

Kelso Care Consortium Limited

Coney Green Residential Home

Inspection report

18-20 Coneygreen Drive
Northfield
Birmingham
West Midlands
B31 4DT

Tel: 01214781076

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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:

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:

Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults team to protect people.

Staff were supported in their roles and received an effective level of training. They told us they were happy with the level of training and support they received and we observed them supporting people in a competent manner.

People continued to be supported by an established team of staff who provided kind and personalised care to people living in the home. Safe recruitment of staff ensured people were supported by staff of good character.

People were protected from harm by the provider having effective systems in place to monitor medicine management, staffing, and the safe upkeep of the premises. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents, incidents and any near misses were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

Staff promoted people's dignity and privacy. Staff provided person-centred support by listening to people and engaging them at every opportunity. Staff were caring and understanding towards people. People using the service appeared comfortable in the presence of staff working in the service.

Support plans were detailed and reviewed with the person and their relatives when possible. Staff worked with and took advice from health care professionals. People's health care needs were met.

Staff were supported and aware of their role responsibilities.

People had a variety of activities which they enjoyed on a regular basis.

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

This care service supported people in line with the values that underpin the Registering the Right Support and other best practice guidelines. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Effective leadership and systems helped oversee and continuously improve the quality of the service.

More information about the inspection is in the full report.

Rating at last inspection:

The home was rated Good at the last inspection (report published in April 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

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

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

Inspection team:

One Adult Social Care Inspector carried out this inspection.

Service and service type:

Coney Green is a care home which accommodates up to nine people in one adapted building. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was available to meet with us on the day of the inspection.

What we did:

We reviewed information we had received about the service since the last inspection in May 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

People who lived at Coney Green did not all communicate verbally. However, we met with four of the people

living at Coney Green, and spent time observing staff working with and supporting other people in communal areas during the inspection. We also spoke with one relative, three staff and the registered manager.

During our inspection we looked at two people's care records and associated documents. We looked at previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, complaints and compliments. We also looked at records that related to how the home was managed, such as quality audits, fire risk assessments and infection control records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from risk of abuse

- People and staff we spoke with told us they felt personal care was safely given.
- Staff had received safeguarding training and records we saw evidenced this. Through our discussions staff demonstrated knowledge about safeguarding reporting procedures within the organisation and with external bodies such as the local authority.
- There was a whistleblowing policy, which staff could access. Staff we spoke with understood safeguarding and whistleblowing.
- The registered manager knew what constituted safeguarding, and reported any allegations or actual issues to the local authority.
- Where staff performance fell below the standard of care expected, the management team dealt with this by taking appropriate action to prevent recurrence.
- The registered manager sent us statutory notifications to inform us of any events that might place people at risk.

Assessing risk, safety monitoring and management

- Staff knew people well and told us the actions they took to keep people safe from risks. All staff contributed to discussions about risk management for individuals ensuring that all information was shared. A relative told us, "[Staff] keep my daughter safe, they look after her really well. I know she feels completely safe here."
- People had recently improved individual plans (PEEPS) to ensure they were supported safely in the case of an emergency.
- Risk assessments were completed and reviewed regularly and these were used by staff to support people to reduce the risk of avoidable harm.
- Records detailed how known risks were to be managed to help keep people safe and provide consistent care and support.
- Risks in relation to the premises were identified, assessed and well-managed.

Staffing and recruitment

- People were supported by enough staff on duty, and the staffing levels with the home ensured that people received the support they needed to engage in activities of daily living together with leisure activities in line with their needs, abilities and known preferences.
- The registered manager advised that staff absence was usually covered by colleagues from other homes in the group to ensure people were supported by staff who knew them well. If this was not possible agency staff were used.
- Recruitment processes and practices were clearly stated in the provider's own processes. We found they were being followed and ensured only suitable staff of good character were employed to work in the home.

Using medicines safely

- People received their medicines on time and in a safe way as prescribed.
 - Medicines were safely stored, administered and destroyed when people refused to take them or they were no longer required.
- The registered manager investigated errors if any were found. We did not find any medication errors on the day of inspection. Staff were re-trained and had additional supervisions to prevent errors from recurring.
- Staff had the guidance and training they needed to support people safely.

Preventing and controlling infection

- People were supported to follow good infection control practice in line with their ability and understanding. We saw that people were well presented and their clothing was clean and appropriate.
- Staff told us how they reduced the risk of the spread of infection. We observed staff following the infection control policy during our inspection and they told us they used personal protective equipment (PPE) such as aprons and gloves to help prevent the spread of infections.
- We saw the home was clean and tidy in all communal areas and in private bedrooms we were invited into. People were supported by staff to clean their own rooms and to do their own laundry. When people were unable to undertake such tasks, staff undertook them to ensure they were completed.
- The home was clean and tidy throughout with evidence that staff adhered to best practice in supporting people with maintaining good food hygiene standards.

