

Solihull Metropolitan Borough Council

7-9 Downing Close

Inspection report

7-9 Downing Close
Knowle
Solihull
West Midlands
B93 0QA

Tel: 01564732840
Website: www.solihull.gov.uk

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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

About the service

7-9 Downing Close is a residential care home providing personal care and accommodation for people with learning disabilities.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service consisted of three separate domestic style bungalows registered to support up to 10 people. Ten people were using the service during our inspection visit. There were no identifying signs to indicate this was a care home. The bungalows were clean and tidy during our visit and the environment continued to meet people's needs.

People continued to feel safe and they were protected from harm. Risks associated with people's care and support had been assessed and were managed well. Staff were recruited safely and were trained and competent to carry out their roles effectively.

The management of people's medicines was safe, and people had access to health professionals when required. People's nutrition and hydration needs were met, and the staff team worked in partnership with health and social care professionals to ensure people received effective care.

Staff were caring, and people were treated well. People's right to privacy was respected, their dignity was maintained, and people were encouraged to be independent. People and relatives were treated as active partners in their care.

Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in place supported this practice.

Staff knew people well and provided responsive care in line with their wishes. People's needs had been assessed before they moved into the home to ensure these could be met. People's care records contained the detailed information staff needed to provide personalised care.

People maintained links with people that mattered to them and with their local community. Staff had a good understanding of the way people preferred to communicate and understood what people were communicating through their gestures and behaviours.

People and relatives spoke positively about the leadership of the service. Effective systems monitored and continually improved the quality and safety of the service provided. People and relatives knew how to complain, and lessons were learnt when things had gone wrong.

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

Rating at last inspection

The last rating for this service was Good (published 22 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

7-9 Downing Close

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.

Inspection team

One inspector visited the service.

Service and service type

7-9 Downing Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who had 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

The inspection visit took place on 2 December 2019 and was unannounced.

What we did before the inspection

Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. 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.

During the inspection

We spoke with two people during our visit to gather their views of the service they received. However, other people due to their complex needs could not provide us with this information. Therefore, we used different methods to gather experiences of what it was like to live there. For example, we observed how staff supported people throughout our visit. As part of our observations we also used the Short Observational Framework for Inspection tool (SOFI) in a communal area. SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We also spoke with the provider's service manager, two deputy managers, five support workers and an interim care manager.

We reviewed two people's care records to ensure they were reflective of their needs. We looked at three people's medicine administration records. We reviewed records relating to the management of the service such as quality audits and staff training data. We also reviewed two staff files to check staff had been recruited safely.

Following our visit, we received feedback from two people's relatives and one health professional about the service provided.

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.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been assessed. One person was at risk of falls and their risk assessment provided staff with the detailed guidance they needed to manage and mitigate the risk. Discussion with staff confirmed they knew the actions they needed to take to keep the person as safe.
- People had personal emergency evacuation plans (PEEPs) which informed staff and the emergency services how to support people to evacuate the home quickly and safely in the event of an emergency.
- Staff understood the provider's contingency plans and knew what they needed to do to keep people and themselves safe in the event of an emergency.
- Effective processes were in place to minimise risks related to the premises and equipment. Safety checks including gas and electrical equipment took place in line with safety guidance.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living at the home. Relatives shared this viewpoint.
- Systems were in place to protect people from harm. Information was available in formats people could understand if they wished to report any concerns.
- Staff completed safeguarding training and demonstrated they understood the different types of abuse people may experience. Staff knew how to report concerns about the well-being of people who lived in the home.
- The management team had shared information, when required, with the local authority safeguarding team and with us (CQC), to ensure allegations or suspected abuse were investigated.

Staffing and recruitment

- During our visit enough staff were on duty to respond to people's needs in a timely way and maintain their safety. A relative commented, "There are always plenty of staff. It's always the same faces that I see so I know [Person] is safe in their care."
- Staff were recruited safely. The provider had completed checks to ensure staff who worked at the home were suitable.

Using medicines safely

- Medicine administration records showed people had received their medicines when they needed them.
- Guidelines for medicines to be given on an 'as required' basis were in place which informed staff when to give people their medicines.
- Medicines were administered by trained staff whose competency had been checked to ensure their understanding of safe procedures.

- The provider followed safe protocols for the ordering, storage and disposal of medicines.
- A series of effective medicine checks took place. This meant any errors could be quickly identified and addressed.

Preventing and controlling infection

- All three bungalows were clean and tidy during our visit.
- Staff completed training on the prevention of infection and followed good infection control practice when they provided support. This protected people from the risk of infection.

