

Rotherham Metropolitan Borough Council

Conway

Inspection report

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The service is a care home providing support to people on a respite basis; people book for short stays, for example when their primary carers are on holiday. There were seven people using the service when we inspected.

People's experience of using this service and what we found

Right Support

Staff provided effective support to identify people's aspirations and goals and assist people to plan how these would be met. There was a strong ethos of supporting people to develop new skills and achieve independence where possible.

People had choices about their living environment and brought personal effects with them when they came to stay. People were in the process of helping to make decorative items to put in the garden. Staff enabled people to access specialist health and social care support in the community.

Staff supported people to make decisions following best practice in decision making, although we identified paperwork in this area could be improved.

Right Care

People could communicate easily with staff as staff understood their individual communication styles.

The service promoted equality and diversity in their support for people. People received kind and compassionate care from staff who respected people's privacy and dignity. There was a genuine warmth and affection in the way staff interacted with people.

The service worked well with other agencies to protect people from abuse. Staff had training on how to recognise and report abuse and records provided evidence that they were doing so.

We identified some improvements should be made in relation to how medicines were managed, and the management team addressed these straight after the inspection.

People could take part in activities and keep in touch with people who were important to them. They were supported to develop and maintain meaningful friendships and relationships in the wider community.

Right culture

The service had enabled people and those important to them to work with staff to develop the service.

Feedback was regularly sought from people, although a small number of relatives told us communication could be improved. The registered manager told us they were taking steps to address this and felt the COVID-19 pandemic had hindered interaction.

Staff and managers ensured the quality and safety of the service had been fully assessed to ensure people were safe. Safe recruitment practices were followed. Staff knew and understood people well. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to relatives.

Service and service type

This service is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service short notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan

to make.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people using the service and five people's relatives about their experience of the care provided. We spoke with five members of staff including the registered manager. We reviewed a range of records. This included four people's care records and various medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to monitor and act upon any suspected abuse.
- Staff had received appropriate training to ensure people's safety.
- People's relatives told us they had no concerns relating to safety. Where people were at specific risk of abuse, for example when out in the community, there were detailed risk assessments in place to ensure the risk of abuse was managed and minimised.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risk was safely managed within the service,
- There were risk management plans in each person's care record, reflecting all the risks that a person may present or be vulnerable to. These were detailed and regularly reviewed.
- Where risks were identified, the provider implemented actions to minimise risks and make improvements to safety.
- When people's needs changed, risk assessments were updated to reflect this.

Staffing and recruitment

- There were enough staff deployed to ensure people's needs were met.
- When people requested assistance staff were on hand to provide it. People's relatives praised the staff and felt they had the knowledge and skills to provide effective support.
- Staff were recruited safely, with the appropriate background checks being carried out before staff started work.

Using medicines safely

- There were secure systems in place to support people in managing their medicines safely.
- Staff worked alongside prescribers to ensure the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) or STAMP (supporting treatment and appropriate medication in paediatrics) were followed. People using the service, their advocates, staff and specialists were all involved in decisions made about the treatment given to a person.
- Medicines, and records of medicines, were audited frequently. However, we noted that the audit system had not identified all shortfalls. For example, storage temperatures were not appropriately recorded, and body maps were not in use for topical medicines.
- Where people required medication on an "as required" basis, often referred to as PRN, there should be protocols in place setting out when these medicines should be used and what the outcome should be. We found the provider did not have such protocols in place. Following the inspection the provider implemented

a comprehensive action plan to address these shortfalls.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date
- Staff supported visits for people living in the home in line with current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were undertaken before they began to receive care, and records showed people, and their relatives, had contributed to these assessments.
- Records showed the management team monitored care, by way of audits, to ensure it was in line with current guidance and meeting people's needs.

