

Kelso Care Consortium Limited

Coney Green Residential Home

Inspection report

18-20 Coneygreen Drive
Northfield
Birmingham
West Midlands
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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

Coney Green is a residential care home offering personal and nursing care for up to nine people with learning disabilities and physical disabilities or long-term conditions. At the time of the inspection there were eight people living in the home.

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

We saw two incidents of staff not following best practice in relation to infection prevention and control practices. These were addressed immediately with staff by the registered manager, giving us assurances, these issues had been resolved.

Staff demonstrated an understanding of supporting people with dignity and respect. However, we observed one incident where a staff member was using their personal mobile phone in a person's bedroom, when the person was present. This was addressed immediately by the registered manager, when brought to their attention.

The provider had developed a range of audits and quality assurance checks to assist with driving improvement within the service.

People were clearly comfortable, relaxed and happy around care staff and staff understood how to keep people safe.

Training for staff to understand people's individual circumstances had been provided.

Staff understood who to report concerns to as well as the risks to people's health.

Staff had very good knowledge and understood people's health conditions and the support they required.

The risks to people's health were reviewed regularly and care plans updated following any changes.

Safe recruitment and background checks were carried out prior to staff commencing employment.

People's changing needs were reviewed and staffing needed to support people safely was updated.

People received their prescribed medications safely and in accordance with their specific guidance.

Staff were supported with regular supervisions and training.

Staff supported people to maintain a healthy diet.

People were supported to attend appointments with healthcare professionals and guidance was sought

when people's needs changed.

Staff had a good rapport with people and told us they liked the staff supporting them.

Staff we spoke with understood people's individual care needs and preferences. Staff involved people in their care by explaining choices and supporting people to make decisions about their care.

People were supported to pursue hobbies and interests that were important to them.

People knew who to speak with if they were unhappy about their care.

Complaints were recorded and responded to in line with the registered provider's policy.

Staff supporting people understood the importance of obtaining their consent.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

The last rating for this service was Good (published 17 May 2019).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Coney Green Residential Home

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.

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

Inspection team

The inspection was completed by two inspectors and an assistant inspector.

Service and service type

Coney Green Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service.

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 used all of this information to plan our inspection.

During the inspection

We met and spoke with six people who used the service. We used a range of different methods to help us understand people's experiences. Some people were unable to tell us their experience of living at the home, so we observed how the staff interacted with people in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 members of staff, including support workers, team leaders, senior support staff, deputy manager and the registered manager.

We reviewed a range of records. This included three people's care records and three people's medicine records. We also reviewed the process used for staff recruitment, including records in relation to training and records relating to the management of the home and a range of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies, training data and quality assurance records. We spoke with four relatives and two professionals who have been involved with the service.

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

- Staff had received safeguarding training and records we saw evidenced this. Staff demonstrated knowledge about safeguarding reporting procedures within the organisation and with external bodies such as the local authority.
- People were relaxed around staff and people told us they would speak with staff if they were not happy about something. People told us they felt safe. One person told us, "I feel very safe here, they [care staff] protect me from bad people." Another person told us, "Staff are nice and kind."
- Staff we spoke with were able to tell us about all the risks they needed to be aware of when supporting people.
- Where a safeguarding incident had been identified, the relevant agencies had been notified and action had been taken by the service to reduce the risk of a recurrence. There were systems in place to monitor staff performance and actions to be taken, to reduce the risk of recurring poor performance.
- Staff were aware of the whistleblowing policy and had access to this via the new electronic portal.
- The registered manager monitored the service and reported any safeguarding incidents to the local authority.

Assessing risk, safety monitoring and management

- Risk to people had been appropriately managed. There were robust risk assessments in place to guide staff to how they should support people safely.
- Risk assessments were regularly reviewed, and staff referred to these to ensure they supported people to reduce the risk of avoidable harm.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely in the case of an emergency.
- Risks in relation to the premises were identified, assessed and well-managed.

