

Trident Reach The People Charity Showell Green Lane

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?	Good ●

Summary of findings

Overall summary

About the service:

Showell Green Lane is a care home for up to six people who have a learning disability or autism spectrum diagnosis. At the time of the inspection six people were living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. 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.

People's experience of using this service:

- People's experience of using the service was positive. People told us, "I like living here. The staff are nice and kind to me." People were protected against avoidable harm, abuse, neglect and discrimination. People received their medicines as prescribed.
- Staff had the skills and knowledge to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional needs were met and they received enough to eat and drink to ensure they had a healthy diet. People accessed health care when needed.
- People received care from staff who were kind and caring and knew them well. Staff were patient and empathetic and had built good relationships with people. People's privacy, dignity and independence were respected by staff.
- People's support needs were assessed regularly and planned to ensure they received the assistance they needed. People's support was individualised. People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. The provider had a complaint process which people were aware of to share any concerns.
- The provider had systems in place to investigate and monitor accidents and incidents. The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts. The registered manager was open and honest and had a development plan in place to drive improvements.

Rating at last inspection:

- At the last inspection the service was rated Good. (Last inspection report published 5 April 2016.)

Why we inspected:

This was a planned comprehensive inspection scheduled to take place in line with the Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

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 remained safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

Showell Green Lane

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 was carried out by one inspector.

Service and service type:

Showell Green Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with the Care Quality Commission. This means 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 took place on 6 March 2019 and was unannounced.

What we did:

Before the inspection we reviewed information available to us about this service. The provider had completed a Provider Information Return (PIR). This is a document which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports and the details of safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or serious injury.

During our inspection visit we spoke with and spent time with two people who used the service and one

visitor. We observed how people and staff interacted throughout the day.

We spoke with a registered manager from a different service, the deputy manager and three other members of care staff. We looked at two peoples' care records, staff records and reviewed information relating to the management of medicines. We also looked at policies and records in relation to staff training, maintenance of the premises, complaints and how the provider monitored the quality of the service people received.

Following the inspection, we spoke with the registered manager by telephone as they were not able to be present on the day of inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Showell Green Lane. One person told us they felt safe having their own room and with the staff.
- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- Staff had a handover system to pass important information about people when changing shifts.

Using medicines safely

- We observed medicines being administered safely on the day of inspection. Staff told us they received regular competency checks to identify whether they were administering medicines safely.
- Where medicines were given 'as and when required', there was guidance in place so they would be administered safely. However, this was not in place for all such medicines. The registered manager confirmed following our visit guidelines had been implemented for all medicines given as and when required.
- Medicines were stored safely and daily temperature checks were carried out to ensure medicines were kept at the correct temperature.
- There were systems in place to ensure medication was administered safely. Medication Administration Records (MARS) were completed to record what medication had been given. We sampled MARS on the day of inspection and found they were completed correctly.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- Risk assessments were detailed and gave clear guidance to staff. These helped people to stay safe while their independence was promoted.
- When people displayed behaviours which may challenge, these were recorded. These records were used to assess and understand what led to the behaviour and ensure lessons were learned to minimise the risk of it reoccurring.
- People had plans which gave staff guidance on how to support them to manage any anxiety or distress.
- Risks associated with the safety of the environment and equipment were identified and managed.
- Fire alarm checks had been recorded and staff knew the action to take in the event of an evacuation. People's ability to evacuate the building had been considered.
- Staff were aware of how to safely and effectively respond to emergencies.
- Staff understood the individualised support required to reduce the risk of avoidable harm to people.
- People lived in a safe environment because the provider had systems in place to carry out regular health

and safety checks.

Staffing and recruitment

- Staff had been recruited safely. One member of staff told us they had been there for a long time however remembered having to go through a recruitment process.
- The registered manager had completed checks to make sure staff remained suitable to work at the service.
- There had been a change in the staffing levels. One member of staff had been moved from day time to provide extra support at night due to a change in one person's needs. One member of staff said, "We do notice the change, people are still safe but we [staff] are busier on each shift now." Following our visit the registered manager confirmed additional funding had been agreed so extra staff could be available during the day time and at night.
- Staff had time to spend quality time with people and this was unhurried.

