

Mr & Mrs P Birks

# Conway House Respite Unit

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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: Conway House Respite Unit is a residential home. It provides accommodation and personal care for up to two people on short breaks who have a learning disability. At the time of the inspection there were two people staying at the service.

People's experience of using this service: People were supported by a consistent and stable staff team who knew people's care and support needs well. Staff were passionate and enthusiastic about their role.

People were supported on their stay to access a variety of activities of their choice. People were also supported to continue with any ongoing commitments or appointments. Food at the service was flexible depending on people's preferences and requirements. People were encouraged if they wished to be involved in shopping or preparing food.

The environment was comfortable, accessible and homely. Adaptations had been made to support people's dignity and independence.

People were invited to visit the service before staying. People's families and visitors were welcomed at the service.

Relatives and staff said the service was well managed. Relatives felt comfortable in raising any concerns or issues. We received positive feedback about people's experiences of their stay at Conway House Respite Unit.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection: Not previously rated. Registered in May 2018.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Conway House Respite Unit

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Conway House Respite 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 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 announced.

#### What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection we spoke with one person staying at the service and five members of staff, this included the registered manager. After the inspection we spoke with four relatives of people who had used the service. We reviewed two people's care and support records. We also looked at records relating to the

management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some radiators at the service were not covered. A newly installed radiator was designed to have a low surface temperature to avoid the risk of burns. The registered manager told us that the other radiators were going to be changed to this design.

We recommend the provider reviews The Health and Safety Executive guidelines on 'Managing the risks from hot water and surfaces in health and social care.'

- Risk assessments were in place people for areas such as mobility, skin integrity and eating and drinking. These gave guidance on how staff should support people safely.
- We highlighted that further information regarding risks and procedures in relation to people's health conditions would be beneficial. For example, signs staff should be aware of and actions to take in particular circumstances. The registered manager said this would be reviewed.
- Emergency contact details were in place for individuals. However, it had not been considered who to contact or for what reasons on different stays, as this may change for people.
- Equipment was assessed to minimise risks and regular monitoring occurred. However, there were limited environmental risk assessments in place. It has not been considered that different risks relating to the environment would apply or not be applicable to different people.
- Fire systems and equipment were checked. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.
- A crisis management plan was in place for unpredictable events.

Using medicines safely

- Medicines were safely received, stored and administered.
- The service had no protocols for 'as required' medicines in place. The registered manager said this would be addressed.
- Medicine Administration Records (MAR) were completed accurately. People received their medicines as prescribed.
- Medicines were administered by staff who had their competency assessed to ensure their practice was safe.

Staffing and recruitment

- Rotas demonstrated staffing numbers were kept at the level deemed safe by the provider. A staff member said, "Staffing levels are really good."

- Staffing levels changed depending on the needs and amount of people staying at the service. One staff member said, "Staffing is good, we never lone work."
- Staffing was consistent to ensure stability and familiarity for people. A staff member said, "A consistent team helps as people see the same staff."
- An on-call system was in place to support staff out of office hours.
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role.

#### Systems and processes to safeguard people from the risk of abuse

- Relatives told us their family members were safe and well supported at the service. One relative said, "[Conway House Respite Unit] had good references from people It is a very nice place."
- Staff were knowledgeable about potential signs and types of abuse and how to report concerns.
- Staff received regular training in safeguarding adults.
- The registered manager was aware when concerns required reporting to the local authority and Care Quality Commission.

#### Preventing and controlling infection

- The service was clean, tidy and well maintained.
- Cleaning schedules were in place for staff to follow.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- Causes and triggers were monitored to ensure effective strategies were in place to reduce reoccurrence.
- The service communicated relevant information to family members where appropriate.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff completed an induction. This involved mandatory training, orientation to the service and shadowing a more experienced staff member.
- Staff received training in areas relevant to their role, such as first aid, infection control and moving and handling. A staff member said, "We are training all the time."
- Staff had regular supervisions with their line manager. One staff member said these were, "Useful, you can express your views."

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

- The service provided meals flexibly depending on who was staying at the service, their nutritional requirements and preferences.
- People were encouraged to be involved in shopping and preparing food if they wished.
- Information was in people's care plans and risk assessments about their dietary needs.
- We observed a staff member discussing with a person what they would like to have for their meal that evening.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access other agencies they were engaged with during their stay at the service. For example, educational support or health care.
- The staff worked alongside other professionals to ensure care was effective.