Staffing and recruitment

- We reviewed staff members recruitment files and found the provider followed safe recruitment processes. Staff files evidenced suitable references were obtained and criminal background checks were carried out prior to staff commencing employment.
- Staff told us they had received an induction when starting work, had the opportunity to shadow other staff and completed training.
- Our observations during the day, indicated there were enough staff on duty to support people with their care needs. People told us staff were available when they needed help.

Using medicines safely

- We reviewed a selection of medication administration records (MAR's) and saw that information for staff members to follow was clear.
- Medicines were safely stored, administered and destroyed when people declined to take them or they were no longer required.
- There were measures in place to monitor the use of 'as required' medications.
- Staff had received training in the safe handling of medications and told us the correct procedure they would follow if an error occurred. Following on from their initial training, staff also had their on-going competencies assessed by the management team, to ensure they continued to safely administer medication.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. We saw two staff members who had long, painted nails, this was immediately addressed by the registered manager and nails were cut short. We also found soiled laundry on the floor in one person's room, this again was addressed immediately with the staff member who had not followed the correct procedures.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- We saw evidence of actions being taken and measures put in place when complaints or problems occurred. This included care plans and risk assessments being updated following any incidents and equipment such as sensor alarms being put in place to reduce the risk.
- During the inspection the provider showed us evidence detailing what actions had been taken, and measure in place to reduce the recurrence.
- Supervisions and staff meetings were used as a time to discuss things that went wrong, and everyone was able to be involved in how to improve and reduce the recurrence.

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

- We saw pre-assessments of people's needs were completed prior to people moving into the service. This was to ensure staff members were able to meet the person's needs. Family members told us they and the person living at the service were involved in the assessment and the planning of their support. Records showed care plans were reviewed when people's needs changed to ensure staff had up to date information to support people.
- Care plans identified people's choices and preferences, histories, hobbies and interests, allowing staff to have a person-centred approach when supporting people.
- Staff told us about the support needs of people. Staff clearly knew people and their individual needs and wishes well.

Staff support: induction, training, skills and experience

- Staff told us they have 'a lot of training'. There is a comprehensive training programme in place for staff to complete, this is in line with the care certificate. The care certificate is a set of standards that sets out the knowledge, skills and behaviours expected for specific job roles in the health and social care sector.
- The training reflects the needs of people living at the service, ensuring staff have the skills and knowledge to support people with care needs and health conditions.
- The management team meet with staff for one to one supervision. During supervisions staff training, development and progress are discussed. Staff told us they felt supported by the management team.
- The registered manager told us the deputy manager has just completed their leadership level five diploma in health and social care. This is a qualification designed to give staff members the opportunity to build both managerial and care skills.

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

- People who had difficulty swallowing had been referred to the Speech and Language Therapy (SaLT) to be assessed. There were clear guidelines in place for staff to follow and staff understood people's dietary needs. Staff told us the importance of adhering to people's assessed needs.
- We saw people who needed support with their meals, were supported appropriately and sensitively.
- People were supported to maintain their independence in choosing and preparing their meals.
- We saw there was a choice of meals offered and snacks and drinks were available in communal areas and people told us they enjoyed the food.

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

- People, we spoke to told us they saw health professionals when they needed to.
- We saw evidence of health professionals visiting. We also saw that referrals were made in a timely manner, to other agencies such as the optician, dentist and chiropodist.

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

- Some staff told us they would like the home to have further refurbishment to make the environment nicer for people using the service. However, people told us they were happy with the decoration of the home. The registered manager told us of the plans to make additional improvements and what they had already completed. An audit of the environment, which was completed, identified some of the areas in need of decoration and new fixtures.
- The home was two traditional houses, which was domestic in style. People had spacious bedrooms with en-suite bathroom facilities, these were personal in style and layout dependent on people's needs.
- We saw people making use of the garden during the inspection to enjoy leisure time and carrying out activities of their choice.
- People told us about a recent holiday they had taken with staff. They spoke excitedly about this holiday and clearly enjoyed themselves from the pictures we saw.

