

# Solihull Metropolitan Borough Council







## 2 Kettlewell Way

### Inspection report

2 Kettlewell Way  
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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	

#### Overall summary

This inspection took place on the 12 June 2015. We gave 24 hours notice that we would be visiting to ensure people and staff would be available to speak with us.

Kettlewell Way provides care and accommodation for up to three people with a diagnosis of a learning disability or autistic spectrum disorder. At the time of our visit there were two men living in the home.

There was a registered manager at the time of our 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 is run.

2 Kettlewell Way provided a home environment where people were enabled to lead independent lives and make their own decisions for their everyday living. People appeared settled and happy and were supported to take part in a range of activities of their choice. People were supported to maintain relationships that were important to them.

# Summary of findings

There were enough staff on duty to meet people's needs both inside the home and outside in the community. Staff had a good and detailed understanding of people's needs and the level of support they required to keep them safe.

Staff understood their responsibility to report any concerns they had about people's wellbeing in accordance with the provider's safeguarding procedure.

Medicines were stored and managed safely. Staff received training and they were regularly assessed to ensure they were competent to give people their medicines.

Staff received an induction to the service so they had a good understanding of the individual needs of people before working alone. They also received training in all areas considered essential for meeting the needs of people in a care environment safely and effectively.

The provider and registered manager understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure

people were looked after in a way that did not inappropriately restrict their freedom. The provider had made applications to the local authority in accordance with the DoLS.

People's mental health needs were cared for as well as their physical care needs and they were supported to see a range of external healthcare professionals. Information was shared during handover so all staff were aware of changes in people's health.

People's care plans contained information about their personal preferences and focussed on individual needs. Staff kept very detailed daily diaries which provided information staff could use when assessing people's care needs.

There was a strong and stable management team in place who took time to know and understand the needs of the people who lived at the home. There were systems in place so people who lived in the home could share their views about how the home was run.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff had a good understanding of abuse and were confident to follow the provider's procedure to report any concerns about people's wellbeing. Risks associated with people's care had been identified and staff knew how to manage them. Medicines were given safely and consistently.

Good



### Is the service effective?

The service was effective.

Staff received an induction to the service and ongoing training so they were able to carry out their roles effectively. Staff had received training in the Mental Capacity Act 2005 and supported people to make their own decisions and choices. Appropriate applications had been made under the Deprivation of Liberty Safeguards when restrictions on people's liberty had been identified. People were supported to attend appointments with external healthcare professionals to maintain their physical and mental health.

Good



### Is the service caring?

The service was caring.

Kettlewell Way is a small home where staff have a good understanding of the emotional and physical needs of the people living there. People were able to maintain their skills and their independence was respected.

Good



### Is the service responsive?

The service was responsive.

People had care plans which detailed the care and the support they needed and in a way they preferred. Care plans were reviewed regularly to ensure they continued to meet people's needs. People had information about how to make a complaint in a format they could understand.

Good



### Is the service well-led?

The service was well-led.

The management team had a good understanding of each person's physical, emotional and social needs. Staff felt supported and were given opportunities to share their views of the service. A system of checks ensured the quality of the service was maintained.

Good



# 2 Kettlewell Way

## 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 12 June 2015. We gave 24 hours notice that we would be visiting as 2 Kettlewell Way is a small care home for adults who are often out during the day; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from relatives and external bodies and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with the two people who lived in the home and spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We also spoke with one relative.

We spoke with the registered manager, the assistant house leader and two staff members. We reviewed one person's care plans and daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

# Is the service safe?

## Our findings

Both people who lived at 2 Kettlewell Way approached staff as they wished and were relaxed and comfortable around them. The relative we spoke with confirmed they were confident their family member was safe and well looked after.

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They understood that abuse could take many different forms. One staff member explained, “It can be a wide range of things, physical, verbal, bullying, financial. Really I think it is anything that makes you uncomfortable. If I am uncomfortable about something, I think somebody else would be uncomfortable with it.” Staff had a good knowledge of safeguarding procedures and told us they would act quickly to report any concerns they had about a person’s wellbeing. A staff member said, “We have got safeguarding in place and we have a procedure in place. We go through a managerial process and refer it to the manager first. Then the issues are raised with the safeguarding team and they look into it.” The registered manager and assistant house leader were aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations of abuse being received.

