

# Solihull Metropolitan Borough Council

## Stapleton Drive

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on the 30 August 2017 and was announced.

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 four people in each house. At the time of our visit there were three people living in each house.

At our last inspection in May 2015 the service was rated Good. At this inspection we found the service remained Good, but some improvements were required in the leadership of the home.

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. There was a registered manager in place, but they had been on extended leave for six months at the time of our inspection visit. The deputy manager had assumed day to day responsibility for the home with the support of two home managers.

There were enough skilled and experienced staff on duty to support people safely. Staff understood people's needs and knew how to protect them from the risk of abuse. Plans to manage identified risks were detailed and provided staff with information to enable them to provide care in the safest possible way. People indicated by their body language and facial expressions they felt safe living at Stapleton Drive.

People were cared for and supported by staff who had the skills and training to meet their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making every day decisions and choices about how they wanted to live their lives.

Care plans were detailed and personalised and contained specific guidance for staff to follow so they were able to support each person in the way they preferred. People were involved in choosing menus and any needs or risks related to their nutrition or eating and drinking was included in their care plans. People accessed healthcare services as required and received on-going healthcare support and reviews. Medicines were administered and managed safely.

People enjoyed talking with staff and engaging in activities with them. Staff treated people with dignity and respect by promoting them to be as independent as possible. Relationships and friendships outside the home were encouraged. People were encouraged to maintain their interests and take part in social activities.

There had been a period of change and uncertainty within the service. The changes had impacted on staff

morale because staff felt information had not always been shared in a timely way. Despite the uncertainty, staff were confident people had continued to receive safe, effective and responsive support that met their individual needs.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not consistently well-led.  The registered manager was on extended leave and there had been a period of change within the service. The changes had impacted on staff morale because staff felt information had not always been shared in a timely way. Despite the uncertainty, staff were confident people had continued to receive safe, effective and responsive support that met their individual needs.	<b>Requires Improvement</b> ●

# Stapleton Drive

## **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 checked 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 visit took place on 30 August 2017 and was conducted by two inspectors. It was a comprehensive, announced inspection. The provider was given 24 hours' notice because the location is a small care home for adults with a learning disability who are often out during the day; we needed to be sure that someone would be in.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We found the PIR reflected the service.

During the inspection visit we spoke with two people about what it was like to live at Stapleton Drive. As most people were unable to tell us about their experiences of their care, we also spent time observing how care and support was delivered in the communal areas and people's interactions with the staff who cared for them.

We spoke with the deputy manager, a house manager and three members of care staff. We also spoke with a registered manager from one of the provider's other services and the provider's service manager.

We looked at three people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, quality assurance checks and staff meeting records.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at our previous inspection. The rating continues to be Good.

Two people were able to tell us they felt safe living at Stapleton Drive. One told us they felt safe "because we do nice things." Others indicated by their body language and facial expressions they felt safe there. People were relaxed and comfortable to approach staff and ask or indicate they wanted help or social interaction.

There were enough skilled and experienced staff on duty to support people safely. Staff told us the levels of staffing were good, even though the provider was using a high level of bank and agency staff to cover staff vacancies. A typical response was, "We are very fortunate we have bank and agency who have worked with this project for a long time and know the people very well. It is like working with permanent staff."

The deputy manager told us staffing levels were determined by the number of people living in each house, and their assessed support needs. For example, one person required one member of staff to be with them at all times during the day. This meant a member of staff was always available to support them if they required urgent medical attention, or became anxious.

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Staff attended safeguarding training regularly which included information about how to raise issues with the provider and other agencies. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

People had individual risk assessments and management plans which were incorporated into their care plans. Risk management plans were detailed and provided staff with information to enable them to provide care in the safest possible way. Where people were at risk of harming themselves or others due to their complex care needs and behaviours, risk assessments detailed what the triggers might be for such behaviours and what techniques staff should use to distract the person and change their behaviours to be more positive.

People were given their medicines safely by staff who were trained to administer medicines and whose competency to do so was tested regularly. Each person had a medicines administration record (MAR) which was signed by staff and confirmed people received their regular medicines as prescribed. Daily and monthly checks ensured medicines were managed safely.

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.

The provider had taken measures to minimise the impact of unexpected events happening at the home. This was to ensure people were kept safe and received continuity of care. For example, emergencies such as

fire were planned for, so any disruption to people's care and support was reduced. People who lived at the home had an up to date personal emergency evacuation plan (PEEP) to instruct staff and the fire service about how they should be supported when evacuating the building.

