Kelso Care Consortium Limited

# Coney Green Residential Home

**Inspection report**

18-20 Coneygreen Drive
Northfield
Birmingham
B31 4DT
Tel: 0121 478 1076

Date of inspection visit: 16 February 2016
Date of publication: 15/04/2016

## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

We inspected this home on 16 February 2016. This was an unannounced Inspection. The home was registered to provide personal care and accommodation for up to nine people who may have a learning disability or mental health support needs. At the time of our inspection nine people were living at the home.

The registered manager was present during our 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 we spoke with told us they felt safe. Staff that we spoke with understood their responsibilities to protect

# Summary of findings

people from harm and abuse. Risks had been assessed to keep people and staff safe. People and their relatives told us the management of medicines was consistent and safe.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently to meet people's individual needs. Staff were inducted and prepared for their roles.

Staff had a good understanding of the requirements of the Mental Capacity Act 2005. Systems were not always effective in demonstrating people's level of mental capacity. Some necessary applications to apply for Deprivation of Liberty Safeguards (DoLS) to protect the rights of people had been submitted to the local supervisory body for authorisation.

People told us they could access food and drink independently. Information stored within one person's care plan contained conflicting guidance about the person's nutritional needs. People we spoke with told us that they were involved in maintaining their health and well-being.

People were able to make decisions about how they wanted their care provided. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible. People told us they were able to express their own views.

People told us that they were involved and contributed to the planning and reviewing of the support they needed. Activities were provided to meet the interests of individual people. We saw people were engaged in day to day living skills.

People and their relatives knew how to share their experiences and raise any complaints or concerns. The complaints procedure was available in different formats to meet the communication needs of people living at the home.

People and staff we spoke with were complimentary about their experience of the home and the quality of the leadership. People told us they were encouraged to express their views and experiences about living at the home. Systems for monitoring the quality and safety of the service were being undertaken to drive improvements within the service.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

People told us that they felt safe living at the home. We saw that care was delivered in a way that ensured people's welfare and safety was considered.

Staff understood the risk of potential abuse and how to report it to keep people safe. Risks had been appropriately assessed to keep people safe.

People were happy with the arrangements for their medicines. Medicines were administered, handled and stored in a safe manner.

**Good**

**Is the service effective?**
The service was not always effective.

Staff received regular training and had the appropriate level of skills and knowledge to enable them to support people.

Staff understood how to effectively gain peoples consent before providing care and support to people. Records did not reflect people's level of mental capacity.

People's nutritional needs were met effectively; however we found conflicting information within one person's nutritional records.

**Requires improvement**

**Is the service caring?**
The service was caring.

People told us staff were kind and caring. We observed that people's privacy and dignity was respected by the staff supporting them.

People were supported to maintain their independence and made decisions about their own care and support.

**Good**

**Is the service responsive?**
The service was responsive.

Staff were aware of and responded to people's individual needs.

Care planning identified peoples personal preferences and set out personal goals and aspirations that people wanted to achieve.

People were supported to engage in activities of interest to them.

People and their relatives knew how to make a complaint or raise a concern. People told us they would feel comfortable doing so.

**Good**

**Is the service well-led?**
The service was well-led

**Good**

# Summary of findings

People and staff spoke positively about the leadership of the registered manager.

There were effective quality assurance systems in place to monitor and improve the quality of the service.

# Coney Green Residential Home

**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 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.

This inspection took place on 16 February 2016 and was unannounced. The visit was undertaken by two inspectors.

As part of the inspection we looked at the information we had about this provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views.

The provider was asked to complete 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. This information was received when we requested it.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection.

During our inspection we met and spoke with six of the people who lived at the home. We also spent time observing day to day life and the care and support people were offered. We spoke with the registered manager, one team coordinator, one team leader and three support workers. Following the inspection we spoke with nine relatives and / or friends of people and two health care professionals to ask them about their experience of the service.

We sampled some records including three people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files including the recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how the provider monitored the quality of the service.