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

- We saw the management team were proactive in contacting other health care services for people living at the service.
- Feedback from a health professional we spoke to was positive about the management teams 'proactive approach'. One professional told us, "They [the provider] have very complex people, using the service and their [care staff] abilities and knowledge of de-escalation are incredibly impressive. Exemplary."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in and had a good understanding of people's rights under the MCA and when to act in their best interests to ensure people's safety and welfare is maintained.
- Where people required applications to be made under the Deprivation of Liberty Safeguards, the management team had completed these and had a system to ensure renewal requests were submitted, as required.
- People were supported by staff, using the least restrictive options. This included the use of door alarms to alert staff if someone, who was high risk of entering other people's bedrooms, was walking around so they could monitor them to keep them safe.

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.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them well and were kind and caring. We saw kind and caring interactions between people and staff. However, we did see on one occasion, a staff member used their personal mobile phone in a person's room, to take a personal call. The person who lived at the service was in the room at the time of the call taking place. The registered manager addressed this issue as soon as they were made aware.
- People were supported and encouraged to maintain their independence, where possible. We saw good interactions and encouragement from care staff during the preparation of meals and during activities. Care plans and risk assessments also promoted people's independence.
- People were clearly comfortable and relaxed around staff members and were confident to make requests, which were responded to. Throughout the day we saw people smiling and laughing. One person told us, "If I want to go to my room I can. I don't need to ask staff, if I want to do something, they let me do things by myself as long as I don't hurt myself." Another person told us, "I go out alone for walks and shopping. I just need to tell staff when I am going out."
- Staff we spoke with told us they had received training on supporting people with dignity and respect. We saw staff had an understanding of people's backgrounds and beliefs and respected these. Staff explained to us how they supported people sensitively with some of their personal care needs, ensuring the person was supported appropriately.

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

- People told us they liked the care staff who supported them. We saw people greeted staff warmly and people chatted with other people using the service and staff. People knew all the staff supporting them.
- The provider operated robust systems and processes to ensure people always received their care and treatment in a way that demonstrated individuality and respect.
- A health professional told us, "I really like their [the providers] ethos, they really understand person centred planning."
- One relative told us, "We think highly of the staff there. They work hard. They treat [name] like family."

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

- We saw people's views about the home and the quality of the service they received had been sought. This information was reviewed and actions of how items raised would be rectified were taken.
- We saw minutes from meetings which had taken place. People living at the service had the opportunity to express their views, which were taken into consideration.

- People we spoke with told us they knew if they had a concern they would be listened to.
- During the inspection we saw people were given the opportunity to make decisions, this included where they would like to go, if they would like the television or music on and what they would like to do.

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

- During the inspection a person told a staff member they wanted to go to the shops. Staff acted on this request and a group of people went to the local shops, which they enjoyed.
- We reviewed people's care plans and risk assessments and saw people's care had been reviewed in line with their changing needs.
- Meetings with health specialists took place to discuss people's most up to date care needs. We saw in two people's care plans how their plan and support was amended following the specialist advice. For example, medications were changed, or people's dietary needs were adjusted.
- Care plans we looked at showed people's histories, likes and dislikes had been explored. This helped staff to communicate in a meaningful way with people they supported.
- People told us they were able to make their own choices and decisions and were supported to do what they wanted, as long as they were safe to do so.

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.

- We saw some pictorial communication methods were used, to support people to make their wishes and feelings known, such as activities and the quality of the service.
- During the inspection we spoke with the registered manager about the Accessible Information Standard who was aware of the requirements of the AIS. The registered manager was able to describe how they would take steps to provide information in alternative formats if needed. The registered manager had made some changes to the quality assurance questionnaires for people using the service, to make them easier for them to use. They had been streamlined and were available in picture format.
- We observed staff interacting and communicating with people in their preferred way.

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 we spoke with told us about they were supported to maintain relationships with their families. We reviewed two people's care plans and we found visits to people's families were arranged and supported by staff in order to help maintain important links. Staff we spoke with understood people's family networks and why it was important each person kept in contact with these.
- One relative told us, "They [care staff] have been great, during Covid they helped [Name of person] to

facetime every day." We also saw some people had mobile phones which they used throughout the inspection, to chat with people who were important to them.