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

- The service was homely and pleasant. One person said, "My room is nice." A relative said, "The facilities are nice." A staff member said, "It is a nice environment."
- The service was accessible as it was on one level and had safe access to the garden. One person told us they found it easy to move around the service. A relative said, "It is all level which make it easy for [name of person]."
- Bathroom facilities and bedrooms had been adapted to support people safely whilst retaining a homely feel. A relative said, "I have seen his room, it is very nice."
- Signs were in place on doors to orientate and inform people.
- People chose which room they stayed in.
- Relatives and people liked that the service was near where they lived. This gave family members assurance as their relatives were not far away. People stayed in an area familiar to them and this enabled them to continue with their usual routines. One relative said, "It is a good location." Another relative said, "It



is not far away, which is important to me."

#### 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made where appropriate.
- People's capacity to make specific decisions had been considered. However, following the outcome of one person's DoLS decision this required recording in line with the MCA.

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

- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture, religion and diet. People's gender preferences for staff support had not been documented. However, people who were currently staying at the service had not expressed any preference.
- Staff had a clear understanding of the MCA and gave examples of how they supported people in their decision making.
- People were empowered to make their own choices and decisions. A relative said, "[The service] is not restrictive."

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

- People's health needs were documented in their care plans. Staff had good knowledge of people's support needs.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were enthusiastic and passionate about their roles.
- We received positive feedback about the staff. A relative said, "There is a nice range of personalities of the staff." Another relative, "The staff are really courteous. I can't speak highly enough of them."
- Relatives and one person told us that staff were kind and caring. One person said, "The staff are kind. I have good chats with staff." A relative said, "I have met a couple of the staff, they are really nice."
- Relatives said people were happy staying at the service. One relative said, "[My family member] enjoys it there." Another relative said, "[name of person] is really happy there."
- The service had a compliments book in place. No compliments had yet been received.

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

- People were asked and consulted about their care. Care plans showed people's preferences and choices.
- We observed a staff member asking a person if they would like to change the television channel. They talked together about different programmes and the person spoke about their favourite shows.
- People and relatives came and visited the service and spent time there before a stay to ensure they were happy and comfortable at the service.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity. This was documented in people's care plans.
- Care plans described how people were encouraged and supported to be independent. This described what people could do for themselves and where people required assistance.
- A relative said how the service enabled their relative to experience independence by choosing how they would like to spend their time.
- People's visitors were welcomed at the service when they wished. A staff member said, "Families can choose to visit whenever they like."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were in an accessible and easy read format. Care plans contained information about people's relationships, interests and routines.
- People's likes, and dislikes were documented. For example, one person liked jazz and classical music, whilst another person did not like noisy places.
- Care plans described people's preferred methods of communication. For one person who was non-verbal this described how they showed they did not want to do something, by, 'Turning my head away and waving my arms.'
- When people stayed at the service they were supported to continue with their usual plans, appointments and commitments.
- People could choose what to do such as going to the cinema, shopping, bowling or out for a meal. A relative said, "They offer so many opportunities."
- Picture cards were in place to support people to make decisions about activities.
- One person had attended a local wildlife park that day. They were excited by their trip. Staff told us how the person had enjoyed the sensory attractions at the park.
- Relatives told us how their family members enjoyed staying at the service. One relative said, "It is excellent. He goes out and about." Another relative said, "He is always happy to go back, which is a good sign."
- Feedback we received was that the service was adaptable and responsive. For example, a relative told us how the service collected a person from their home.

Improving care quality in response to complaints or concerns

- The service had not received any complaints since May 2018.
- The complaints policy was displayed and given to people in a pictorial and easy read format.
- Relatives said they felt comfortable to raise any concerns and would speak to the registered manager.

End of life care and support

- End of life plans were not considered as people stayed at the service on short breaks.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to monitor and review the quality of the service. However, the provider needed to improve this in some areas such as infection control and health and safety. The registered manager acknowledged this and said these systems would be reviewed and developed.
- Notifications of important events were submitted to CQC as required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives and staff spoke positively about how the service was led and managed. A relative said, "The [registered] manager is smashing." A staff member said, "It is well managed."
- The service communicated openly with family members. Relatives said staff at the service were approachable and they felt comfortable contacting the service for any reason.
- Systems were in place to communicate within the service. Staff completed handovers and daily records.
- Staff told us they were valued and there was a positive culture and atmosphere. One staff member said, "It is a happy team, we get along." Another staff member said, "It is a close team, we work well together."

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

- Feedback was sought from people and their relatives after their stay in an informal way.
- A questionnaire was planned for April 2019 after the service had been operating for 12 months to gain feedback from relevant people.

Continuous learning and improving care

- Meetings were held with staff. Staff members told us meetings were well attended and they could raise any issues or concerns.

Working in partnership with others

- The service worked with other agencies and professionals. For example, the service had worked with one person having short stays on set days to support another service the person attended.