Learning lessons when things go wrong

- Staff we spoke with were clear that they needed to report all accidents and incidents to their manager.
- Senior staff reviewed people's risk assessments and care plans following incidents.
- The registered manager advised that they reflected on any events where things had not gone as expected. They kept records of any accidents and incidents and analysed these to reduce the likelihood of events recurring in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and feedback from relatives and staff confirmed this.

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

- People's care and support needs continued to be assessed effectively and monitored for any changes. Records reflected the person-centred approach we observed.

- Care and support plans were focussed and individualised with details of interests, wishes and any longer-term plans that were in place for each person.
- The plans contained specific detailed information in some instances about how a person was to be supported by staff. The registered manager promoted the delivery of person centred care and used this focus when reviewing and monitoring support provided to people.
- People's care plans included information known about how any specific support was to be provided in respect of culture, gender or religious needs.
- People living in the home had lived there for varying periods of time and their individual needs were known by staff who were also aware of how support needs had changed over time. One person told us, "I feel nice and safe here, it is nice."

Staff support: induction, training, skills and experience.

- Staff told us about their experience during their induction. They said the process had been comprehensive and equipped them to support people effectively. We saw that newer staff were enrolled on the Care Certificate which makes sure staff have a basic level of understanding before they begin to work with people.
- Staff we spoke with were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff had access to refresher training both on-line and via face to face training and said that they felt able to effectively care for everyone living in the home through their training and shadowing experiences. One member of staff said, "If I wanted more training I could, but we have enough training to do our job."
- Staff received regular supervision meetings with their manager. Staff also told us they could discuss any issues with the registered manager at any time and did not need to wait until the next supervision.
- The registered manager had just started a system of observing staff to make sure they delivered care and support well.

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

- People told us they enjoyed the food they had to eat and could choose what they wanted. One person said, "I like my food here, it is what I want. I can eat when I want to."
- People were supported to have a healthy balanced diet. We saw there was enough fresh fruit and vegetables to support people with healthy eating options.

The staff ensured people were involved in choosing meals on a daily basis. People had a menu of their choice but often chose to eat something else. We saw these choices were supported. A member of staff told

us, "There is a good choice of food."

- Staff were aware of people's dietary needs and preferences. Some people had specific health related eating and drinking guidelines that staff followed.

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

- Where people required support from healthcare professionals, this was arranged and staff supported people to attend appointments. Each person had a Health Action Plan which detailed their specific health needs.
- From their knowledge about each person staff could promptly identify when people's needs had changed and it was clear that they used their knowledge from providing regular care to identify changes. One member of staff said, "We are a good team, we have good communication."
- People were supported by the home to receive consistent support through good communication with external agencies and professionals such as speech and language therapists, social work and district nurses.
- People received an annual health check in accordance with best practice for people with a learning disability and/or autism.

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

- The premises had been suitably adapted to meet the needs of people living there. The home was well furnished and people had shared use of the lounge and dining room. People had their own bedrooms with en-suite facilities.
- People were involved in decisions about the premises and environment and individuals' preferences were reflected in their bedrooms and the communal areas of the service. People had keys to their bedrooms if they wanted them.
- Signage within the home was minimal. The registered manager advised that people had lived at the home for many years so it was not needed. However, they said that as new people moved in they would support them with appropriate signage as needed.
- There was a relaxation room within the home that had been fitted out with lights and sensory equipment. We were advised that the room was popular with some people and used on a regular basis.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that conditions were being adhered to, and monitored by the registered manager.
- The provider followed the requirements of DoLS. The registered manager advised that four people were waiting for their DoLS to be authorised.
- Staff were clear about the need to uphold people's rights and respected their abilities to make decisions. We saw staff seek people's consent before carrying out care tasks.
- Staff ensured people were involved in decisions about their care; and where appropriate knew the process to make decisions in people's best interests. Staff had received training about the MCA and DoLS.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and

control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity

- People told us they liked living in the home. One person said, "I want to live here, the staff are my friends and I like them."
- Relationships between people and staff were seen to be friendly and positive. We saw many examples of compassionate and dignified care. A relative told us, "The staff go above and beyond what they need to do."
- People's individual needs and diversity were protected and promoted. We saw that each person's wishes and preferences were respected and supported by staff.
- Communication between people and staff was good. Staff had clear knowledge about how people wanted their care to be delivered.
- Staff had clear knowledge about how people communicated their feelings and wishes through spoken language, gestures and body language.
- There was a positive atmosphere at the service. We saw people and staff interacting with each other throughout the day and saw that people were relaxed in the company of staff.

