Solihull Metropolitan Borough Council

222 Bills Lane

Inspection report

222 Bills Lane
Shirley
Solihull
West Midlands
B90 2PP

Tel: 01217442624
Website: www.solihull.gov.uk

Date of inspection visit:
08 February 2016

Date of publication:
10 March 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

We carried out this inspection on 8 February 2016.

222 Bills Lane provides residential care and support for up to four people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were three people living at the home.

The service 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. A registered manager had been in post since October 2014.

Relatives and staff told us people were safe living at the home. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Staff knew about processes to minimise risks to people's safety.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. Staff received an induction into the organisation, and a programme of training to support them in meeting people's needs effectively.

Care plans contained information for staff to help them provide personalised care. Care was reviewed regularly with the involvement of people and their relatives.
People received care from regular staff who knew them well. People and relatives told us staff were caring and had the right skills and experience to provide the care required. People were supported with dignity and respect. Staff encouraged people to be independent.

People received medicines from trained staff and medicines were administered, stored and disposed of safely.

Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making, which included arranging for further support when this was required.

People had enough to eat and drink during the day, were offered choices and enjoyed the meals provided. People who had special dietary needs were catered for. People were assisted to manage their health needs, with referrals to other health professionals when required.

People knew how to complain and could share their views and opinions about the service they received. Staff were confident they could raise any concerns or issues with the managers, and they would be listened to and acted upon.

There were processes to monitor the quality of the service provided. This was through regular communication with people and staff. There were other checks which ensured staff worked in line with policies and procedures. Checks of the environment were undertaken and staff knew the correct procedures to take in an emergency.

The management team continued to adapt the service to meet people's changing needs.

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 received their medicine from trained and competent staff. Staff had a good understanding of what constituted abuse and knew what to do if they had any concerns. There was a thorough staff recruitment process and enough experienced staff to provide the support people required. People received support from staff who understood the risks relating to their care.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People were supported with their nutritional needs. Staff referred people to other professionals if additional support was required to support their health needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who they considered kind and caring. People were encouraged by staff to be as independent as possible. Staff ensured they respected people's privacy and dignity. People received care and support from consistent staff who understood their individual needs.

Is the service responsive?

Good

The service was responsive.

People received a service that was based on their personal preferences. Care records contained detailed information about people's likes, dislikes and routines. People and their relatives were encouraged to be involved in reviews of their care. People were given opportunities to share their views about the service and the registered manager responded to any concerns raised.

Is the service well-led?

Good

The service was well-led.

People and relatives were happy with the service and felt able to speak with the management team if they needed to. Staff were supported to carry out their roles, and considered the registered manager and deputy manager to be approachable and responsive. The registered manager had effective systems to review the quality and safety of service provided. The management team continued to adapt the service to meet people's changing needs.

222 Bills 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.

The inspection took place on 8 February 2016 and was announced. We told the provider we were coming 24 hours before the visit so they could arrange for people and staff to be available to talk with us about the service. The inspection was conducted by one inspector.
We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors.
We spoke with one person who lived at the service and one relative by telephone. The other people that used the service were not able to communicate with us to tell us about the care they received. During our visit we spoke with five staff including the registered manager, deputy manager and three support staff. On the day of our visit the registered manager was on leave but came in to the service to talk with us.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked two staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Good

Is the service safe?

Our findings

Relatives and staff told us people were safe living at the home. One relative told us, "The home is most definitely safe." One staff member told us, "The home is very safe, there are door and window locks fitted."

Prior to staff starting at the home, the provider checked their suitability to work with people who lived there. One staff member told us, "My CRB check, now a DBS, (disclosure barring service) was done, I had to give references and I had to wait a while for them to be checked before I could start." We checked two staff files and saw background checks and references had been sought prior to them being able to start work at the home. This reduced the risk of unsuitable staff being employed to support people.

There were enough staff available to support people, and at the times they preferred. One relative told us, "Every time I have been there, there are three staff and three people, definitely enough." One staff member told us, "Yes, we are the best staffed ever, no problems at all." Another staff member told us, "Yes, there is enough staff, we also have good 'bank' staff we can call on, who know people's routines." 'Bank' workers were used to cover staff absences and these were staff who worked as and when required. The deputy manager told us they had regular bank staff who people knew people well.

There was an established staff team in place, many of whom had worked at the home for a long time. Some people had high level care needs which required the support of two staff to assist them using equipment. The registered manager had recently arranged for an additional staff member to provide the extra support people required. There were no staff vacancies.