Learning lessons when things go wrong

- A variety of systems were used to record accidents and incidents that happened.
- The whole staff team shared a commitment to learning lessons when things went wrong. Following one incident to prevent reoccurrence, staff had been reminded of the provider's record keeping procedures and of their responsibilities to report incidents in a timely way.
- The provider shared learning across their organisation to drive forward continual improvement.

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 feedback confirmed this.

Staff skills, knowledge and experience

- Staff received the training they needed to be effective in their roles. Their practice demonstrated they were competent and suitably skilled to meet people's needs.
- Newly recruited staff completed an initial induction, which included the Care Certificate. The Care Certificate is the nationally recognised induction standard. New staff also worked alongside experienced staff members to get to know people and to gain an understanding of their role.
- Staff members told us their managers encouraged them to complete qualifications in health and social care to continually increase their knowledge and skills and improve their work practices.
- Staff had individual meetings with their managers which gave them an opportunity to discuss and reflect on their practice.

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.

- The provider worked within the requirements of the MCA. The management team had submitted DoLS applications where needed to keep people safe.
- Staff completed MCA training. We saw they worked within the principles of the Act because they gained people's consent before they provided them with assistance.
- People's care plans identified whether they had the capacity to consent to different aspects of their care. Best interest decisions had been made for some people with the involvement of appropriate people such as, their relatives, staff and health care professionals. The outcomes of decisions made were clearly recorded.

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

- Protected characteristics under the Equality Act 2010 were considered during assessments of people's needs. For example, cultural needs and religion. Assessments involved people, their relatives and health and social care professionals. Information gathered during assessments was used to develop initial care and support plans.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to health professionals including district nurses, dentists and opticians when required.
- The whole staff team worked in partnership with health and social care professionals to ensure people received effective care. A health professional we spoke with told us staff sought and followed their advice.

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

- People were supported to eat a varied and nutritionally balanced diet.
- People were supported to plan weekly food menus which reflected their individual choices. Some people chose to visit local supermarkets with staff members to purchase food items of their choice which increased their independence.
- Staff knew what people liked to eat and drink. For example, one person liked to eat a particular brand of cereal for their breakfast. We saw the cereal was available.
- Some people were at risk of choking on food and fluids. Specialist advice had been sought and was followed by staff to mitigate risks. For example, one person was provided with soft foods such as, cottage pie to reduce the risk of them choking.

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

- The service consisted of three separate bungalows which continued to meet the needs of people who lived there. Each bungalow contained communal facilities including lounges and well maintained enclosed rear gardens for people to enjoy.
- People's bedrooms were decorated and personalised in line with their wishes.
- Corridors and doorways were wide enough to accommodate equipment, such as, wheelchairs. Communal contained bath hoists and walk in showers to ensure people's needs were met.

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.

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

- Staff provided kind and compassionate care and support. On several occasions we saw one person and staff members hug each other. The person initiated the hugs and it was clear they wanted and enjoyed the interaction.
- Relatives spoke positively about the staff who supported their family members describing them as 'brilliant' and 'really caring'.
- During our SOFI and throughout our visit staff chatted to people about things that were important to them. People clearly benefited from this positive engagement.
- From speaking with staff, it was evident they cared about people and they enjoyed their jobs. One staff member said, "We all care about each other. The atmosphere is lovely. People get the best care from us."
- Staff understood the principles of the Equality Act and their practice demonstrated they respected and promoted people's differences.

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

- People were treated as active partners in their care. Their views were gathered in a number of different ways including monthly meetings and regular reviews of their care and support.
- Relatives felt involved in their family members care. One said, "It's all very inclusive. I am kept up to date with any changes that I need to know about."
- There were numerous examples of where people's views had been acted upon to improve their wellbeing. One person had recently been supported to attend a musical theatre performance. The staff member who had accompanied them said, "They loved it so much they didn't want to leave when it finished."
- One person had an advocate who supported them to make decisions to maintain choice and control over their life.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff guided people to a private place before helping them with personal care. We saw privacy window film had been fitted on one person's bedroom windows that over looked a car park to prevent people outside from seeing in.
- People were encouraged to be independent. We saw some people used adapted cutlery and plate guards which helped them to eat their meals without needing support from staff.
- Staff recognised the importance of people being independent. One person liked music and a deputy manager explained they were sourcing an electronic device that responded to voice commands. That meant

the person would be able to request and listen to music of their choice without staff assistance.

- The provider followed data protection law. That meant information about people was kept securely.

