

Mr & Mrs P Birks

Conway House

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Conway House is a care home that is registered to provide care and accommodation to people who need support as they have needs related to learning disabilities or autistic spectrum disorders. The service does not provide nursing care. At the time of our inspection there were eight people living at the home.

People's experience of using this service: People and their relatives told us they felt safe with staff. Staff could tell us how they should keep people safe and minimise identified risks to their safety.

People were supported by staff that we saw were caring and expressed interest in people who lived at Conway House. People we saw received good care and support that was based on their individual needs and preferences. Whilst care records were not always accurately documented, staff were knowledgeable about people, their needs and preferences and we saw they had a good relationship with the people.

People were supported by care staff who had a range of skills and knowledge to meet their needs, although there were some areas where training updates were needed to refresh their knowledge. The registered manager was aware of and planned to provide these updates. Staff understood, felt confident and well supported in their role, although there was an inconsistent approach to formal staff supervision. People's health was supported as staff worked with other health care providers to ensure people's healthcare needs were met.

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

People's care plans with limited exception reflected people's needs and preferences but the staff and registered manager could explain any recent changes to people's care or gaps in records. Where there was changes staff knew how they should provide care to ensure people were safe, their needs were met, and preferences respected.

People's representatives knew how to complain. Relatives and staff knew how to identify and respond if people were unhappy with the service. People told us they had no complaints, although where concerns had been raised the provider had responded appropriately and met with people face to face, with the involvement of other professionals to try and reach a suitable conclusion for all parties.

People, relatives and staff gave a positive picture as to the quality of care people received and said the registered manager and staff were approachable. People and relatives said staff would listened and responded to any concerns they had.

Quality monitoring systems were in place but were not always effective or comprehensive however. The

registered manager was aware of this shortcoming and told us they would make the necessary improvements.

Please see the detailed findings for more information

Rating at last inspection: The rating for the service at our last inspection was 'requires improvement' (Published on 09 December 2017).

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led
Details are in our Well-Led findings below.

Requires Improvement ●

Conway House

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:

The Inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this instance working with people that have a learning disability or autistic spectrum disorder.

Service and service type:

Conway House is a care home that is registered to provide care and accommodation to people who need support as they have needs related to learning disabilities or autistic spectrum disorders.

Notice of inspection:

This inspection was unannounced.

What we did:

We visited Conway House on 12 February 2019. The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of care provided. The registered manager was available throughout our inspection.

We reviewed information we had received about the service since they were last inspected by us. This included details about incidents the provider must notify us about, such as allegations of abuse, and we sought feedback from the local authority and other professionals who work with the service. 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.

We met people who lived at the home and spoke with two of them. We also spoke with two relatives who were visiting and two relatives over the telephone. We also spoke with five staff, the deputy manager and registered manager. We used this information to form part of our judgement. We looked at three people's care records to see how their care was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

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 the risk of abuse

- People were protected from potential abuse and avoidable harm as the provider and staff understood what different types of abuse could be and steps they should take to safeguard people.
- The provider had effective safeguarding systems in place that staff understood. We saw these had been followed when the provider had identified potential abuse to people.

Assessing risk, safety monitoring and management

- Any risks to people were identified, with staff aware of these risks and how to support people to reduce the risk of avoidable harm. People's risk assessments considered how any dangers presented to people from their lifestyle or the environment/community could be reduced.
- People told us they felt safe with staff one relative telling us, "[People] not left alone. There's an eye on all of them all the time. They know [person's name] undoes the belt on their wheelchair so staff keep an eye."
- Staff understood the need to acknowledge people's right to risk and staff could tell us that they would not look to prevent people doing things they wanted to do but would look to lessen any risk as far as possible. We saw examples of such in risk assessments relating to people accessing the community.

Staffing and recruitment

- People and staff told us there was sufficient staff effectively deployed to meet people's needs. Relatives comments included, "There's always someone (staff) if they need needs someone", and, "We normally visit after tea. There's always enough [staff]".
- We saw there were enough staff to meet people's individual needs, without keeping people waiting. When people needed attention, it was there. We saw staff worked well as a team with other staff stepping in should one be busy with another person.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks, these obtained before a person commenced working at Conway House.