Good

# Is the service safe?

## Our findings

All the people we spoke with told us they thought the service was safe. One person living at the home told us, "I do feel safe living here." We spoke with a relative of a person living at the home and they told us, "I have complete confidence that [name of person] is safe living at Coney Green."

We asked people living at the home what they would do if they felt unsafe or had any concerns. One person we spoke with told us, "If we are all here together and someone starts shouting then we tell the staff and they will stop things from escalating." Another person living at the home told us, "If I was worried about anything I would tell staff straight away." A relative we spoke with told us, "I feel happy to talk with staff if I have any worries. We have a good relationship, so it's easy to approach them."

People living at the home were kept safe by staff who understood their responsibilities of protecting people from abuse. Staff we spoke with told us that they had received safeguarding training. Staff were able to describe signs of abuse and confidently told us how they would respond to safeguarding concerns. Staff that we spoke with told us who they would report any concerns to both within the organisation and to external agencies. Staff we spoke with were confident about the registered provider's whistle-blowing hotline. A member of staff told us, "I would use the hotline number to report anything that compromised people's safety." The registered manager described what process they follow in the event of any safeguarding concerns. We saw that safeguarding incidents had been reviewed and learned from. For example, a missing person had resulted in alerting the local authority, police and notifying the Care Quality Commission. A protocol had been developed to support the person and all the staff so that the person was kept consistently safe.

We looked at the ways the home managed risks to people. We saw individual risk management plans were in place to keep people safe. Actions needed to minimise risks to people's safety, whilst not compromising their freedom and own decisions had been detailed in their care plans. One member of staff told us, "People are supported to go out on their own if they wish to. We work with people using a process called steps for independence. We look at all the risks together and people do as much as they want and at their own pace."

Staff we spoke with confidently described the procedure for reporting accidents and incidents. One member of staff we spoke with told us, "It's important to support both people and staff through any incidents that occur. We support people with behavioural strategies and work together looking at what has triggered the incident." Another member of staff told us, "If I'm in a difficult situation, I'll ask for help and support."

We asked staff how they would respond to a fire emergency. All staff were able to describe what actions they would follow and were consistent with their responses. One member of staff told us, "The fire alarms actually went off last week and it was great to see that the people living here were aware of what to do and all left the building to go to the fire assembly point."

We found that the provider's recruitment and selection process ensured that the staff who were recruited were done so safely. Prior to staff commencing in their role a full employment history, criminal records checks and appropriate references had been sought. Staff we spoke with told us that recruitment practice was good and that all the necessary checks were completed before they started working with people.

We saw that there were enough staff visible to provide support to people when they needed it. We observed staff supporting people in communal areas. A person living at the home told us, "I'm off out today to the hairdressers and [name of staff] will come with me. We also spoke with relatives to gain their views. One relative told us, "There is always enough staff when I come and visit." Another relative told us, "There were some issues around staffing at night times, but [name of manager] increased the numbers and I believe it's much better now." We spoke with staff about staffing levels. All the staff we spoke with told us there was enough staff on duty to meet the needs of individual people and did not feel rushed or under pressure when supporting people. The registered manager told us, "If care needs change we will increase staff numbers."

People told us they were supported with their medicines. One person we spoke with told us the exact times they receive their medicines and that they are never late. A relative of a person living at the home told us, "I'm very confident that [name of relative] receives their medicines safely. Staff are organised, have a schedule and are always on time." Another relative told us, "Medicines are securely

Good

# Is the service safe?

handled and not done casually. I've no problems with this." We saw medicines being administered; this was done in a safe and dignified manner. Checks were made by two staff prior to administering any medicines. We observed one person requesting pain relief and this was responded to in a timely manner. We observed another person being offered food with their medicines as specified on their individual medicine record. We noted unclear codes were being recorded on the medicines administration records. This was rectified before we left the service. The provider stated in the provider information return (PIR) that there had been a previous medicine error. We saw that the registered manager had responded to this in an appropriate manner which included; meetings with the person, their relative and representatives from the safeguarding team. Protocols were put into place to prevent errors recurring. This showed the registered manager had a system in place to learn from incidents.

