

# Community Integrated Care Coronation Road

## Inspection report

14 Coronation Road  
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Date of inspection visit:  
20 February 2017

Date of publication:  
04 May 2017

## 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

Coronation Road is a care home for adults with a learning disability. It provides accommodation and personal care for two people, nursing care is not provided. The building is divided into two separate bungalows for each person that includes a kitchen, lounge dining room, bathroom and bedroom. There are dedicated staff teams for each person.

At the last inspection in November 2014 we had rated the service as 'Good'. At this inspection we found the service remained 'Good' and met each of the fundamental standards we inspected.

There was a new registered manager employed at the service since the last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they were safe living in this home and said that the staff supported them to stay safe in the local community. We saw that people who lived in the home were comfortable with the staff who worked there. People were protected from the risk of abuse because the staff in the home understood their responsibility to keep people safe and the actions to take if they were concerned a person may be at risk of harm.

There were enough staff to provide the care that people needed and to support people to follow the activities they enjoyed. People told us that they liked the staff and said the staff treated them with kindness and respect.

People enjoyed the meals provided in the home. They were included in planning and preparing their own meals and were given support to maintain a healthy diet.

All the staff employed in the home had received training to ensure they had the skills and knowledge to provide the support people needed. The staff knew how to support people to make choices about their lives and how they communicated their wishes. People were given choices about all aspects of their lives and were supported to maintain their independence.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities.

The registered manager of the home was knowledgeable about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, (DoLS). The focus of the home was on promoting individuals' rights and independence and no one in the home had any restrictions on their right to make their own choices.

Medicines were handled safely in the home and people received their medication as prescribed by their doctor. People told us that the staff in the home supported them to attend health care appointments as they needed. People were supported to maintain good health because they had access to appropriate health care services.

We saw that people in the home were included in decisions about how their care was provided. The atmosphere was open and inclusive. People had been asked for their views about the service and the care they received and action was taken in response to their comments.

People had the opportunity to give their views about the service and a complaints procedure was available and written in a way to help people understand if they did not read. We found no complaints had been received since the last inspection.

The service was well-led and the provider undertook a range of audits to check on the quality of care provided. People living in the home were very positive about the new manager. Staff reported an open and inclusive culture that promoted good team work.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Coronation Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

This was an unannounced inspection on the 20 February 2017 and was carried out by one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We reviewed other information we held about the home, including the notifications we had received from the provider about deprivation of liberty applications and injuries. We also contacted commissioners from the local authority who contracted people's social care. We spoke with the local safeguarding team. We did not receive any information of concern from these organisations.

During our visit we spoke with two people who used the service and observed their experiences. We also spoke to the registered manager, deputy manager and four support staff. After the inspection we spoke to two relatives, a doctor and another health care professional, to comment about the care provided to people who lived at Coronation Road.

# Is the service safe?

## Our findings

People who could speak with us told us that they felt safe living in this home. They told us that they liked and trusted the staff who supported them and said they would speak to a member of staff if they felt unsafe or anxious. One person said, "I like the staff, they are nice and look after me and I can speak to them if I'm not happy".

Some people were not easily able to tell us their views. We saw that they looked comfortable and relaxed in the home and with the staff who were supporting them.

All the staff we spoke with told us that they had completed training in how to recognise and report abuse. One staff member told us, "We have thorough training in safeguarding, we all know how to recognise and report abuse." All the staff told us that they would not tolerate any form of abuse and said that, if they had any concerns, they would report these immediately to the registered manager or to a senior person in the organisation. People who lived in the home were protected against the risk of abuse because the staff employed understood their responsibility to ensure people were protected from harm. We saw in the safeguarding log kept by the home that a recent issue with medications had been appropriately reported to the safeguarding authority. The registered manager had taken action to ensure the risk of any errors reoccurring had been minimised.

We saw that risks to people's safety had been assessed and measures had been put in place to reduce the identified risk while supporting individuals to live as independently as possible. Some people enjoyed following activities in the local community. Risk assessments and care plans were in place so that staff knew how to safely support people take part in activities and to take holidays.

The registered provider had plans in place to deal with foreseeable emergencies in the home. For example, emergency plans were in place including the action to be taken in the event of a fire. We saw that people who lived in the home had been given guidance on what they needed to do if there was a fire in the home. The staff and people who lived in the home knew the actions to take if there was a fire. This helped to ensure people were protected.