Staff undertook assessments of people's care needs to identify any potential risks when providing their support. One staff member told us, "We update the different areas of risk as people's needs change." We saw risk assessments documented on care records which included areas such as risks around moving people and people's mobility. Assessments were up to date and reflected the care needs of people at the home.

The provider recorded incidents and accidents and these were kept on individual care records. Where they identified any risks, actions had been taken to prevent further incidents occurring.

We looked at how medicines were managed and found they were administered, stored and disposed of safely. One person told us, "I have all my medicines from staff." One relative told us, "I've got no concerns about medicines."

Some people took medicines 'as required', for instance when they felt in pain. Staff were able to tell us the signs when people required this, if they were not able to tell staff verbally. For example, one person became more irritable, and we saw this was documented. On another person's record it said, 'How to support me with pain.' This detailed information staff should know so they could support people to manage this consistently and effectively.

All staff were trained to administer medicines. Training was provided through a national pharmacy with

computer learning and training days held by the provider. The management team checked staff competency to administer medicines every six months and carried out medicine audits monthly. If there were any errors identified, staff were unable to continue to administer medicines until a meeting was held and staff given further training. This meant incidents were fully investigated, which reduced the risk of them recurring.

Staff told us they understood the importance of safeguarding people and their responsibilities to report any concerns. One staff member told us, "I have had safeguarding training and 'refreshers'. It [abuse] could be physical, emotional, financial or neglect. I'd tell the manager or whoever was 'on call' (referring to the on call manager)." They went on to say, "There is a whistleblowing policy and a number for the social work team or you could call the Police if the abuse was physical." Another staff member told us, "Safeguarding is making sure you are using the correct equipment, making sure people are safe. If I saw any concerns I would report it."

Staff were aware of the procedures in an emergency and contingency plans were in place for people to go to another home nearby if this was required. Fire alarms were tested weekly and fire drills were carried out every six months. Plans were on people's care records detailing their individual care and mobility needs in an emergency, so they could be assisted safely and effectively.

A maintenance service was available if any repairs were required. Window restrictors were fitted and checks were carried out, including water temperature checks, gas and electrical safety and legionella testing to ensure people remained safe from potential risks.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge to meet their family member's needs. One person told us, "The staff are good here." We asked them if they would like to change anything and they told us, "No." One staff member told us, "We are a good staff team; we work well together, the staff team gel."

Staff received an induction when they started working at the home. One staff member told us, "I had an induction into the home, I helped and I 'shadowed' staff. I have now mentored new staff here myself." The provider held a three day formal induction where 'essential' training was delivered. Staff worked alongside another experienced staff member while they got to know the people and systems in the home. Plans were in place for all new staff to complete the 'Care Certificate.' The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Staff received training suitable to support people with their health and social care needs. One relative told us, "The staff have training, they know exactly what they are doing." One staff member told us, "We did 'dignity in care' training, you learn some things you never thought of, and it made me realise that we do respect people here already." Another staff member told us what they learned at training about moving people, "I learned the best ways for a person to move on a bed, about different types of equipment and it was very useful." The deputy manager told us about the dementia training they completed, "It was amazing, you look at the person's history to fully understand them." One person had recently developed a health condition, so staff had asked for some further training on this, which was being arranged.

A 'handover' meeting was held each day, where information was passed onto staff about any changes to people's health or well-being. The registered manger told us about this, "Everyone is included and people might sit in while we have this meeting. We are mindful what we talk about (nothing that is sensitive information)."

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 provider had trained their staff in understanding the requirements of the Mental Capacity Act. One staff member told us, "We see if the person has got capacity themselves to understand decision making or we would arrange a best interest meeting." Another staff member told us, "If the person has not got capacity we have a 'multi – disciplinary' meeting or have advocates to decide with the service user about their options." All of the people at the service had capacity around day to day decision making and staff requested further support from professionals in arranging 'best interest' meetings for more complex decisions. For example, a meeting had been held to make a decision around one person's medical treatment.

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. 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 (DoLS) were being met. We found three people's liberty was being restricted. Decisions had been correctly taken to submit applications to a 'Supervisory Body'. At the time of our visit two of the applications had been authorised.

Staff understood the importance of gaining consent from people before they supported them. One staff member told us, "We always get permission from people before we support them. We ask them first, so they can make choices."

People's nutritional needs were met with support from staff and people had a choice of meals. One person told us, "We have a choice. I like the food." On the day of our visit people were planning their meals for the week with staff, using picture cards to help them do this. Some people chose to go out with staff to get the food shopping.
We saw mealtimes were a sociable occasion, where staff and people ate together. One staff member told us, "I think it's lovely, we all eat together." One person had special dietary needs, staff provided food in the required way and were aware of why the person needed this support. Another person was being encouraged to eat certain foods to assist them with their health needs, this had been arranged in discussion with their GP.