We looked at the systems in place to ensure medicines were stored and disposed of safely. We found effective systems in place. This was supported by an independent medication audit by the community pharmacist who supplied the service. Staff told us that they had received training to administer medication. We found that competency assessments had been conducted to ensure staff were able to administer medicines safely.

Requires improvement

# Is the service effective?

## Our findings

Staff and the registered manager knew people well. They spoke warmly of the people they supported and described people's care needs and preferences. One member of staff we spoke with told us, "People living here get to choose their own keyworker [staff who are named workers assigned to support people]. It's all about their own choices." All the staff we spoke with told us that they felt well supported and received opportunities to undertake training to enable them to carry out their jobs effectively. One person living at the home told us, "Yes, staff are good at their job and look after us well." We spoke with a relative who told us, "I don't know how well trained staff are but I would say that there's always a variation in staff experience and life experience. At the heart of it, the management and staff at this home are very good." Another relative told us, "I didn't realise how well-educated staff are. They take into consideration emotional impacts and consequences when [name of relative] had a change in their medication."

Records we saw confirmed that regular training had taken place. Specialist training had been provided to meet specific health conditions for individual people. The registered manager advised us that whilst they did observe staff interacting with people in the workplace there was no evidence of any competency assessments being carried out. There was no system in place to monitor and assess how the knowledge and skills gained by the staff were being put into practice and continually developed. The registered manager advised us that they had plans to implement competency checks on a regular basis following our inspection.

We saw that staff were provided with and completed an induction before working for the service. Staff told us that they were closely supported during their induction period and the registered manager had checked on their performance and progress during and at the end of their induction. A member of staff told us, "My induction involved working with [name of manager] looking at care plans and policies and procedures. I did some shadowing [observations of more experienced staff] and spent time talking with people who live here. I have been observed by [name of manager]. I'm now doing my care certificate [a nationally recognised induction programme for new staff].

We saw and staff confirmed that volunteers were equally supported and trained for their job. Volunteer staff told us they had received regular supervision and felt well supported by their peers and the registered manager.

Staff we spoke with told us that communication was effective within the team. We saw that staff participated and contributed to handovers between shifts to enable staff to facilitate continuity and provide the best possible outcome for people. The provider had suitable management on-call rotas in place to support staff when they required advice 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 people lack mental capacity to take particular decisions, any decision 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. The application procedures for this in care homes 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. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. We saw records to demonstrate actions the registered manager had taken to support a person with an emergency DoLS application. All the staff we spoke with about this were aware of the reasons behind the application made.

Staff we spoke with understood and had received training about their responsibilities to promote people's rights in relation to the MCA. We saw that staff supported people in a way that reflected the principles of the act. For example, we saw a member of staff asking consent from a person to support them when they had come in from the cold outside. A person we spoke with told us, "Staff always ask me what I want before doing anything for me." A relative of a person living at the home told us, "[name of relative] has absolute freedom to do what they want to do every day. [name of relative] can choose what time to get up and go to bed." Another relative told us, "[name of relative] is unable to verbally communicate, but they can still give consent.

Requires improvement

# Is the service effective?

They will most definitely let staff know if it's a yes or a no and if they don't want to do something, they won't." A member of staff working at the home told us, "There are people here who are unable to make some decisions. I still always say 'would you like to' and always explain what I'm doing."

We found that people's mental capacity to consent to care had not always been assessed and reflected in their care plans. We saw in one person's care plan that they used a specific piece of equipment that may restrict their movement. We did not see evidence that the person had given consent for this equipment to be used. However, we saw and the registered manager could describe how they make best interest decisions for people where people lack the capacity to make a decision themselves. Records demonstrated that multi-disciplinary meetings had taken place involving people, their relatives and health and social care professionals identifying clear outcomes to support the person.

People told us they enjoyed being independent and making their own meals. One person told us, "I do a lot of cooking, I really enjoy it." We observed that preparation of meals was a pleasant experience and a time for socialising. We saw that the interactions between staff and the people they were supporting were positive with lots of chatter and laughter. People told us that they choose what to eat and drink at their preferred time. One person told us, "We all help each other to prepare meals. I enjoy this, but I don't like cleaning up afterwards." A relative we spoke with told us, "People can go and get food and drink when they please. It is their home after all." A friend of a person living at the home told us, "I go and visit [name of person], I stay with her for lunch and meals are very tasty."