Using medicines safely

- People and relatives told us they were given medication on time and in a safe way. A member of staff told us one person refused to take some prescribed eye drops, "Because they do not think they need them". The staff member said this was a clear choice on behalf of the person. Staff were aware continued no compliance with medicines needed to be shared with the person's doctor.
- We saw medicines were clearly documented when administered by staff who had received appropriate training. Medicines were also stored safely.
- From observation of staff giving people their medicines we saw this was done in a way that allowed the person to decide if they wished to take them, and we saw people were not rushed. We saw people's

medication records were checked prior to medicines being given, and signed immediately afterwards.

Preventing and controlling infection

- People told us they received care in a way that protected them from infection. A relative told us, "It's spotless – always". We found the premises were visibly clean and fresh.
- Staff were aware of how to promote good infection control and we saw staff used personal protective equipment such as gloves and overalls as needed, these seen to be easily accessible.

Learning lessons when things go wrong

- The provider told us they learnt from issues that compromised the safety of the service. An example of this is the action we saw that had been taken in response to a person becoming more prone to falls, with changes made to their risk assessment and staff practices to ensure the person was safer when transferring.

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 people's feedback confirmed this.

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

- An initial assessment was completed with people to ensure care was planned and reflected people's individual needs and preferences, this was reviewed to reflect any changes in people's care. While we did find some limited instances where changes in care arrangements had not been updated, this had not impacted on people as staff demonstrated they were well informed of what people's current needs and wishes were.
- People's assessment reflected information about protected characteristics as defined by equality legislation including for example, disability, race and sexuality.

Staff support: induction, training, skills and experience.

- People received effective care from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their core needs. One person told us, "They're good staff here. You can't fault them at all."
- There was a system in place to monitor training and help identify when updates to staff skills and knowledge were needed. The registered manager could tell us where staff needed updates which reflected our findings, for example, training in use of feeding tubes (PEG) for non-oral feeding. Training methods included face to face training and competency assessments. Staff told us they felt well supported with training, this including newer staff who confirmed they had received a sufficient induction.
- Some staff said they may benefit from more awareness of the symptoms of ill health due to diabetes. The registered manager said they would provide this guidance to staff.
- Staff told us they felt well supported by the management although a number said supervision was more ad hoc rather than planned, and was sourced at the point they wanted support. Some staff did tell us they had planned and structured supervision sessions though.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care.

- We saw people were appropriately supported to eat their meals, for example when they needed assistance with food and drink so that they could eat safely.
- People's comments about the meals included its, "Alright" and, "It's adequate" although we did see people enjoyed lunch. One relative told us that food was appropriate to their loved one's health needs as we saw. Another relative told us, "They make sure they have got plenty of drink".
- Staff were aware of people who may be at risk of poor nutrition and knew how they monitored these risks to ensure people had sufficient nourishment. The registered manager told us people were attending, and enjoyed going to a weigh in clinic in the community to ensure their weight was accurately monitored.
- The registered manager and staff worked with other healthcare professionals to ensure positive

outcomes for people, for example there was regular reviews by speech therapists in respect of those people at risk from choking.

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

- People had access to healthcare services and professionals according to their needs and agreement.
- Care staff knew what to do when people needed immediate or routine assistance from healthcare professionals, and we saw evidence to show people were referred to external healthcare professionals as and when needed.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 people's consent was sought or best interest's decisions were made to ensure people's rights were protected. Staff we spoke with had a working knowledge of how they should gain people's consent and ensure their wishes were observed when providing personal care. Where people had a DoLS in place staff were aware of these.