- Two people were supported to attend college and another person had been involved with volunteer work at the local charity shop.
- Two people living at the service were in a relationship together and another had a partner outside of the service and they had been supported with maintaining these relationships.
- A relative told us, one person had improved their skills and independence so much they were in discussion about transferring to supported living. However, the person did not feel ready yet. The registered manager told us the service had supported a person who lived there previously to improve their skills so much, they were able to transfer into their own, independent flat.
- Following the easing of COVID-19 restrictions we saw that one person was supported to spend the weekend at home with their loved ones. Staff told us how this had reduced the person's level of anxiety, improving their quality of life. The person's relative told us, "They [care staff] are very good with them and really go beyond to help with family links."
- There was a variety of activities which people were encouraged to participate in, however, since the pandemic these had been restricted. People told us they enjoyed going to restaurants' for meals, holidays to seaside locations cinema, bowling and shopping trips, to name a few.
- Staff told us about the allotment they had and how they plan to spend time with people who used the service in the allotment. They spoke positively about the benefits it would have for people, being outdoors and growing produce which they could pick and eat. People told us they were looking forward to helping on the allotment.

Improving care quality in response to complaints or concerns

- People were encouraged to share their thoughts about the home and their care.
- People we spoke with told us they felt comfortable speaking to staff or the management team to share their concerns.
- We reviewed the complaints process and saw there was a system in place for dealing with and responding to complaints. Any learning from complaints were shared with staff to help improve the service.

End of life care and support

- At the time of the inspection there was no one being supported with end of life care.
- We saw evidence that people's wishes had been explored and people's next of kin were involved.

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 Good. At this inspection this key question has remained the same. 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

- Meetings were regularly held for people relatives and staff, giving people the opportunity to be involved in developing the service. Staff had the opportunity to raise anything at the meetings and felt they were listened to and valued.
- People were supported to set themselves targets to achieve their desired outcomes. These included people being supported to travel independently or be able to make their own meals.
- Staff and people using the service told us about a recent barbeque which the provider held to celebrate the easing of COVID-19 restrictions and to thank everyone for all their hard work and understanding during the pandemic.
- A staff member told us how the registered manager had supported them to develop their knowledge and skills. The staff member now has more involvement in developing and reviewing people's care plans and risk assessments.
- The provider had displayed their previous inspection rating as they are required to by law.

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 registered manager understood their responsibilities around the duty of candour. They had a policy and procedure in place. We saw from records they had been open and honest when dealing with complaints.

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

- There were quality audits completed by the management team to reduce the risk to people living at the service and staff. The registered manager continues to develop and introduce audits when identifying areas within the home to develop and monitor.
- There were robust systems and processes in place for oversight and management of safety, risk and governance.
- Care records and risk assessments contained good detail to ensure information was detailed and current for staff to refer to. The registered manager told us about their current revision of the care plan documentation and transferring these onto the computer.
- There is a stable management and care team. Many staff members have worked at the service for many years and have a good working relationship. The nominated individual is accessible to management and

staff team to provide support and guidance.

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

- We saw care staff taking into consideration people's equality characteristics and these needs were considered within the care planning process and met during care delivery.
- The registered manager told us how following the easing of restrictions, they now want to increase the engagement of the local community and for people to access the local community more. Discussions with people living in the home had taken place to explore where, in the local community they would like to visit and activities they would like to start pursuing again. People living at the service told us they were excited and looking forward to going out more.
- Relatives felt able to speak with staff and management of the home when needed and felt their feedback would be listened to.

Continuous learning and improving care

- The registered manager ensured they always kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they have access to continued learning so that they had the skills to meet people's needs.
- The provider had recently introduced a new on-line learning system which staff members told us was good. However, some staff did say they felt they would benefit from more face to face training such as dementia training and moving and handling.

Working in partnership with others

- District nurses and other health professionals regularly visited to provide advice and care for people using the service.
- We saw where incidents had occurred actions had been taken and measures put in place to ensure the person's on-going safety. Investigations into any safeguarding concerns had been conducted in partnership with the local authorities to reach a satisfactory outcome.
- The nominated individual and manager worked with other health and social care organisations to achieve better outcomes for people. This included healthcare professionals who worked closely with staff, to meet people's health needs.