We looked at records to check maintenance contracts, the servicing of equipment contracts, fire checks, gas and electrical installation certificates and other safety checks. Regular checks were carried out and contracts were in place to make sure the building was well maintained and equipment was safe and fit for purpose.

People told us that there were enough staff to provide the support they required when they needed it. During our inspection there were four support staff working in the home plus a senior support worker. Over the last six months the home had greatly reduced the use of agency staff and now had consistent care teams allocated for each person living in the home. We saw that there were enough staff to provide people with the support they needed and to ensure their safety.

The registered provider used safe systems when new staff were employed. All new staff had to provide proof of their identity and have a Disclosure and Barring Service check to show that they had no criminal convictions which made them unsuitable to work in a care service. New staff had to provide evidence of their previous employment and good character before they were offered employment in the home. This meant people could be confident that the staff who worked in the home had been checked to make sure they were suitable to work there. One member of staff confirmed that all these checks had been carried out before they were employed.

People told us that they received their medicines when they needed them. We looked at how medicines were stored and handled in the home. We saw that medication was stored securely to prevent it being misused and good procedures were used to ensure people had the medicines they needed at the time that they needed them. All the staff who handled medication had received training to ensure they could do this safely. People received their medicines in a safe way and as they had been prescribed by their doctor, this helped to ensure that they maintained good health. The registered manager had made the systems for dispensing medicines more robust with additional checks in place, such as only allowing permanent staff to manage medicines.

# Is the service effective?

## Our findings

People who could speak with us told us that the staff in the home knew the support they needed and provided this at the time they needed it. One person told us, "Staff do a good job and know what they are doing" and "The staff know me really well, they know if I'm getting upset and how to help me to feel better".

All the staff we spoke with told us that they received a range of training to ensure that they had the skills to provide the support people required. They told us that all new staff had to complete thorough induction training before they started working in the home. They said they completed further training while working in the home and were not able to carry out specialist tasks, such as handling medication, until they had completed appropriate training. The staff told us that the training they received gave them the skills and knowledge to provide the support people required. One staff member told us, "I worked in care before coming here, but I still had to do loads of training to make sure I had the right skills for this home".

All the staff said they felt well supported by the registered manager and senior care staff. One person said, "If the [registered] manager isn't here there's always a senior, [senior care worker], the seniors are really good and we know we can always call the manager if we're concerned about anything". The staff told us they had formal supervision meetings with the registered manager where their practice was discussed and they could raise any concerns. Staff had training specific to the service and had recently completed challenging behaviour and managing epilepsy and seizures courses.

We checked to see how people's individual needs were met by the adaptation, design of the service. We saw the home had aids and adaptations such as an assisted bath, hoists and moving and handling aids to meet people's physical personal care needs.

We checked to see how people were supported to eat and drink enough and maintain a balanced diet. People told us that they enjoyed the meals provided. People said they had a choice of meals and that they could have a hot or cold drink whenever they wanted one. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Risk assessments were in place to identify if the individual was at risk of choking or malnutrition. We noted that the appropriate action was taken if any concerns were highlighted.

People's weights were regularly monitored. This helped staff to identify the need to involve healthcare professionals such as the dietician or speech and language therapist in a timely manner. Some people needed support in eating a healthy diet and we saw that this was provided in a patient and discreet way. One person told us that they were trying to maintain a balanced diet and said that the staff in the home were helping them to make healthy choices. We saw that the member of staff on duty gave people choices about the meal including what vegetables they wanted to accompany their dinner and whether or not they wanted salad.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

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 MCA. The procedures for this in care homes and hospitals are 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 were being met. Staff were aware of and had received training in the MCA and the related DoLS.

The registered manager was very clear and aware of the deprivation of liberty safeguards and knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. The manager told us applications had been authorised by the local authority. For example some of these applications were the restriction of having the front door secured with a coded keypad. On the day of the inspection an independent DoLS assessor was visiting in order to carry out one of these assessments. When we spoke with them they were very happy that the home understood the workings of the MCA and the use of restrictions in order to keep people safe.

Staff had a good understanding of the MCA and best interest decision making, when people were unable to make decisions for themselves. Records contained information about people's mental health and the 'best interest' decision making process, as required by the MCA. We saw that people were asked for their agreement before any care was provided.