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

- People received personalised care and support from a consistent staff team who knew them well. For example, it was important to one person to wear jewellery. Staff knew this, and we saw a staff member supported the person to pick out jewellery items to match the clothing they were wearing. Other staff members complimented the person on 'how nice they looked' which made the person smile.
- People's care records contained the detailed information staff needed to provide personalised care. Care records were under constant review and were updated when people's needs changed to ensure they received the care and support they needed.
- Relatives felt involved in and consulted about their family member's care. One said, "They [staff] welcome my opinions. We have had lots of meetings to discuss his care."

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

- Social activities and new experiences were planned with people in line with their preferences. For example, one person had recently been on a city break to London.
- People had access to their local community. Some people enjoyed using public transport to access different places such as, pubs and shopping centres.
- People were encouraged to maintain relationships that were important to them. For example, one person was supported to visit their parent each week. Relatives told us they felt welcomed whenever they visited.
- Some people attended church services on a regular basis. A staff member explained people had made friends with other people who attended which had a positive effect on their wellbeing.

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.

- Communication profiles described in detail the way people communicated and how staff should engage with them to ensure their wants and needs were met. We saw one plan advised staff to, 'speak slowly and clearly.' We saw this happened during our visit.
- Staff understood what people were communicating through their gestures and behaviours. A relative said, "If [Person] points to her knee staff know she is in pain and give her pain relief."
- People were provided with information in a format they could understand, and staff used different

methods of communication to meet the needs of the person they were engaging with. This included, using gestures and pictures. People responded positively to this interaction which helped people to make decisions such as, what they wanted to eat.

End of life care and support

- People's end of life wishes had been sensitively explored and were documented if they had chosen to share the information. A relative explained they had felt very involved in the recent planning of their family members end of life care.
- There was a strong emphasis on partnership working with health professionals to ensure people received personalised and responsive care at the end stage of their life.

Improving care quality in response to complaints or concerns

- The provider's complaint procedure was available in different formats, including pictorial and staff understood the importance of supporting people to raise complaints.
- Relatives felt comfortable to raise complaints. One said, "If there was problem I would tell the managers. They would want to know so they could sort it out."
- No formal complaints had been received since our last inspection. However, feedback from relatives confirmed learning from minor issues they had raised had been shared with staff, so they could improve outcomes for people.

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

- People received personalised care and support from staff who assisted them to achieve their desired outcomes.
- The staff and management team shared values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives.
- The management team had a 'hands on approach' and worked alongside staff on a daily basis. This approach along with the daily 'walk arounds' ensured managers had an overview of how staff were providing care and support to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider's management team consisted of a registered manager who had overall responsibility for the service a care manager and three deputy managers. They were supported by a service manager who demonstrated a clear understanding of regulatory responsibilities.
- Staff understood what was expected of them and told us communication between them and their managers was good. One staff member said, "We use communication books and always handover information on shift so we all know what is going on and what has been happening." This meant staff had up to date information about people which helped them to do their jobs well.
- The management team understood their responsibility to be open and honest when things went wrong. Relatives felt lessons had been learnt when things had gone wrong and information had been shared with staff, to prevent reoccurrence.
- The latest CQC inspection rating was on display in the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People had opportunities to maintain and develop links with their local community which improved their wellbeing. On 27 November 2019 a relative had commented, 'There has always been outings and holidays for [Person] which he seems to enjoy.'
- Relatives, staff and a health professional spoke positively about the leadership of the service and the visibility of the management team.

- People were encouraged to share their experiences of the service by completing surveys and attending meetings. Recent feedback confirmed people were happy with the service they received.

Continuous learning and improving care; Working in partnership with others

- Quality assurance processes and the results of regular audits demonstrated good governance and effective risk management.
- Monthly compliance assessments were completed by deputy managers to determine if the service was meeting the essential standards of quality and safety. Audit findings were reviewed by the care manager who checked any required actions had been completed to drive forward continual improvement.
- The whole staff team worked with other agencies to ensure people received effective care. Feedback from a health professional confirmed this.
- Regular management meetings took place, which helped the management team to share and reflect on best practice. Deputy managers explained they cascaded their learning to the staff team to continually improve the service provided.
- The pattern of shifts staff members worked had changed since our last inspection. All staff we spoke with told us this change had improved the continuity and quality of care people received. One staff member said, "We work a longer day now. It's good for people as we don't have to rush back for handover anymore if we are out and about."
- Staff meetings were utilised to communicate updates and remind staff of their responsibilities such as, the importance of reporting incidents to their managers in timely way.