Where people had support needs in respect of their nutrition and/or swallowing risk assessments, care plans were in place. On one person's care plan we saw that health professionals had assessed the person as being at risk of choking. We noted some information stored with the care plan was possibly conflicting advice for staff to follow. There was some inconsistency with the staff we spoke with in relation to the person's dietary needs. Following this inspection we were advised that this information had been removed.

People were supported to maintain and look after their health. One person told us, "I see the doctor if needed. There is a pharmacy at the local supermarket." A relative we spoke with told us, "[name of person] has a range of conditions and if there are any changes they [the staff] are really on the ball getting to a doctor." Following the inspection we spoke with two healthcare professionals who shared positive comments with us about the support people received.

Good

# Is the service caring?

## Our findings

People told us that they were happy living at the home. People told us the staff were kind and caring. One person living at the home told us, "Staff are caring and they listen to me." Another person told us, "I like the staff." Staff understood people's needs in respect of their age. One person we spoke with told us, "The best thing about living here is my boyfriend; he can come and visit me." A relative of a person living at the home told us, "Staff are brilliant, kind and good." Another relative told us, "Staff are caring and exceptionally good."

Staff that we spoke with told us they enjoyed supporting people. They were able to describe people's preferences and things that mattered most to them. People told us that they were able to express their own opinions and make decisions that were important to them. One person told us, "I clean my own bedroom every day and do my own washing." We spoke with a relative who told us, "Staff don't treat [name of person] like an institutional character, they like him and understand him. We like their attitude towards him." Another relative told us, "They [the staff] just know what is important to [name of person]."

We observed warm and caring interactions between people living at the home and staff. We saw that when a person became distressed staff responded to their needs in a timely manner and with a compassionate approach. Staff communicated with the person and looked at different ways to support them at the time.

People told us they valued their own independence and that staff respected this and encouraged it. One person told us, "I have my own key to my bedroom and I know the door code so I can go out independently." Another person told us, "My friend comes and visits me and takes me out for a meal. I like going out on my own with them." A relative we spoke with told us, "The home is really good at encouraging [name of person] to be more independent. It's really heart-warming to see."

People we spoke with told us that they could have visitors at any time. A person living at the home told us, "My friend comes all the while." Another person told us, "My visitors can come anytime" Relatives confirmed that they could visit without restrictions. One relative told us, "I can visit my relative whenever I want to. I have the key code to let myself out."

People told us they were treated with dignity and respect. A person using the service told us, "I enjoy having a shower, staff never just walk in." A relative of a person living at the home told us, "The staff treat [name of person] with dignity and they act in a confidential manner." People we spoke with told us they have privacy when they want it. One person told us, "My friend spends time with me. We watch films together." Another person told us, "I get enough private time and space when I need and want it." Staff could describe what they did in practice to protect people's privacy and dignity. One member of staff we spoke with told us, "People have the right to live a normal life and we have to respect that."

Good

# Is the service responsive?

## Our findings

The provider stated in the provider information return (PIR) that people were involved in their care at all times. People told us they had been involved in the planning and reviewing of their care and support needs. They were happy with the quality of the care provided which was provided in the way that they wanted. One person told us, "I go to meetings with [name of staff] and we discuss if I'm happy." Care plans we saw included people's personal history, individual preferences and interests. We saw that care planning detailed people's individual goals and aspirations. Individual targets had been developed with people identifying what their ambitions were and how they were going to reach them. Visitors we spoke with told us that they were asked to contribute towards their relative's care plans and had participated in their care reviews. One relative told us, "I like to be involved with care plan meetings. [name of person] has a person centred plan, and it describes their likes and dislikes; this was started before they went to live in Coney Green." Another relative told us, "I'm involved in reviewing care plans and this happens every six months or so; but the home is happy for changes and updates outside of these times."

