

# Solihull Metropolitan Borough Council

## Stapleton Drive

### Inspection report

25,27,29 Stapleton Drive  
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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

### About the service

Stapleton Drive provides care and accommodation for up to 12 people with a diagnosis of a learning disability or autistic spectrum disorder. The accommodation comprised of three adjoining houses with accommodation for up to four people in each house. At the time of our visit there were 11 people living at the properties.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe with the staff who supported them. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, risk assessments were in place. People received their medicines when they needed them. Staff were very knowledgeable about people's changing needs and people and their relatives confirmed that changing needs were addressed.

People were supported by staff who were well trained and competent in their role. People were assessed before they used the service to ensure their needs and preferences could be met. Staff liaised with other health care professionals to ensure people's safety and meet their health needs. Staff understood the importance of ensuring people's rights were understood and respected. People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

People were fully involved in decisions about the care they received.

Where people lacked capacity, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that staff supported their individual needs and requirements. People received food and drinks as required and attended any medical appointments.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's communication needs were assessed and understood by staff. People were provided with information in a format which met their needs. People felt confident that any concerns would be taken seriously, and action would be taken to address them. Staff understood and felt confident in their role.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

Audits were completed by management to check the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The service was rated good at our last inspection (report published August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Good ●

### Is the service effective?

The service was effective.

Good ●

### Is the service caring?

The service was caring.

Good ●

### Is the service responsive?

The service was responsive.

Good ●

### Is the service well-led?

The service was well led.

Good ●

# Stapleton Drive

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Stapleton Drive is a care home. People in care homes receive accommodation and 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people about their experience of the care provided. We observed how people were

treated and cared for. We spoke with four members of staff which included the registered manager and care support staff. We reviewed a range of records which included four people's care records. Other records we looked at included two staff recruitment files, staff supervision activity, staff training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance and overview information about the service.

After the inspection

We made telephone calls to three relatives to speak to them about their opinions and observations of the care and support being provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I observed any type of abuse, I would report it to the managers. If they were not available, I would contact the police and the local authority safeguarding team."
- People and their relatives explained to us how the staff maintained their safety. One person told us, "I feel safe". A relative told us, "They know everything about [Name of person] and that enables them to keep him safe".

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment, medicines and any other factors. The risk assessments included actions for staff to take to keep people safe and reduce the risk of harm. For example, a resident who communicated non-verbally had a detailed risk assessment giving staff members clear instructions in relation to signs of distress such as the resident pulling at their chest.
- Risk assessments and care plans were regularly reviewed to ensure they remained effective.
- People's equipment was regularly checked by staff to ensure it remained safe and well-maintained.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "There are always enough staff around."
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People were supported to take their medicines by staff who were trained and competent to carry out the task.
- Some people required medicines to be administered on an "as required" basis, for example in response to pain. There were detailed guidelines for the administration of these types of medicines to make sure they

were given safely and consistently.

- Medication administration records (MAR) provided information about people's prescribed medicines, the dose and time the medicines should be administered.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection.
- Staff were trained and had access to sufficient supplies of person protective equipment (PPE) which they wore when assisting people.

Learning lessons when things go wrong

- Records of accidents or incidents were maintained and reviewed when they occurred. This helped to identify any trends.
- Where things went wrong, the management team were keen to explore the reasons and to take steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- People were supported by staff to maintain good nutrition and hydration.
- People had choice and access to sufficient food and drink. throughout the day, food was well presented and people told us they enjoyed it.
- Peoples feedback about food was sought regularly by staff asking people and making observations during lunch and dinner times. One relative told us, "The food seems very nice when I visit".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where required staff monitored people's health and worked well with external professionals to ensure people's health care needs were met.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals. Staff told us they were confident that changes to people's health and well-being were communicated effectively.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their

liberty.

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

- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.
- Care plans had been signed by people or their legally appointed representative confirming their consent to the care they received.

Staff support: induction, training, skills and experience

- People were confident staff had the skills and knowledge to meet their needs. One relative told us, "I would say the staff are very skilled and knowledgeable."
- Staff were positive about the training they received, and they were confident they had the right skills to meet people's needs. A member of staff said, "The training is good and at a steady pace."
- New staff had completed a comprehensive induction, were well supported and either had health care qualifications or were completing a nationally recognised qualification, the Care Certificate. This covered all the areas considered mandatory for care staff.

Adapting service, design, and decoration to meet people's needs

- The premises provided people with choices about where they spent their time. Staff told us people enjoyed spending time in the garden in warmer weather.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were supported by a team of staff who were kind, caring and considerate.
- One relative told us, said, "They have made real changes for [Name of resident], he recently went on a proper holiday, not just a day trip. They took him aboard and looked after him very well, he had a great time"

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

- People told us they were fully involved about the care they received. Care plans had been signed by the people who used the service or their representative.
- People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their care to be delivered. One person told us, "I'm off to work today at [place of worship]". A staff member told us, "[Name of resident] volunteers, we support him to achieve this, he loves it".

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space. People's confidentiality was respected, and people's care records were kept securely.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. For example, people who were able to do so were supported to develop their cooking. People were also supported to be involved in volunteer work.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported.
- People were empowered to have as much control and independence as possible, including developing care and support plans. We saw care plan reviews lacked involvement from people's relatives and representatives. The registered manager stated he was currently developing review meetings so that relatives and representatives could attend.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

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.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as large print for people who required this.

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

- People were supported by staff to take part in activities that they chose, both within the home and in the community. Activities included supporting people with their individual hobbies and interests, as well as doing everyday tasks. Some people took part in activities or attended events together, other people preferred activities they did alone. We observed people playing board games, colouring activities and one person being assisted to volunteer at a local place of worship.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management. We reviewed a recently completed resident survey, responses were positive.
- Relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open way
- The service had not received any complaints since our last inspection.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

- People and their relatives spoke highly about the care they received and of the way the service was run.
- One relative said, "[Name of registered manager] is very approachable and wants everything to run well for the residents."
- Staff at all levels were committed to providing people with a high standard of care which was tailored to their needs and preferences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were supported by staff who were trained and motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

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

- The provider promoted an ethos of openness and transparency which had been adopted by all staff.
- There was learning where things went wrong and open discussions with people and their relatives.

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

- There were annual satisfaction surveys which provided people to express a view about the quality of the service provided. The results of a recent survey showed a good level of satisfaction.
- People's views were sought daily when receiving support and through regular care plan reviews.
- At the last inspection we found that staff morale was low due to a lack of communication provided by the management. At this inspection we found there were regular meetings for staff where their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "Since [Name of registered manager] started, staff morale has improved. The communication is better, and I feel

valued.". Another staff member told us, "It's much better now, we all work together and are no longer seen as three separate units. I can go to [Name of registered manager] with anything, it's a much better working environment."

#### Continuous learning and improving care

- There were effective procedures in place to monitor and improve the quality and safety of the service provided. These included a range of audits, seeking the views of people who used the service and monitoring the skills, training and competence of the staff team.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.

#### Working in partnership with others

- We saw that the registered manager and staff worked in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.