People were supported to manage their health conditions and had access to health professionals when required. One relative told us, "They definitely get any help that is needed. If the GP is called, they inform me they are calling them." One person had been referred to the speech and language therapy service. Another person had recently been unwell, staff had taken them to the GP and they had been referred to the hospital for further tests. Visits were recorded on care records. We saw staff recorded a chronological list of events in some situations, for example, leading up to a hospital admission, so they could explain this clearly to any professionals involved.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "Yes, the staff are nice." One relative told us, "The staff go 'over and above', they are really good with [person] and in turn, they absolutely love being around the staff."

One staff member told us, "It is such a lovely, lovely job," and that they really enjoyed supporting the people at the home. Another staff member told us, "It is lovely house, we run it like a family, we are the nearest thing for some people." The registered manager told us the people living at the home all had a good relationship together and had lived there for several years, which made it feel like a family home.

Staff supported people with privacy and dignity when assisting them with care. One relative told us, "The people here are always well presented and well dressed." One staff member told us, "We always tell people what we are doing, we ask them if it is ok. We are careful the way we speak, quietly and respectfully, for instance, we make sure we shut the bathroom door with personal care and keep our voices down."

People were able to use their rooms if they wanted some private time away from everyone else at the home. People's rooms were individualised and contained their own personal items. People were encouraged to make their rooms comfortable to suit their needs and preferences.

People were supported to increase their independence. One relative told us, "Staff have got [person] back to where they were (as they had been unwell)." One staff member gave an example of how they encouraged independence, "We encourage [person] to do as much as possible, it helps them to do what they can and they get less stressed if they feel in control." Another staff member told us, "For our service users, it's a good life here, they have choices, nice food, they are involved in everything, we try to keep them as independent as we can as it could be easy to 'de-skill' someone if we are not careful." They went on to explain one person could do a lot of things independently such as dress and eat, and the staff encouraged this.

One person's needs had changed and staff had arranged for equipment to support them so they continued to be independent. Another person sometimes required assistance with eating and staff had identified they became more independent with staff encouragement rather than with practical help and we saw them put this into practice.

The manager and staff knew when to offer people additional support to help them make decisions. Some people used the services of an advocate to assist them to make important decisions. An advocate is a person who supports people to express their opinions and wishes and weigh up the options available to them, to enable them to make a decision.

People and their relatives were involved in making decisions about the house and planning their care. The registered manager told us they had plans to make some changes at the house to support one person's individual needs. As this would impact on other people at the home, staff were doing some work closely with everyone around this. This was to involve them in the decisions and prepare them as much as possible,

so to lessen the impact of this change.

People were encouraged to keep in touch with their families. A staff member told us how they supported one person to telephone their relative whenever they wished to. We were told this contact was very important to the person.

Good

Is the service responsive?

Our findings

People and their relatives were positive about how staff supported them. One person told us, "Yes I like it here, the staff are good." One relative told us about the staff, "I've got no concerns at all, they are very good." The registered manager told us, "The staff here are so willing, for them it is all about the service user."

People received care from staff they were familiar with. One staff member told us, "We all know the service users quite well." The deputy manager told us, "We try to 'match' staff with the service users," when staff are employed. They explained the house was generally a quiet house, so they knew people may not respond well to staff who had 'loud personalities'.

A keyworker system was in place which meant people had a named worker who knew them well. This person was responsible for buying items such as clothing and toiletries.

Care records contained information about personal care needs, routines and preferences. People were involved in reviewing the records and the deputy manager told us, "We read the care records out to people to see if they are happy with them." These were reviewed six monthly by the management team. We saw records had been recently reviewed in January 2016. One person's record stated, 'What is important to me, what people like and admire,' and contained information for staff to know how best to support them. One person had said they enjoyed doing 'chores' around the house, so staff involved them with this.

People at the service had a variety of communication needs and staff were aware of how to support these effectively. Picture cards were used at times, so people could communicate their preferences. A staff member told us they had learned how to say things to one person in a way they preferred, and found this usually encouraged them.

There were enough social activities to keep people occupied. One person told us, "Yes, there is enough to do." One relative told us, "They are always doing things together (at the home), telling me where they have been, what they have done." One staff member told us, "We all have different ideas for activities," and this meant they tried lots of different things. Another staff member told us, "[Person] loves to go out a lot; we have to encourage them to try things because they are often unsure, but once they do, they usually enjoy it."