Staff support: induction, training, skills and experience

- Staff received regular supervision with their line manager, which looked at ways they could be supported or develop in their roles.
- Team Meetings took place regularly, and were used to ensure staff were kept up to date with developments and changes.
- The provider's training records showed a wide range of training was offered across relevant areas. This included training on supporting people with learning disability, dementia and mental ill health.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in choosing their food, shopping, and planning their meals. One person told us they "love" the food on offer at Conway. A person's relative said: "She likes the food they ask her what she wants to eat, and she will ask for what she wants."
- People were able to eat and drink in line with their preferences, and their care plans showed the provider had gathered detailed information about such preferences.
- People's daily notes showed they were being supported to eat and drink in line with their stated preferences.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People were supported to access health screenings and primary care appointments.
- Where external healthcare professionals were involved in people's care, their instructions and directions were incorporated into their care plans.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- People gave consent to their care and treatment, and the provider had a good understanding of this requirement. However, we identified some improvement was required in the way best interest decisions were documented when people lacked the capacity to make decisions about their care. The provider addressed this when we raised it.
- Throughout people's care plans there was an emphasis on supporting people to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People using the service, and their relatives, told us staff treated them well. When asked if staff treated people well, one person's relative said: "It is a brilliant place. My [relative] can be fretful at times, but he is quite happy to go"
- People received kind and compassionate care from staff. People appeared to be comfortable in staff's company, and staff spoke to them with respect and warmth.
- The support people received was tailored to them personally, respecting their equality and diversity rights.

Supporting people to express their views and be involved in making decisions about their care

- The care process was focussed on ensuring people were supported to express their views and be involved in decisions about their care.
- When staff were interacting with people, they routinely ensured people's views and choices were supported. This included a weekly meeting to plan the weekend activities for all people who were staying that weekend, which people told us they valued.
- Care records showed people had been involved in making decisions, and contained information about people's longer term goals and aspirations.

Respecting and promoting people's privacy, dignity and independence

- In our observations of support taking place we saw the staff provided support in a kind and unhurried manner. They upheld people's dignity and treated them with respect.
- Care plans showed independence was routinely promoted within the service, with records showing people were assisted to do their own cooking and laundry.
- Systems were in place to maintain confidentiality; people's records were stored securely within the home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was personalised to them, and took into consideration their needs and preferences. People's relatives told us they felt staff knew them well.
- Records showed people's care reflected their needs and preferences.
- The care review system ensured people maintained choice and control over their lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had carried out assessments of people's communication needs. and appropriate support was provided where needed.
- There was information in people's care plans about the specific ways they communicated, and what steps staff should take to best support each person in communicating.
- The registered manager told us a programme was under way to support people in better accessing their care records and developing a sense of ownership of them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider placed emphasis on supporting people to maintain friendships and relationships so that people avoided social isolation and enjoyed full and meaningful lives.
- People's care plans showed they were supported to access a wide range of activities, employment and community facilities. Relatives told us there were a range of activities available, with one saying "It's a good place. he sees it as his holiday and loves to go there he enjoys making friends. He likes his room, does activities, and joins in with the karaoke." Another said: "[My relative] spends time with her friends, she cooks, goes shopping."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, and information about how to complain was shared with people when they started using the service.
- The provider had received a small number of verbal complaints 12 months prior to the inspection, and had maintained records of their investigation and outcome.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives we spoke with told us care met their relative's needs and said they were enabled to achieve the outcomes they wanted. People's care records supported this.
- There was a supportive culture for staff, which ensured staff were empowered to achieve good outcomes with people.
- We did not identify any duty of candour incidents. However, the provider had appropriate arrangements if such an event occurred. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team had a very in depth oversight of the service and how it was operating. This included a wide range of audits which took place to help ensure that the quality of care was maintained.
- Staff members and the management team shared a vision of continuous improvement; they responded positively to feedback and identified areas for improvement.
- People's care was reviewed frequently, so that if things weren't working well changes could be implemented .

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were comprehensive systems in place to engage and involve people, including meetings and surveys. People were involved in decision making about the service, including décor and activities
- A small number of people's relatives told us communication could be improved. The registered manager told us they were planning events for people's relatives to attend and meet the management team with a view to strengthening communication.

Working in partnership with others

- The provider sourced a range of community services to support people in being a meaningful part of their community
- There was evidence within people's care records showing the provider worked alongside external

healthcare providers to ensure people's health and care needs were effectively met.