The provider had a whistleblowing policy which staff could follow if they had any concerns about poor practice in the home. The policy had been discussed in a recent team meeting and staff were confident to follow the policy if a need arose.

People who lived at the home needed support to manage their finances. The home was able to hold small amounts of personal money for people. There were arrangements in place to keep people’s money safe and protect them against financial abuse.

There were enough staff to support people according to their needs and preferences. Staffing levels ensured people were supported safely within the home and outside in the community. In the evening there was generally one member of care staff who worked in the home. However, staff confirmed there was flexibility and an extra member of staff would work if a person wished to attend an activity outside of the home.

The provider had a recruitment policy that ensured all the necessary checks were completed before new staff started working for the service. This included a police check and obtaining references to ensure staff were suitable to work with the people who lived in the home. Registered managers attended the provider’s recruitment and selection training which included safeguarding issues around recruitment.

As staff worked alone in the home at various points during the day, there was a lone workers policy and procedure. The staff we spoke with were aware of the policy and confirmed there were a series of checks to ensure both their safety and the safety of the people who lived in the home.

Staff knew how to manage risks associated with people’s care. Records and staff knowledge demonstrated the provider had identified individual risks to people and put actions in place to reduce the risks. For example, one person had a health condition that required staff to follow specific procedures to control the risk of infection. Staff described how they remained aware and assessed risks continually when supporting people in the community. One person had limited vision and a staff member told us, “It is just being mindful and being with them every step of the way. You have to watch things ahead.” The service worked closely with psychology professionals to produce guidelines to manage any behaviours that could compromise people’s safety. Staff we spoke with were knowledgeable about what made people anxious and how this was to be managed.

One person was able to travel independently to and from work. This had been risk assessed and there were processes in place to monitor their journey so action could be taken if they did not arrive home when anticipated. A staff member explained, “We have worked with him on safety skills so he has an understanding of how to keep himself safe.”

The provider had conducted risk assessments of the premises and equipment and had identified actions required to minimise risks, such as regular safety checks and planned maintenance. The provider had a service continuity plan in place should there be an emergency or the home had to be evacuated. The plan was being reviewed at the time of our visit to make sure people continued to receive safe, consistent care that ensured their wellbeing.

## Is the service safe?

Medicines were stored safely and securely and there were checks in place to ensure they were kept in accordance with manufacturer's instructions and remained effective. Each person had their own section in the medicine administration folder with a photograph on the front of their records to reduce the chances of medicines being given to the wrong person. Administration records showed people received their medicines as prescribed. Appropriate arrangements meant that people's health and welfare was protected against the risks associated with the handling of medicines.

Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these medicines to make sure they were only used when necessary. There were records of the circumstances when they had been given which ensured they were given safely and consistently. Staff completed training before they were able to administer medicines and had regular checks to make sure they remained competent to do so. This ensured staff continued to manage medicines to the required standards.

# Is the service effective?

## Our findings

During our visit we saw staff supported people in the way they wanted to be. A relative told us, “They do everything they can. I can’t fault them in any way at all.” One person told us, “They (staff) are good.”

New staff received an induction to the home which included a period of observation and working alongside more experienced staff. This ensured new staff had a good understanding of the individual needs of people before working alone. A new member of staff had recently started working at the home at night. The assistant house leader explained, “They had a fortnight of working here during the day to get to know the men and their routines before they went on to nights.”

Staff told us they received regular training in all areas considered essential for meeting the needs of people in a care environment safely and effectively. Staff also told us they had training specific to the needs of people who lived in the home such as de-escalation techniques for managing any behaviours that could be challenging. A relative told us they had recently visited when their family member was agitated. They explained, “They (staff) calmed him right down. They speak to him softly, there is no shouting and they calm him down that way.” The assistant house leader described the training as “very good” and told us, “We cover all mandatory training. There is also other training to suit the service users and the client group we have got.” A member of staff said, “We have regular updates on all the usual things like fire and manual handling. We can request any additional training we feel we may require.”

Staff told us they received support from the management team though regular supervision and annual appraisals. Staff we spoke with told us they found supervision useful and an opportunity to share any issues or concerns. One staff member told us, “We have a supervision once a month and have targets set. We can raise any concerns or issues during supervision.” Another staff member said, “We have that (supervision) every four to six weeks. We discuss any concerns I have, what is going well and what is not going well and there is feedback to help me improve.”