We looked at the arrangements for supporting people to participate in their expressed interests, education and hobbies. A person living at the home told us, "I go to college three times a week for Maths, English and cooking." Another person we spoke with told us, "I enjoy going to disco's and going bowling." Some of the people we spoke with told us about their recent celebrations for valentine's day and spoke positively about their experience. A relative we spoke with told us, "[name of person] is unable to tell the staff what his interests are. The staff have done a lot of work with [name of person] to identify what activities they enjoyed. They found that they loved swimming. I must say this has been a tremendous success and I'm really pleased with their efforts." We saw the home was flexible and responsive to people's individual needs and saw activities were planned with individual people. For example, we observed people enjoying a sensory experience of light and touch. Other people were out with staff or independently. One person baked some biscuits with a member of staff and enjoyed sharing them with their friends. People were actively supported to engage with their local communities which prevented the risk of social isolation.

People were supported to maintain relationships with people that mattered to them. One person living at the home told us, "I got engaged on Christmas day and my partner visits me on a Sunday." Another person told us, "I met my best friend at college. She comes and visits me." We saw that the home had a pet cat which people enjoyed looking after. A visitor we spoke with told us, "I used to live here and I've got lots of friends here, I like to come back to visit everyone."

People and their relatives told us they would make a complaint if they needed to. One person living at the home told us, "If I had any complaints I would tell [name of manager]. Another person told us, "I could tell anyone, but I think I would tell [name of manager]. I can talk to him and he would listen to me." Relatives we spoke with all told us they are able to raise any complaints or concerns and that they were responded to in a timely manner. We saw evidence that where people and their relatives had raised complaints and concerns these had been responded to and resolved. The registered manager told us that all information received was analysed to make improvements to people's lives. The complaints procedure was accessible and available in different formats to meet people's needs. This also included an audio version to ensure the procedure was inclusive to all.

Good

# Is the service well-led?

## Our findings

People and their families told us they were happy with how the home was managed. One person we spoke with told us, "I like [name of manager]. He is nice." A relative expressed their views and told us, "Good staff, motivated and enthusiastic and led by a good manager. I can't speak more highly of them." Another relative told us, "I'm confident in the manager. The team seem much stronger." A healthcare professional who provided support to a person living at the home told us the leadership of the home was good.

People told us and we saw that the service held regular meetings providing opportunities for people to express their views and experiences of life at the home. One person living at the home told us, "We have meetings to talk about holidays, trips, and going out bowling." We saw that feedback questionnaires had been received from people, their relatives and staff. The questionnaires were accessible and in different formats to meet individual communication needs. A person living at the home told us, "I have completed a form about how I feel about living here." A relative we spoke with told us, "I have completed satisfaction questionnaires regularly since my relative has been here." We noted that feedback had been analysed and an action plan had been devised in response to the feedback. This demonstrated that the information had been used to drive improvement within the service.

Our inspection visit and discussions with the registered manager identified that they understood their responsibilities and felt well supported by the provider. The registered manager described ways in which they were keeping themselves up to date with changes to regulations introduced in April 2015.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

Staff we spoke with were clear about the leadership structure within the service. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly. We saw records about safeguarding incidents had been shared in monthly meetings with staff which demonstrated the registered manager had systems in place for sharing and learning from incidents. A member of staff told us, "I love working here. There is no unpleasantness within the team." Staff told us that the registered manager led by example and played an active part in supporting people. We observed that the registered manager made themselves available and were visible within the home.

There was an overt surveillance CCTV system fitted in some communal areas within the home. The registered manager advised us it was primarily used to enhance the security and safety of premises and to protect the safety of people. The use of the system had been updated and reviewed in light of new surveillance guidance. We saw that people living at the home had been consulted about the continued use of the system. The consultation had used accessible and different formats to meet individual communication needs to ensure that the consent sought was meaningful.

We saw that an effective system of auditing and monitoring of the quality and safety of the service was in place and used on a regular basis. Where areas for improvement were identified action was taken or noted in an action plan. The provider had completed regular 'operational managers visits' and audited various aspects of the quality of the service.