People told us that the staff in the home supported them to attend health care appointments as they needed. During our inspection one person felt unwell. We saw that they told this to a member of staff and that the staff member contacted their doctor on their behalf. The member of staff ensured the individual was fully included in the discussion with the doctor and was informed of the advice the doctor had given. People maintained good health because they were supported to access health care services as they needed. A healthcare professional told us that they had an excellent relationship with the home and had "every confidence" that instructions were followed and that advice was sought in a timely manner. Another health professional said "The staff are very knowledgeable about the people they care for."

## Is the service caring?

### Our findings

People living in the home said the staff were "nice". We asked people if the staff treated them kindly and everyone we spoke with confirmed this. People told us, "I love going out with staff, they take me nice places." "Staff help me buy clothes and to look nice."

We observed warm, positive and relaxed interactions between staff and people who lived in the home. The staff knew how individuals communicated their needs and how they expressed their choices. We saw that the staff gave people the time and support they needed to communicate their wishes.

Throughout our inspection we saw that people were given choices about their care in a way that they could understand. For example, we observed one person being offered a choice of lunch and going out to the shops. They were showed the various choices to assist them to understand and to make a decision about their meal. We saw that boundaries were set out in a way that was written down in the person care plan in order to keep them safe. Staff were firm but always respectful and they reminded the person why the boundaries were in place, and that the person had agreed to them.

We saw how staff went the extra mile to make sure people followed their interests and to have meaningful and fulfilling lives of their choosing. One person had an interest in animals and staff had explore numerous ways for the person to engage with them, that included an electronic game on an ipad and a speaking digital cat. The person became really animated and obviously really enjoyed both these devices that staff had sourced for them.

The staff in the home showed that they knew how to support people to promote their independence. We saw that people were encouraged to carry out tasks for themselves as far as they were able to. People gave us examples of how their skills and independence had increased since moving to the home. One person was encouraged to make meals and to spend time in the kitchen and to do normal household chores.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. Some of the people who used the service faced challenges around communicating their decisions. However we saw that staff adopted a wide variety of communication techniques, including verbal and non-verbal, to ensure that people were able to make their own decisions about the care and support they received.

People who lived in the home told us the staff knew them well and knew what was important to them in their lives. We saw that the staff knew their preferred routine but still asked them what they wanted to do. When they confirmed that they wanted to follow their usual routine the staff member supported them to do so.

The staff protected people's privacy and dignity. People were asked in a discreet way if they wanted to use the toilet and the staff made sure that the doors to toilets and bathrooms were closed when people were using them.

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During our inspection we found that the home was clean and free from odours. This helped to ensure people's dignity was maintained. We saw that staff took a real pride in making sure the home was not only clean and tidy but also that it was decorated and furnished to high standards. Staff took the time and went to considerable effort to help each person to personalise their rooms.

The registered manager had identified that people's care records should document the end of life wishes of people, and their family, with regard to their wishes as they approached death. This was to include people's spiritual requirements and funeral arrangements and who they wanted to be involved in their care at this

time.

The registered provider had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives.

## Is the service responsive?

### Our findings

Everyone we spoke with told us that the staff in the home listened to them and supported them to make choices about their care and their lives.

People told us that they led very active lives, attending activities of their choice. The focus of the service was on treating each person as an individual, promoting their independence and ensuring their support centred on their needs and wishes. We saw that people were able to express when they were feeling unhappy to staff. Everyone we asked told us that they would speak to a member of staff if they wanted to complain. One person told us, "I'd tell [staff member], they would help me if I wasn't happy".

We looked at how the service kept people from being socially isolated. According to people's records of care they regularly accessed the community. This included the use of day centres, shops, cafes and other local amenities.

We looked at the records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. For example some assessments indicated that people needed support to mobilise. Plans were in place to ensure that people were supported to mobilise correctly and appropriate equipment had been provided.

The standard of support plans was good and they were written in a clear and concise manner. The registered manager and staff team had recently carried out a review of care plans to ensure they were person-centred and meeting people's holistic needs. The registered manager told us that this had helped both with team building and to ensure that people received consistent care and approach from staff. She told us, "For (name) this has been hugely beneficial. The staff team are now so focused on delivering the right support that has led to (name) having a huge drop in anxiety levels and is now able to engage so much more in activities and getting out and about. It's really good to see, (name) is much happier."

The support plans had been reviewed regularly to ensure they contained accurate and up to date information. We saw that people had set themselves goals of activities they wanted to follow or skills they wanted to learn. The records showed how people had been supported to plan each step they needed to complete in order to achieve their goals. People told us about their goals such as planning to attend a concert or arranging a holiday.