The Mental Capacity Act 2005 (MCA) supports and protects people who may lack capacity to make some decisions themselves. Care staff we spoke with had received training

and understood the requirements of the MCA. All the staff we spoke with told us that the home was run specifically to enable people to lead independent lives so people always made their own decisions for their everyday living.

The management team understood their responsibility to comply with the requirements of the MCA if a person was not able to make a decision. For example, because it was complex and there was a lot of information to consider. We saw a best interest meeting had been held for one person where a decision relating to their health needed to be made. The meeting included a health facilitator who had acted as an advocate to help the person understand the potential risks and benefits of a certain course of action. In this case the person was assessed as having the capacity to make informed decisions about their health and was supported to do so.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager had submitted applications to the local authority for both people who lived in the home as some restrictions on their liberty had been identified. A record was maintained to ensure any approved authorities were renewed within the specified time limits to make sure they continued to comply with the legislation.

People we spoke with told us they liked the food and they chose what they would eat. We saw people made their own decisions about their meals and were supported by staff according to their needs and abilities. One person decided they did not want the meal they had chosen for that evening. A member of staff went shopping so the person could have their preferred meal. This person was at risk of losing weight. We saw staff offered and encouraged them to eat snacks and have drinks during our visit. People's weight was monitored to ensure they ate sufficient amounts to remain healthy.

Records showed people's mental health needs as well as their physical care needs were met. People had received care and treatment from health care professionals such as psychiatrists, psychologists, GP and speech and language therapists. Detailed records of appointments were maintained and information was shared at handover meetings between shifts to make sure all the staff were aware of any changes in people's health.

# Is the service caring?

## Our findings

During our visit we observed and spoke with both of the people who lived in the home. We also observed the interactions between the two people and staff. People looked at ease in their surroundings. Staff spoke with them in a calm and friendly manner. We asked a relative if they thought staff were caring and they responded, "Very. There isn't one of them who is not. [Person] is always clean and well fed and they take him out every day." One person told us, "They (staff) are kind."

Due to Kettlewell Way being a small home, it was important that the people who lived there and the staff established good relationships. We observed people were relaxed with each other and staff. Staff took time to share information about people's needs. One staff member told us, "It is very good, very homely, a nice atmosphere. All the staff team get on with each other. The men live well together. It is just like home from home."

We asked staff whether they thought Kettlewell Way provided a caring environment for the people who lived there. A typical response was, "The question is, is it good enough for one of your family members and I think it is here. The staff are very caring and go above and beyond. It is one of the most caring places I have worked in." During our visit we saw staff provided a home where people were supported to make their own every day decisions and choices about how they lived their lives. Due to the size of the home, staff could get to know people very well so support was relaxed and only provided when necessary. Staff explained, "The clients are very nice. They are really independent. It is just about encouraging them to maintain

their independence." Another said, "It is a supervisory thing really and providing reassurance." Where possible, people were involved in domestic tasks and encouraged to help around the home. One person took great satisfaction in being able to do their own laundry and ironing and enjoyed helping to grow vegetables in the garden. This ensured people were able to maintain their skills and their independence was respected.

During our visit, one person was slightly anxious about their health. Staff took time to sit with the person and provide them with reassurance. The other person was at work and arrived home in the afternoon. They clearly enjoyed telling staff about their day before sitting down to have a cup of tea with them.

One person invited us into their bedroom to look around. They were very happy with their private space and showed us how they had decorated it with their personal belongings. They explained how they had chosen the bedding and personalised the room to their own taste. The person also had a lockable cupboard where they could store personal items that were important to them.

Staff ensured people's privacy and dignity was maintained when supporting them with personal care. For example, one person was able to run their own bath, but staff checked the temperature of the water before they got in. Their care plan was clear that staff were to give the person privacy in the bath if they wished.

Families and friends were able to visit at any time and people were supported to maintain relationships with people who were important to them.



# Is the service responsive?

## Our findings

During our visit we observed the care and support provided by staff was responsive to people's individual needs. One person's care plan stated that it was important to them to have time outside the home every day. Their relative confirmed that staff ensured this happened.