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

- We saw the environment was well maintained overall and presented as a comfortable environment for people. The registered manager showed us a bathroom that has been refurbished to offer people more access to their choice of either shower or bath, with plans to refurbish a second bathroom in the near future.
- We did note the radiator was very hot in the new bathroom, and whilst it was unlikely anyone would burn themselves on this, the registered manager said they would ensure a temperature control valve was fitted.
- People's bedrooms we saw were personalised and reflected people's individual tastes although use of people's photographs or interests to identify their bedroom, as all the doors are the same colour, may be helpful so people can recognise their room, as was the case for one seen to have a football emblem. We saw people were easily able to find their bedrooms however.

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.

- We saw staff were kind and respectful to people and we observed some thoughtful and caring acts by staff during our inspection.
- Relatives told us people were well treated by staff and their comments included, "They are treated with dignity at all times", "They [staff] treat all residents with respect" and, "They (staff) get told the same story several times a day but staff reply like it's the first time".
- The provider and staff were aware of the need to ensure people's diversity was respected. They told us they had a diverse staff group (as we saw) so that there a good knowledge base as to what was important for people from differing backgrounds.

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

- We saw staff gave people individual choices throughout our inspection. We saw some staff clearly explained choices there were offering people but there were limited occasions where the choice was explained could have been put in a simpler way to aid person's understanding, and avoid any anxiety.
- The registered manager told us they had recently introduced the use of more focussed communication method for staff to use with people to improve people's understanding of choices. They did tell us this was to be reviewed and its effectiveness evaluated.
- Some people were unable to verbalise their choices. Staff could tell us how these people communicated through use of body language and we saw staff respected people's choice when responding to these cues.
- We saw where needed people were supported to access an advocate. An advocate is an independent person who puts a case on someone else's behalf. A relative confirmed their loved one had used an advocate recently.

Respecting and promoting people's privacy, dignity and independence

- People we saw were treated by staff with respect whilst promoting their dignity, privacy and independence. When asked if they were treated with respect by staff, a person told us, "most do" but they said they got on with staff but had a clear preference for staff.
- Relatives said staff encouraged people's independence with their comments including, "[The person] makes their own way to the toilet but needs help", and, "They [staff] encourage [the person] to do as much as they can".
- A relative told us they gave the person privacy when they visited. They said, "They'll let me spend time with my [the person] on my own and they'll offer me food and drink".
- Staff could tell us how they promoted people's privacy, dignity and independence. One member of staff told us, "We make sure we shut people's doors, and with some people they will help us pick out the clothes they want to wear if we show them".

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

- Information about people's needs and preferences had been gathered although we found a few inconsistencies where people's records were not always up to date. People's current needs were known to staff.
- We saw staff were responsive to people's needs during our inspection and relatives we spoke with confirmed they felt staff knew people well.
- Relatives told us they were usually kept informed by staff on behalf of their loved one. One relative said, "They'll tell me if [the person] goes to hospital and sometimes if they've rung the doctor." We spoke with a relative of a person who had recently moved to the home and they told us there had been meetings and visits to the home with them and their loved one. While it was, "Initially difficult" when the person moved in they said, "Within 24 hours they were having a laugh with the staff. We were well informed".
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. The provider was compliant with this standard, with use of pictorial information in people's records and some policies, although there were occasions where it may have been beneficial to use more pictorial cues to help with choices, for example with meals.
- We saw some people were well supported with activities and stimulation, for example four people went out to celebrate a person's birthday and returned in the afternoon to have a party/buffet tea. One person told us, "Definitely enough to do".
- We saw staff worked hard to stimulate people that were more dependent but this was, from what we saw quite low key and they were at times seen sitting with carrying out repetitive activity. Relatives told us they were aware it was sometimes difficult to engage with their loved ones. One relative told us staff, "Try their best to get her interested in things but they are very stubborn. They like the iPad and knitting. It depends on their mood". Another relative said people, "Will enjoy things if they want to, then they will go into their own world. They like to go out in the van. To the pub, the panto, bowling, the cinema or on holiday". The home had its own minibus.