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

- People were involved in discussions and decisions about their care, on admission and during regular care reviews. Relatives and healthcare professionals supported these processes as appropriate.
- People had regular opportunities to meet with their keyworkers and other staff to help determine and plan their care and activities they enjoyed doing.
- The preferred routines of people were accommodated by flexible routines in the home. Staff understood people's individual ways of communicating and together with information about people's known preferences they ensured people were well supported.
- Where needed, staff sought external professional help to support decision making for people such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- People could choose to meet with their visitors in their own room or in communal areas.
- People were enabled to maintain and develop relationships with those close to them, social networks and the community.
- People's confidentiality was assured by staff and discussions between staff and people about specific care or support needs were conducted in private.
- People's privacy was respected and all personal care was provided in private. People went to their bedroom for time in private as they wished.
- People were supported to become more independent. Some people could undertake some activities of

daily living with varying degrees of support from staff who ensured that their independence was encouraged and abilities maintained in a consistent manner. A relative told us, "My daughter has come along was, she is far more independent with making her food and drink and dressing."

Is the service responsive?

Our findings

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

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

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

- Each person had an individualised care plan which contained details of known preferences and interests alongside their support needs. The care and support records also reflected people's individual cultural needs and how they were to be supported by staff.
- Care plans contained specific detailed information in some instances about how a person was to be supported in the house or when out in the community.
- Each person's preferred communication methods were recorded and known by staff in the home.
- There were very few documents available to people which used easy read language and symbols. The registered manager had a clear understanding of the Accessible Information Standard, and was keen to further develop pictorial or easy read information for people using the service.
- People were supported and enabled to enjoy activities out from the home to places of interest within the community. Other activities were provided at home such as exercise classes. People had been supported to go on holidays.

Improving care quality in response to complaints or concerns

- The provider had an established complaints procedure and process that was available to people and staff. Staff made reference to directing and encouraging anyone who was not happy to make a complaint without being worried about doing so.
- One relative told us they had never needed to make a complaint but would feel comfortable doing so. The relative had been satisfied with responses to other feedback they had given.
- The provider's complaint procedure was accessible and known to relatives.
- We saw that when complaints were received, the provider dealt with them in line with their processes, and records were maintained of action taken.
- The registered manager reviewed any comments or complaints received to reflect on issues raised and to help identify if there were any trends that needed to be addressed.

End of life care and support

- No one living in the home was receiving end of life care at the time of the inspection. We saw records that three people had completed stating their end of life wishes. The registered manager advised they were going to encourage all people to discuss their end of life wishes.
- When required, person centred accessible documentation was available to enable staff to support a person at end of life well. We were told that care plans and related discussions would take place with people as and when they were needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- We found the registered manager had a good understanding of people's needs and acted to make improvements that resulted in good outcomes for people.
- Information from people and stakeholders was used to inform how the care was delivered. There were established processes and procedures in place to ensure people received the care and support they wanted.
- The registered manager checked that staff were working in the right way to meet people's needs and keep them safe.
- The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.
- All the staff we spoke with were positive about how the home was managed. One staff member said, "I would not work anywhere else, it is fantastic here, the staff are fabulous."

Registered manager and staff were clear about their roles, and understood quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were supported by regular staff meetings and individual supervisions.
- The environment and peoples' risks were safely managed and risk assessments were audited.
- The registered manager had demonstrated their understanding and application of their internal procedures, such as disciplinary and recruitment procedures, in line with requirements.
- The registered manager used clear and established processes to review the quality of the service provided, to continually improve the service. When the quality assurance audits indicated any shortfall or an issue, the registered manager addressed these. A member of staff told us, "Since [the registered manager] has been here, it has been so much better."
- Regular checks and audits were undertaken of the systems and records in the home to ensure that people using the service were safe and well cared for in all aspects of their lives.
- Notifications were shared with us as expected, so that we were able to see how any issues had been dealt with. We found that the previous inspection rating was displayed as required.
- Each person's written and electronic records were securely stored and kept private.

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

- People's equality characteristics had been considered within the care planning process. We noted these needs were met during care delivery. A relative told us, "This home is getting better and better."

- Staff told us there was an open culture within the home and they could make suggestions for improvement.
- The registered manager and provider had advised CQC through the annual Provider Information Return that there were planned improvements taking place. On this inspection we saw these had begun to be implemented.
- The registered manager had knowledge and understanding of current practice and developments within the Health and Social Care sector, and kept up to date with developments and changes in care practice through several routes including accessing on line resources.

Working in partnership with others.

- We found the home worked in partnership with other agencies and records detailed how medical and health professionals had been involved in people's care.
- Relatives made positive comments about the leadership provided and indicated that staff worked well to provide the level of care needed. They were involved in discussions about plans and changes. Relatives said that they were always welcomed into the home.
- The home worked in close partnership with their sister service that operated nearby within the community, as well as the wider community resources such as local shops and leisure centres.