Each person had a care plan which detailed the care and support they required and how they would prefer to receive that care and support. Care plans contained information about people's personal preferences and focussed on individual needs. They detailed what was important to the person and what their ideal day looked like. Care plans contained information about signs that could indicate a decline in people's physical health so staff could respond quickly to ensure they received the appropriate support. All this information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received.

Staff kept very detailed daily diaries for each person which recorded their personal care, activities, out of house trips and unusual moods or behaviours. These records provided information that staff could use when assessing people's care needs. Plans were reviewed regularly to ensure they reflected any changes in the care and support people needed. One staff member explained, "[Assistant house leader] usually updates care plans with our input. If we think something isn't quite right we bring it up with her." Reviews were also an opportunity to identify any future plans and what the person would like to achieve in the coming months.

A relative we spoke with confirmed staff kept them informed about their family member's health and wellbeing. They told us, "It doesn't matter when I come, they always ask if I want a drink. They discuss everything and explain everything."

People were able to choose what activities they took part in on a daily basis. One person preferred low key activities within the local community such as going for a coffee, visiting favourite shops and visiting parks. A staff member explained that they discussed with people what they would like to do, and trips and activities were based on people's preferences, choices and interests. People were supported to maintain social contact with their family and friends and with the wider community in the local area.

Each person had a copy of a service user guide in an easy read format in their bedrooms. The guide contained information about who they could talk to if they had a complaint or were worried. There was also information displayed in the kitchen about who they could go to if they had concerns. A relative we spoke with told us they would raise any concerns with the registered manager or the staff, but said, "I can't see there being any." Staff we spoke with told us they would take any concerns raised by the people who lived in the home seriously and would ensure they were dealt with. One staff member said, "I would reassure them that they were being taken notice of." We were told no complaints had been received in the last twelve months.

# Is the service well-led?

## Our findings

There was a stable management team with the registered manager supported by an assistant house leader. The registered manager and assistant house leader had developed good relationships with the people who lived in the home and knew their physical, mental and social needs well. A relative told us, “You couldn’t get better, you really couldn’t. They do everything they can. I can’t fault them in any way at all.” One person told us, “I like it here.”

Staff we spoke with told us they felt supported by the management team. The assistant house leader worked alongside staff on a daily basis and the registered manager visited the home regularly. One staff member said, “[Assistant house leader] and [registered manager] keep us informed of things. We all seem to know what we are doing.” The assistant house leader explained, “[Registered manager] is very supportive. If there are any problems he will offer support. If I’m not here he will pop in to make sure the staff have got support. We will put our heads together to sort issues out so it works really well.” There was an on-call system so staff had managerial support 24 hours a day.

Staff told us and records confirmed there were regular staff meetings. We looked at the minutes of the last few meetings and saw they had been used as an opportunity to discuss the provider’s policy and procedures so staff understood their role and responsibilities. Staff we spoke with told us they found the meetings useful to share ideas, discuss concerns and identify any areas that required improvement. One staff member told us, “They are good. We get a lot of ideas and a lot of feedback about what is going well and what is not going so well. We share a lot of information in the meetings.”

There were informal systems in place, so people who lived in the home could share their views about how the home was run. For example, people took part in weekly planning meetings where they were able to discuss what activities they would like to take part in and what food they would

like. People also contributed to reviews of their care so they could say how they would prefer their care and support to be provided. From our observations, it was clear people’s views and opinions were considered on an ongoing basis.

There was a system of internal audits and checks completed within the home to ensure the quality of service was maintained, together with checks by external bodies. For example, a recent external medication review had identified some areas where the management of medicines needed to be improved. An action plan had been implemented and we found the necessary improvements had been made so that medicines were managed safely. We also saw the local Clinical Commissioning Group had completed an infection control audit in November 2014. Whilst the home had achieved an excellent rating, some repair work had been identified as necessary in the bathroom. This had been reported to the housing provider for completion.

The registered manager was able to share information with other registered managers of similar services within the provider group to support continuous improvement across all services. Regular meetings provided an opportunity to share information and discuss any issues of concern. They were also a forum for discussing the development of good practice. For example, the registered manager told us of a working group that had been established to look at the level of physical intervention used across services. This was so training could be adapted to provide staff with the skills to meet the specific individual needs of people who lived in each home.

Records and information about people was kept securely and only staff could access them. We saw that staff updated people’s records every day. This was to make sure all staff knew when people’s needs changed.

The manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service so we could make sure they had been appropriately acted upon.