of activities they enjoyed, both in house and in the community. For example, bowling, cinema, shopping and visiting a dark room for sensory stimulation. The provider provided wheel chair accessible transport, in addition people were supported to use public transport to get out and about and do things that they enjoyed and that were available to other members of the community.

Within the home there was a variety of sensory equipment, including a sensory room. People at the home had been assessed as having high sensory needs and to meet these needs a sensory room had been installed. This room provided lights, sounds and different objects to provide stimulation for people. During the inspection day we saw that this room was well used and people were seen to be calm and relaxed in their environment.

People using the service were unable to say if they had a complaint. However, staff knew them well and recognised when people were unhappy. There were clear records that showed what people did to show that they were happy or sad and staff spoken with were very familiar with how people communicated. We saw there was a complaint procedure displayed and in accessible formats to people at the service.

From August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). Services must identify, record, flag, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively. The registered manager had provided the information people needed in accessible formats, to include easy read versions of documents and the use of pictures and photographs and technology so that people had access to the information they needed in a way that helped them understand their care and make choices about how they lived their life.

Is the service well-led?

Our findings

At the last inspection on 10 June 2016 this key question was rated good. At this inspection the provider had maintained this good rating.

The provider had effective systems and processes in place to monitor the quality of the service people received. We saw that these were used to drive improvements throughout people's care. Audits were undertaken regularly in all aspects of service delivery.

Staff spoken with felt that they were valued and their achievements recognised. A member of staff said, "The manager always thanks us for doing a good job." Another member of staff said, "I feel valued and supported."

The registered manager led by example, and all the staff we spoke with felt the registered manager was a good, approachable, firm but fair manager. Staff felt that they could discuss any concerns they had with them. They told us the registered manager put the needs of the people who lived at the service first, and worked closely with staff to ensure they felt supported and confident in their roles. A visiting health care professional said, "The manager runs a tight ship and knows what is happening. They sort things out."

Staff we spoke with told us there was also a whistle blowing policy and they could report any concerns they had on a confidential basis. All the staff spoken with said they had never seen anything that they felt would need reporting. The registered manager operated in an open and transparent way, they were aware of what and when they should report events to other agencies such as CQC.

The registered manager had completed the provider information return (PIR). This was completed and showed that the registered manager was aware of the areas the service performed well. Further information about where they planned to make improvements so that the service could demonstrate continuous improvements for the benefit of people using the service would demonstrate the providers commitment to continuous improvement.

We saw the registered manager worked hard to find ways to engage with people at the service overcoming barriers to communication. The information in people's care records showed the work that had gone into providing staff with clear consistent information on how best to communicate with people. People were supported to take part in events in the local community, and able to access the same events and venues as other people.