Preventing and controlling infection

- The home was generally clean. However, the kitchen had areas of the work surface which were chipped and presented a safety and infection risk. Staff told us the registered manager had been requesting a new kitchen from the landlord for a long time and had been told this would be put in place. The registered manager told us they would escalate this following our visit and later confirmed a meeting had been arranged with the landlord and the provider to agree a way to resolve this.
- People were supported by staff to clean their bedrooms.
- Gloves and aprons were available for staff to use and were used throughout our visit.

Learning lessons when things go wrong

- The registered manager analysed data on accidents and incidents to identify any patterns or trends to prevent these accidents and incidents from happening again.

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

Good - People's outcomes were consistently good, and people's feedback confirmed this.

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.
- Where people had restrictions within their care plans to keep them safe which they did not have capacity to consent to, the provider had made appropriate applications to the local authority for a DoLS.
- People could decide what they would like to do and when they would like to do it. We observed some people were eating breakfast at 11.00am which they confirmed was their choice.
- We found where people were unable to make a decision for themselves, the provider had completed a mental capacity assessment and/or best interest's decision and had involved the person as much as possible in making their own decisions.
- Staff always gained consent before carrying out a task. Where people were non-verbal, staff knew how to recognise facial expressions and body language to determine whether they were happy to consent or not.

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

- People told us they had a care plan and had been asked how they wanted to be supported. The provider carried out an initial assessment and regular care reviews so they could be sure they could support people in the way they wanted to be.
- People's equality and diversity needs were identified within the care plan and staff received training in equality and diversity to be able to meet people's individual and diverse needs.
- People were offered choice. For example, what they wanted to eat and what they wanted to do during the day.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to do so. We observed evidence of continual learning and development in staff files.
- Where new staff were appointed an induction process was in place.

- Staff told us the training they had completed was good. They explained how they had some specific training to enable them to support people with identified health needs.
- Staff received regular supervisions to monitor their performance in their role. Staff told us they found supervisions helpful.

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

- People told us the food was nice. One person said, "I like my meals. The food is good."
- We saw people's nutritional needs were catered for and they ate a healthy balanced diet.
- People's weight was monitored. However, this was not always done as often as had been requested by the GP. The registered manager told us they were working with a specialist health service to ensure the person identified as at risk could be weighed more frequently. They told us they monitored the person's weight in other ways, such as fit of clothes and measuring their waist. This was the only way place the person would consent to being measured.
- Lunchtime was calm and unhurried. People ate at their own pace and staff supported people when required.
- Where people needed their food to be prepared to a special consistency, this was done. Staff could explain how they prepared the food to the required thickness.
- People were offered food and drinks throughout the day of our visit.

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

- Where appropriate, referrals had been made for specialist advice and support. One person had been assessed by a specialist team to support them as they were falling on a regular basis. The registered manager explained they had approached a number of health services for support with this and was still working with a range of professionals to support the person with their falls.
- People were supported by key workers. Key workers are staff dedicated to a particular individual and who know them well.
- People were supported to access healthcare in the community and live healthy lives. This was evidenced in people's healthcare plans we sampled.
- People were supported to attend healthcare appointments when required. Staff recorded and followed guidance from professionals following appointments.
- Staff could explain what to do if they thought someone was unwell.

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

- Showell Green Lane had a large garden and communal areas in the home people enjoyed using.
- People's rooms had been decorated and arranged how they wanted. This included pictures and people's choice of furnishings.
- People had aids and adaptations to support them to continue to move around their home freely. This included a rail in the hallway and a wet room so people could have a shower.

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

Good - 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

- People told us the staff were kind. Comments included, "They are nice to me. I like them", "They help me", and "The staff are all very kind."
- People were supported by a staff team who knew them well.
- Staff spoke about people with kindness and compassion.
- Staff used their knowledge of people to support them in the way they said they wanted to be supported. They knew what people liked doing and enabled them to do this.
- Staff communicated with people in a way they could understand. People responded warmly to staff.
- Staff understood the need to treat people equally and to respect their diversity. One staff member told us, "Each person is different. We do what each person wants."
- Staff were aware of people's needs including those which are protected equality characteristics such as age, disability, race and gender.