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. The rating continues to be Good.

New staff received a comprehensive induction to the service which met the requirements of the nationally recognised Care Certificate. The induction included working alongside an experienced member of staff so new staff had time to get to know people and how to deliver care in a way each person preferred. One staff member told us, "You do a month on each house. You do two weeks shadowing somebody and then for two weeks you are allocated somebody to work with. Working alongside experienced staff gave an insight into each person, how to work with them and how to approach them."

Staff had regular access to training to develop their skills and knowledge. Staff told us the training they received gave them the confidence to support people if they displayed behaviours that could be challenging to themselves or others. One member of staff explained, "We do the MAYBO training. It helps you to deal with situations that can be challenging. They all have guidelines written up by the psychologist so the first thing you do is follow the guidelines." We saw staff used their skills effectively to assist people at the home. For example, care staff were observant and proactive in minimising anxiety when people appeared worried or anxious.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood their responsibilities under the Act. People were supported to make as many decisions and choices as they could. People's individual communication methods were identified and understood by staff who were able to interpret, as far as possible, people's choices and decisions. Staff asked people for their consent to decisions and made sure people were happy before providing any support.

Records showed that where it had been assessed people lacked capacity to make a decision, people's representatives, staff and healthcare professionals were involved in making best interest decisions on people's behalf.

All the people who lived at Stapleton Drive had an approved DoLS order. Applications had been made to the supervisory body, because people's care plans included some restrictions to their liberty.

People were involved in choosing menus and any specific needs or risks related to their nutrition or eating and drinking was included in their care plans. Two people told us they enjoyed their meals. One described the meals as 'nice' and said, "[Person] had curry but I don't like that so I had pasta."

People accessed healthcare services as required and received on-going healthcare support and reviews.



Care records included a section to record when people were seen or attended visits with healthcare professionals and any advice given. Records confirmed people had seen their GP, district nurses, speech and language therapists and mental health professionals. One person told us they were going to have a minor medical procedure. They told us they were not worried about it because staff had explained to them what was involved.

# Is the service caring?

## Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they enjoyed the company of the staff. One person told us, "The staff are nice" and another said, "I like it here." The rating continues to be Good.

We saw people were comfortable with staff and greeted staff warmly as they arrived for their shift. People enjoyed talking with staff and engaging in activities with them. People asked staff to sit with them, which they readily did, chatting, making them drinks and generally keeping them company. Staff showed people patience and respect and responded with empathy when they became anxious or upset.

Staff told us they took pleasure in their roles as they felt they made a difference to people's lives. Staff generally worked on the same house which benefitted people because they received consistent care from staff they knew well. People were also assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with the person they supported, ensuring their social and practical needs were met. Some people were able to tell us who their keyworkers were and understood they could talk to them if they needed anything.

The atmosphere in each of the houses reflected the individuality and personality of the people who lived in them. Communal areas were inviting and comfortable and people had been encouraged to decorate their rooms with pictures, photographs and ornaments of their own choosing. People could move around their home freely or choose to have quiet time by themselves. We saw staff knocked on people's bedroom doors before announcing themselves and waited to be invited in.

Staff treated people with dignity and respect by promoting them to be as independent as possible. For example, a member of staff encouraged one person to put their own shoes on and said, "You are going to put them on and I am going to lace them up for you." Another person had received a letter in the post. The staff member gave them the letter saying, "Would you like to open it?" The person opened it and then handed it back to the staff member who said, "You don't mind if I read it out to you?"

Relationships and friendships outside the home were encouraged. People could have visitors when they wanted and were supported to go and visit their families, relatives and friends. One person told us about a particular friend and explained, "He phones me up and we meet up once a week for lunch."

People's diverse physical, emotional and cultural needs were recognised by staff. For example, for one person it was important to go to church regularly and staff supported them to attend a church service every week.

Most people were able to make some of their own decisions about their care and support. Some people also had relatives who supported them in planning their care. For people who did not have relative involvement, advocacy services were promoted around the home. Advocacy services support people in making decisions; for example, about their finances, which helps people maintain their independence. Care records clearly

described where an advocate provided support.

## Is the service responsive?

### Our findings

At this inspection we found the service continued to be as responsive to people's current and changing needs. The rating continues to be Good.

Two people were able to tell us about their care plans and knew they contained information about them, their care needs and their health. They told us where the plans were kept and invited us to have a look at them.