One person liked to have fish and chips at the pub, and told us about the theatre shows they had seen. Other people liked to go bowling or to the cinema. On the day of our visit people went out to a local garden centre for the afternoon. The service had its own transport which enabled people to go out on trips regularly. Each week staff decided with people what they would like to do the following week.

People and their families were involved in formal reviews of the care provided and invited to 'person centred reviews'. Reviews were written on wall charts and photos were taken of what was discussed, as a record. Staff told us they updated relatives if they could not attend reviews, to tell them if there were any changes to people's care or needs. The registered manager told us, "At reviews we try to build on what we know, when

you understand people's history you understand why this might impact on their behaviour now. We ask ourselves what the person would say in a situation (if they can't tell us themselves)." They told us how a recent review had helped them identify better ways to support somebody with managing their pain.

There were no meetings held for people or relatives, however a 'customer satisfaction survey' was given to visitors to the home to feedback their views. We saw responses from relatives and professionals. One survey said, 'It feels a bit like a family here,' other responses were all positive about the service. The surveys were not dated so we were unsure when they had been completed. The deputy manager told us some had recently been completed, and that they would ensure dates were added to surveys.

The provider had previously arranged for some 'experts by experience' to visit the home. An expert by experience is person who has personal experience of using or caring for someone who uses this type of care service. They talked to people at the home and this gave them an opportunity to say if they felt any improvements or changes could be made.

We looked at how complaints were managed by the provider. One relative told us, "I've got no complaints at all. I would tell them directly if I did," they were also aware of how to make a complaint. Four complaints had been recorded in 2015 and responded to. These related to some work required outside the property and this was being addressed by the provider.

Good

Is the service well-led?

Our findings

People were very satisfied with the running of the home and the service they received. One relative told us, "The managers are always approachable. I can ring any time of day or night, they are the same, nothing is too much trouble, you get the same welcome." They went on to say about the home, "It's the best one I've visited."

The management team consisted of the registered manager and deputy manager. Staff were positive about service and the management team. One staff member told us, "Things are very good here, the managers' are very approachable, it's a tight team." Another staff member told us, "I think the home is organised well and it works. We've all got designated jobs. We are all good at different things."

Staff told us they felt supported in their roles with one to one meetings. One staff member told us, "Supervision one to ones are once every month, to six weeks, they are very useful." The registered manager told us about these, "We are trying to get staff to be more reflective in their practice when supporting people." This meant staff could consider ways to support people differently and more effectively. Staff appraisals were every six months and gave staff an opportunity to talk about their goals, development and training needs.

'Catch up' meetings were held when required and these meeting were informal opportunities for staff to raise any issues with managers. The last 'catch up' was held at the end of January 2016. One staff member told us, "Staff meetings are once a month, the catch up meetings are good in the meantime." We saw some notes from a recent staff meeting which had been held in December 2015 and training needs had been discussed and training planned.

Staff observations were completed by the registered manager and deputy manager. The deputy manager told us, "I work alongside staff, I do shifts so I can see and hear things and address any issues as I go." The registered manager was also available as part of an 'on call' rota with other managers, to support people and staff out of normal working hours.

We asked the registered manager about plans for the service. They told us, "We know what works well, the staff meetings, one to ones and catch up meetings. It's all about communication." They went on to say, "The house is very homely, the staff team are settled and the people get on very well." They told us they wanted to improve even further and were having 'away days' to look at the vision for the service, any barriers, and how they could address these, so they could agree an action plan of what to do next. The deputy manager told us, "The registered manager really 'thinks outside the box' in the way they work," and how this helped drive improvement.

The management team told us about their achievements and challenges. The deputy manager told us, "In the last year or so the service user's needs have changed and we have adapted with the way we work and use different equipment now." The registered manager explained they had good relationships with other professionals and told us, "The GP has been particularly complimentary about us."

The registered manager told us they felt supported in their own role by the provider. They told us, "I am quite self - sufficient, but I have good peer support as well (referring to the other managers of the providers services)."

The registered manager understood their responsibilities and the requirements of their registration. The deputy manager was able to tell us what notifications they were required to send us such as changes in management and safeguarding. We had not received any recent notifications from them and the deputy manager told us this was because there had not been any. During our visit we did not see any information which we should have been made aware of in a notification. A provider information return (PIR) was not submitted before the inspection. We gave the management team the opportunity during the visit to tell us what the home did well and what areas could be developed.

Audits and checks of the service were carried out by the management team. Checks included medication checks, quality of the care provided and of the environment. A deputy manager of another service owned by the provider, audited the home to provide some additional checks, and the deputy manager audited their service in return. We noted that the fire drill had not been done since June 2015 and was now due, and saw this had been identified already in the recent audit completed.