The service used a very person centred approach, for example one communication support plan read, "I like to have my nails painted pink." Staff said the person also enjoyed having pamper sessions and manicures. Another person went with a support worker to a Turkish barbers to have a haircut. Staff told us the person had really enjoyed having a massage last time they had been and now this was a regular event for them.

Where necessary or appropriate relatives and health and social care professionals were invited to care reviews. People told us that they had been included in developing their own support plans and we saw that these were in appropriate formats to ensure individuals were able to read their own plans and to know what

was written about them.

Everyone we spoke with told us that they were happy with the support they received and no one raised any concerns with us about the service. One person said, "The staff are brilliant, they help me if I am worried about anything". We asked people if they knew how they could tell staff if they were not happy about the support they received or about how they were treated in the home. We looked at how people raised concerns within the home.

The service had a formal complaints policy and procedure which was clearly displayed on a notice board in the home. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. There was also a procedure to follow if the complainant was not satisfied with the outcome. The complaints procedure was in an easily accessible format and the use of advocacy services was encouraged. There were no outstanding complaints about the service at the time of our inspection.

## Is the service well-led?

### Our findings

There was a registered manager at the service. 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.

The registered manager had been in post for just over six months. The registered manager was in attendance during our inspection of this service. The manager was registered for this home and one other small care home nearby. These were also run by the same provider, Community Integrated Care (CIC).

People living in the home told us they really liked the new registered manager and that she was always willing to spend time chatting and listening to what they had to say. We saw on the visit that people living in the home had an open and friendly relationship with the manager and with the staff team.

The atmosphere in the home was friendly and inclusive. The staff told us that the people who lived there were placed at the centre of how the service was provided. They said there was an emphasis on promoting people's choices and independence and this was confirmed by the interactions we observed between the staff and people who lived in the home.

The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff and relatives were also involved and encouraged to give ideas about the running of the home. Staff told us that they felt able to share any concerns openly. The home had in the last six months restructured the management arrangements.

We found that the registered manager had introduced several new systems, such as for care planning and assessments, supervision and appraisals and a more robust quality assurance system. These had significantly improved the running and monitoring of the service. Staff spoke positively about the registered manager and the deputy manager. One care staff member said, "(Deputy manager) is really supportive. She knows us really well and now we have the new manager who has also been fantastically helpful and has introduced loads of new training".

There were regular staff meetings. We saw from the minutes that these meetings offered an opportunity for staff to share their views and to be updated by the management. Some meetings included updates on specific training areas such as the MCA or safeguarding and staff had been reminded about forthcoming training dates. Staff told us that the registered manager frequently held staff meetings and that the provider operated an "open door" policy. Staff told us that they were encouraged to make suggestions as to how the service could improve. We saw how one suggestion about using an improved type of night time equipment had been suggested by staff and then actioned by the registered manager.

The registered provider also had a questionnaire that people were asked to complete to share their views of the home. We saw that the questionnaires had been discussed at one of the group meetings and people had

been asked if they would like to complete one. We saw that people had agreed to do this. The registered provider used formal and informal methods to gather the experiences of people who lived in the home and used their feedback to develop the service.

The registered manager of the home carried out regular checks on all aspects of the service. We saw that they had a plan for the continuous improvement of the service. The improvement plan included the views of people who lived in the home about how they wanted the service to develop.

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and senior support staff and said that they enjoyed working in the home. One member of staff told us, "I love my job, this is a good home, all the staff are here to provide good care to people".

All of the staff on duty told us that they were confident that people were well cared for in the home. They said they had never had any concerns about any other member of staff. The staff told us that they were encouraged to report any concerns and were confident that action would be taken if they did so. One staff member told us, "All the staff here are good, but we know we can speak to the senior support worker or to the [registered] manager if we had any concerns at all. But we all want to do a good job, I have no concerns, but I'd certainly speak up if I had, we all would". Another said, "The new manager encourages us to speak up and to come up with ideas. It feels a very supportive place to work and we feel valued as a staff team."

We found that records relating to staff and people who used the service were kept securely in order to maintain confidentiality. Records showed audits were carried out regularly and updated as required in order to monitor the service provided by the home. Monthly audits included checks on medicines management, care documentation and accidents and incidents. These audits fed into the providers central systems for quality and safety monitoring and this allowed for a further oversight of quality.

We found that equipment such as hoists and firefighting equipment had been regularly inspected and serviced. The provider carried out visual audits of the premises and where necessary, improvements to the environment were made.

Providers of health and social care are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.