We saw care plans were detailed and personalised and contained specific guidance for staff to follow so they were able to support each person in the way they preferred. The guidance described how staff should support the person's various needs, but was clear what people could and couldn't do for themselves and what they needed help with. Staff explained they knew about people's individual needs because they read the care plans and were given time to build relationships with them.

Care plans were up to date and each year there was a review meeting with people, their families and those people involved in the person's care to ensure they continued to meet people's needs. The reviews gave people an opportunity to discuss their goals and how these could be met.

There was a handover meeting at the start of each shift attended by care staff during which any changes to people's health or behaviour was discussed. Information was written down in a handover log, so each member of staff could review the information during their shift. Where staff needed to respond to any changes in people's health or emotional wellbeing, actions were put in place.

We saw staff responded to people's requests for assistance and support immediately. Staff anticipated people's needs at certain times of the day, including when people might want drinks and snacks, but also when people might want to have a chat or have quiet time away from other people.

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. When we arrived for our visit, one person was at a tai chi class. Another person explained they were going to a disco that evening and told us they also enjoyed going to drama classes and attending a weekly social club.

The service had a complaints procedure which was produced in a user friendly format and readily available for people. Each person's keyworker worked closely with them so they had a good awareness of any issues or concerns people had. One person told us they would speak to staff or their keyworker if they were worried about something. No complaints had been received since our last inspection.

## Is the service well-led?

### Our findings

At this inspection, we found the home was not as well-led as we had found during the previous inspection. The rating has changed to requires improvement.

At the time of our inspection visit, the registered manager had been on extended leave for approximately six months. During their absence the home was being managed by the deputy manager. Each of the three households also had a home manager to assist with the day to day running in that particular house. The deputy manager was one of the home managers.

There had been a period of significant change at Stapleton Drive since our previous inspection visit in 2015. The provider had undertaken a review of their learning disability services and a decision had been made to close some of their residential homes. Although Stapleton Drive was not being closed, there had been a period of uncertainty for staff, and there had been no recruitment to vacant care positions. The deputy manager told us care staff from homes that were closing would move over to Stapleton Drive which was why recruitment to vacant posts had been put 'on hold'. The deputy manager also anticipated people from other homes would move to Stapleton Drive when the closures were finalised. This meant staffing numbers would need to be increased.

The deputy manager and staff told us the re-organisation and changes had impacted on staff morale because they did not always feel information was shared in a timely way. One staff member told us, "The changes here are affecting staff morale, the registered manager is away and with the changes staff don't always know what is happening to them." Another said, "We feel like everyone else knows more than us, whether that is because we haven't got a manager. We did feel there were things going on we didn't know about."

Staff told us the deputy manager and home managers were accessible and easy to approach. However, it was clear that because of the deputy manager's extra responsibilities, their time to complete tasks was limited. For example, we found that some people's hospital support plans had not been updated since 2011 and did not accurately reflect what support the person would need during a hospital stay. The deputy manager stated this was on their list of things to do, but with limited managerial support, this had not yet been completed. We also found that it was not always clear who had assumed responsibility for some managerial tasks, such as the submission of notifications to us about important events that had happened in the home.

We found inconsistency in the level of support staff received. Some staff told us they had regular supervisions, but others told us they had not had a supervision meeting for over six months. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development.

When speaking with staff it was clear that each household was running as a separate unit and there was not always oversight at service level. For example, staff told us they had staff meetings on each household, but

no staff meetings for the whole home. Staff told us they were not always aware of what was going on in the other households and did not have opportunities to share their experiences and learn from each other.

Accident and incident reports were completed in detail and it was clear what actions had been taken to manage any risks on an individual level. However, we were told the records were maintained on each household and not analysed at service level to identify any emerging trends or patterns.

We were told that the provider had recently completed an audit of the service and produced an action plan to address areas which required improvement. However, nobody had been given ownership of the plan to ensure the identified actions were completed.

Despite the changes and uncertainty, all the staff we spoke with felt this had not impacted on people and the care they received. Staff were confident they worked well as a team and communicated with each other to ensure people received safe, effective care that was responsive to their individual needs. One staff member commented, "We do work to the care plans, everyone works together and we do communicate. The service runs smoothly with less impact to the people as possible."

Responses by relatives to a recent questionnaire also indicated they had a high level of satisfaction with the care delivered at Stapleton Drive. Comments included: "Staff are very polite and kindly spoken at all times", "Every member of staff at Stapleton is amazing and they all do an amazing job" and, "They (staff) are all brilliant at all times."