Improving care quality in response to complaints or concerns

- People's and relatives told us concerns and complaints were listened and responded to by the provider. One person said the staff were, "Too good to complain about" and that they never have complained.
- The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people and was available in pictorial formats.
- Staff could tell us how they would know if a person was unhappy and what they would do to try and identify their concerns. A relative told us they would have, "Seen signs" if their loved one was unhappy. Relatives told us they felt able to raise any concerns they had, and we saw that there was appropriate follow up to resolve these.

End of life care and support

- The provider was not catering for any person that was on an end of life pathway at the time of the inspection.
- The registered manager told us they would plan for a person's stage of life and if end of life care was appropriate they would involve other professionals to develop advance care plans. This we were told would ensure the service had the support, facilities, medication and plans in place for when needed.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

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

Service management while consistent had not always ensured effective governance was in place. Leaders and the culture had not always supported consistent high-quality, person-centred care, although there was evidence of people receiving a service that met their expectations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Environmental health had visited the service in November 2018 and we saw some actions identified were still to be addressed, for example addressing electrical works that whilst not dangerous needed addressing, and having a competent person review whether there was any asbestos in the building (the registered manager told us he was certain there was not). The registered manager stated they were aware of these issues and the provider had plans to address them although target dates were not identified.
- The provider would benefit from using a comprehensive infection control audit as we did not see an overall infection control audit. We noted some issues not identified by the provider, for example in the lounge there was a large leatherette easy chair which had foam stuffing exposed and an over-chair table had a very rusty frame, which would mean surfaces were not easily cleansable. All other furniture we saw was however in good repair.
- The service had a range of quality monitoring arrangements in place, although we found these were not always effective. For example, we saw a mattress audit had identified there was a mattress that was flagged as needing attention but when we asked the registered manager they were unaware of this and did not know if any action had been taken.
- We saw the provider was aware of improvements suggested by local authority commissioners after a recent visit and was open with us about what improvements they had recommended and how they intended to address these. Some of these areas the registered manager said they had been aware of and had plans in place for example, improving record keeping in respect of people's care and updating staff training in specific areas.
- Staff were knowledgeable about people's needs however we found inconsistencies in some people's records where they had not been updated based on recent changes to their needs, for example changes to the use of an orthopaedic boot had not been reflected in a person's records, although staff were aware of what was the current required intervention. The registered manager was aware of these and was planning to introduce an electronic recording system that they felt would ensure people's records were updated as changes happened.
- The registered manager had ensured we were notified of events as required by the law. We saw the previous CQC inspection rating was displayed at the provider's office and on the provider's website. The registered manager told us how they kept up to date with developments in practice through continuous learning as a qualified nurse as well as a registered manager, and from discussion with them identified they

were well versed in changes in the law.

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

- People and relatives expressed overall, satisfaction with the service they received. Relatives' comments included, "It's just like a big family. They are looked after well. They love it. Regards it as their home, it's [person's] family" and, "Whenever I see them, they're smiling. My dogs can come when they want and other service users can visit [person's] room. I'm pleased with the service. It's what they need".
- Staff told us about the provider's whistleblowing policy and said they were confident in raising any concerns they had if necessary.
- Concerns about individual staff performance when identified we saw had been dealt with appropriately, for example through training, supervision and where necessary, disciplinary processes.
- The registered manager was clear about their responsibilities under their duty of candour and was open about areas where they felt the service needed to improve.

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

- People's views were sought in line with their communication needs, this was sometimes based on people's reactions to situations or a response to items they were shown. Relatives said they were involved, and there was good communication between relatives and staff. One relative told us, "There's clear roles and responsibilities". People's communication needs were, based on our observations, addressed by most of the staff, but there were limited occasions where staff could have used better techniques such as simpler and less complex language.
- Staff said the registered manager was approachable and they could gain support from them when needed. Supervision with staff was not always formalised though and one member of staff told us, "I've had one in four years, but loads of informal, well supported and support as need rather than planned". We asked the registered manager if they recorded these informal sessions and they said they did not.

Working in partnership with others

- The registered manager and staff told us how they worked closely with commissioners and other health care professionals to promote joined up care between themselves and other services. There is a need to ensure that advice from other professionals such as environmental health and commissioners is addressed in a timely manner however.