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

- People were asked for their opinion on the service and how they wanted to be supported.
- Staff supported people to make decisions about their care and knew what to do if people needed additional support from relatives to make their decisions.
- People's care needs had been reviewed with them and their relatives where appropriate.
- One person was involved in interviewing potential new staff. They had prepared two questions to ask during the interview so they could be part of the decision made on whether a candidate was someone they would like to work at the home. They told us they only picked good staff.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff respected their privacy. One person said, "They respect me."
- People's independence was promoted. Staff explained how they encouraged people to be involved in making meals or eating independently. They offered prompts and support only if required and allowed people to do things at their own pace where they could.
- Staff spoke with people in a dignified and respectful way. Staff explained how they maintained people's dignity when they supported them with personal care.
- One person's care plan stated staff should give the person time on their own in the bathroom to promote their privacy and dignity.
- Staff showed genuine care for people and offered people the opportunity to do things for themselves.
- People were given choices and control in their day to day lives. Staff enabled people to spend time as they chose and do activities they chose to.

- The provider promoted equality, diversity and human rights. They had policies in place to offer staff guidance and staff knew how to put these into practice.

Is the service responsive?

Our findings

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

Good - 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

- People's needs were met and staff showed they understood how to support people. People at the home were mainly non-verbal and staff knew how to communicate with people using sign language, gestures and facial expressions. We observed this in practice when one person displayed a particular behaviour and staff knew that this meant they would like time alone.

- A care plan and assessment was in place to show the support people needed and these were reviewed regularly. People and their relatives were involved in their care reviews.

- People's care plans included a 24-hour plan which offered staff guidance on routines and what was important to the person. This was based on each person's preferences, and how they wanted their support. It included personal details such as how to offer the person choices and in one person's care plan there was specific guidance around how to position the person in a way which was safe and comfortable for them based on guidance from a health professional.

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service had taken steps to ensure that people received information in the way they could understand.

- Where people had communication needs these had been identified and information was provided to people in a way they could understand it.

- This included use of pictures and symbols as alternative formats of communication. Care plans documented what communication aids people required such as glasses and hearing aids.

- Staff understood and knew people's hobbies, interests and preferences to support them to take part in social activities. People were encouraged to be active in their choice of hobbies and interests. For example, one person liked going to the park and was supported to do this as often as possible.

- People were encouraged to develop their confidence to go out. Staff explained how one person had been very anxious about going out. They supported the person to develop confidence using items they found comforting as an aid. The person now went out regularly and participated in a wider range of activities.

- People were supported to go on holidays they enjoyed.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. The registered manager knew the importance of monitoring complaints received for any trends.

- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management.

End of life care and support

- The registered manager was supporting one person to develop an end of life plan. They had involved a

social worker and an advocate to support the person to make sure their wishes were fully recorded.

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

Good - 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

- People told us the registered manager and staff were approachable. One person commented, "I like [registered manager]. They are there for me."
- The registered manager had good oversight of the service and had systems in place to identify and manage risks to the quality of the service. For example, they had systems to investigate and monitor accidents and incidents. We sampled some accident charts on the day of inspection and found accidents and incidents had been recorded in detail and body maps completed to record any marks or bruising.
- Staff spoke positively about the registered manager. One staff member told us, "I can always go to [registered manager]. They are easy to approach."
- Care plans were very person centred and contained lots of information about what was important to people and what goals they would like to achieve. The registered manager was in the process of updating these to make them even more person centred and easy to understand.
- The registered manager was open and honest about some of the challenges they faced within the service and how they were going to manage these.
- The registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff received regular supervisions and competency checks. Staff confirmed this and we saw evidence of this in records we checked.
- Regular checks and reviews on the service took place to ensure the service people received was of the highest quality.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. The rating was displayed on the provider's website and within the home. This meant people, relatives and visitors were kept informed of the rating we had given.
- The registered manager oversaw two services. They explained how they had appointed a new deputy manager at Showell Green Lane who would be given additional administration time to enable them to ensure the documentation was updated and reflective of people's needs. Staff explained they could contact the registered manager if they needed them.

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

- People and relatives had been asked for their opinion on the service.
- People were involved in deciding what they wanted to do and any cultural or religious celebrations they wished to participate in. This was based on their preferences and people were supported to attend places of worship they had attended for most of their life where they had many friends.
- The registered manager and provider engaged with staff and the public to support people from the service being involved in events and daily life in the local area.
- Staff meetings had been held to ask staff for their feedback. They felt any suggestions or concerns would be listened to.

Continuous learning and improving care

- The registered manager had a development plan in place to further improve the quality of the service for people who lived there. They updated the provider weekly on all areas within the service to review what was happening and identify any actions which were needed.
- There was ongoing training for both management and staff to continuously develop their knowledge to support people appropriately.

Working in partnership with others

- The registered manager worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred.