

Restful Homes (Solihull) LTD

# Connaught House

## Inspection report

The Green  
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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

Connaught House is a residential care home providing personal and nursing care to 24 older people, including people who were living with dementia, at the time of the inspection. The service can support up to 86 people.

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

People were safe. This was because the staff team received safeguarding training and understood their responsibility to keep people safe. There was a process to be followed to report any safeguarding issues to the local authority and the staff team were aware of this. There were good risk managements in place to ensure people's health and welfare was not compromised. The number of staff on duty for each shift was calculated based upon each person's care and support needs. Pre-recruitment checks ensured new staff were recruited safely. Checks included written references and a Disclosure and Barring Service check. Medicines were well managed and administered by those staff who had been trained and were competent. People received their medicines as prescribed.

People's care and support was effective and based on detailed assessments and care plans which reflected their physical, mental and social needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. New staff completed an induction training programme. The registered manager had ensured all other staff completed the programme of mandatory training to keep their knowledge and skills up to date. People were able to access the healthcare support they needed with the staff team making any arrangements as required. People received the food and drink they needed to maintain a healthy, balanced diet.

People were looked after by staff who were kind and friendly and listened to what they had to say. People received person-centred care and were involved in making decisions about their daily life. The staff team were fully aware of each person's specific needs. Staff respected and promoted people's privacy and dignity and encouraged people to be as independent as possible.

People's care and support met their needs and reflected their preferences. Each person and their relatives, when appropriate, was involved in creating their care plan and how they wanted to be looked after. The plans were reviewed monthly and amended as and when needed. The provider was aware of and followed best practice guidance. People could take part in activities which reflected their interests and prevented social isolation. The service endeavoured to continue looking after people who became very ill or had end of life care needs. They achieved this working in conjunction with family and healthcare professionals.

The registered manager provided good leadership for the staff team and had a plan of further improvements they planned to make to the service. Quality assurance systems and regular visits by the provider ensured the provider knew what was happening in the service. People were at the centre of all decision making in the

home and their views and opinions were listened to and acted upon.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This was a planned inspection following the new registration of the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?**

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 well-led.  
Details are in our well-led findings below

**Good** ●

# Connaught 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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by four inspectors. Three inspectors visited the service and the fourth inspector made phone calls to relatives of people who lived at the service to gain information of their experiences of the service.

#### Service and service type

Connaught House 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 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives. We spent time observing staff interacting with people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with thirteen members of staff including nursing staff, care workers, activity co-ordinator the registered manager, and representatives of the provider including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at documentation relating to five people's care, three staff files and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to ensure people were protected from the risk of abuse.
- Family members we spoke with told us they felt their relatives were safe living at the home and that their possessions were safe. They told us they would feel comfortable raising any safety issues with members of the staff team or the registered manager and were confident any concerns would be taken seriously. One relative said, "[Name] is safe here. The carers are always there taking care of them. They aren't left on their own. There is always someone around. I think they are really well looked after."
- Staff had completed safeguarding training and understood how to protect people from the risk of abuse.
- The registered manager had taken appropriate action when safeguarding concerns had been raised about the service. This included notifying the CQC and sharing lessons learned with staff.

### Assessing risk, safety monitoring and management

- People were safe living at the service. A relative said, "It [the service] is very good. They are looking after [Name] really well."
- Risks to people's health and wellbeing were managed safely and effectively. Risk assessments were in place to guide staff on how to support people safely and were regularly updated.
- The provider had systems to manage accidents and incidents effectively. Staff took appropriate action when accidents or incidents occurred to ensure people were safe. These incidents were regularly reviewed by the area manager and action was taken if necessary.
- Regular checks of the home environment, including equipment, fire safety and water safety, were completed to ensure it was safe and complied with the relevant standards.

### Staffing and recruitment

- People and relatives were happy with staffing levels at the home. They felt there were enough staff available to meet people's needs. Our observations supported there were enough staff available to keep people safe.
- The provider recruited staff safely, to ensure they were suitable to support people living at the home. All essential checks such as identity and criminal records had been made prior to people commencing employment.
- An on-call system was in place for emergencies out of office hours. A staff member said, "There is always support available."

### Using medicines safely

- People's medicines were managed safely and the provider had robust systems to ensure people received their medicines as prescribed by health care professionals.

- Systems were in place for the safe handling and storage of medicines. Staff had completed the necessary training and been assessed as competent to administer people's medicines safely. The registered manager and senior staff completed regular medicines audits. Where shortfalls were identified, actions were taken to make necessary improvements.

#### Preventing and controlling infection

- The home was clean, and staff followed good infection control practices and used personal protective equipment (PPE) appropriately.
- We were assured that the provider was admitting people safely to the service. However, where people's individual health conditions meant they were unable to follow self-isolation guidance on admission to the home, this was not always risk assessed. We discussed this with the registered manager who assured us a person-centred short-term care plan would be introduced to detail how staff should mitigate the risks when self-isolation is not possible.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service did have effective measures in place to make sure this requirement was being met.

#### Learning lessons when things go wrong

- The provider had systems to analyse incidents, complaints and concerns. The registered manager made improvements where necessary and shared any lessons learned with staff.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- The registered manager completed a pre-admission assessment prior to any new person moving into the home. They ensured any new person was compatible with the other people living at the service and the staff would be able to meet their care and support needs.
- People were involved in the assessment process and family and health and social care professionals were consulted when appropriate.
- The staff reviewed people's care and support needs each month to ensure their care remained effective and centred upon their specific needs.

Staff support: induction, training, skills and experience

- New staff received initial training which incorporated the Care Certificate and spent time shadowing experienced staff. The Care Certificate is a set of national minimum standards all health and social care workers have to meet. Staff we spoke with confirmed they had completed this training.
- All staff had regular training to ensure they maintained their knowledge and skills. This included fire safety, moving and handling, infection control and food safety.

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

- People's nutrition and hydration needs were assessed to ensure they received enough food and drink. Body weights were checked each month, more often if required. The chef was aware of how to meet people's specific nutritional needs and was aware of people's dislikes and preferences.
- People were encouraged to take their meals in the dining room, but personal preferences were accommodated, and some people chose to eat in their rooms. People and relatives were complimentary about the meals.
- When people needed to be assisted with their meals this was done sensitively and not rushed.

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

- Staff worked with other health care services to ensure people's health care needs were met. This included GPs, dentists and opticians, physiotherapists and occupational therapists.
- People's care and support took into account their day to day health and wellbeing needs. Staff supported people to take part in activities to promote their wellbeing.

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

- The home was purpose built and the decoration and design of the home met the needs of people living

there. The atmosphere was homelike, with comfortable furnishings, and shared sitting and dining areas. Other areas of the home had been adapted to people's needs and interests, one room had been made into a cinema and another room was used for sensory activities.

- People had choice and control over their environment. People had personal items and photos in their bedrooms.

#### 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 registered manager and staff understood the legal requirements and good practice guidance if people lacked capacity. Mental capacity assessments were in line with the MCA and its code of practice. When people declined treatment, staff completed best interest decisions with their families or advocates to confirm any decisions made were in line with their choices when they had capacity.
- The provider complied with the Deprivation of Liberty Safeguards if people were at risk of being deprived of their liberty. Where the supervising authority had attached conditions to authorisations to deprive people of their liberty, these were understood by staff and reflected in people's care.

# 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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 treated people with kindness and respect. We saw positive interactions between people and staff. People were happy and relaxed around staff and described staff as caring.
- We saw many positive interactions between staff and people during our inspection. On two separate occasions the staff acted promptly and in a caring manner when one person became distressed and the other person was uncomfortable.
- People and relatives were complimentary about the staff team. A person said "I am happy here, I wouldn't be here if I wasn't. The staff are busy but always have time for me." A relative told us, "I don't have to worry when I am not here. I know [Name] is being well looked after by kind and caring staff."

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

- Staff encouraged people to take part in decisions about their care while supporting them with their day to day care. The registered manager was available at the home to people, their family and visitors on a daily basis. Visitors told us the registered manager was approachable and listened to them.
- The provider supported people to be involved in decisions. They included people's families and independent advocates in meetings about people's care. The registered manager had advocated for people in discussions about whether Connaught House was the best place for them to live and had made sure their views and opinions were given full weight in the discussions.
- Any ideas the registered manager or provider had about how to improve the service were discussed with people and relatives first to gauge their views. It was evident the service was fully committed to providing person-centred care for each person.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect without discrimination. People told us staff were respectful and behaved appropriately towards them.
- People were encouraged to be as independent as they wanted to be and have as much choice and control in their lives as possible. Care plans detailed where people could be self-sufficient and where they might need help.
- The staff and routines within the home took account of individual people's choices and were flexible. One person told us they always had their breakfast later than others. Another said they preferred to spend their time in their own room and staff understood this and spent time with them in their room.
- Each person was dressed in their own preferred style and they were provided with assistance with grooming and shaving as necessary. One person had their nails cut, filed and polished by a member of staff. The member of staff commented, "(Name) likes being pampered and having her nails done".

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Care plans were prepared for each person and set out how their care needs were to be met. This ensured people received person-centred care and support. Care plans were reviewed monthly or updated to reflect a change in needs, this meant the information they contained was up to date and relevant to the person.
- People were involved in developing their care plans with the care staff and in subsequent care plan reviews. Relatives and health and social care professionals contributed as and when needed.
- In our discussions with the registered manager and other staff it was evident they were knowledgeable about the people they looked after. They knew people's preferences about what they liked to do, what they liked to eat and drink, and about their life history and family.
- Relatives told us the registered manager or the senior care staff always informed them about any changes in their relative's health. One said, "I trust the staff to look after [Name] well".

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.

- People's communication care plans included any needs arising from a disability or sensory impairment and steps staff should take to meet them. We saw staff making sure people could understand them by speaking clearly and slowly, making eye contact, and giving people time to respond.

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

- There was a range of activities people could participate in. The activity staff put together a weekly activity plan, a copy of which was displayed in the communal areas. Individual activities were also provided based on people's hobbies and interests. Regular parties and events were held to celebrate events throughout the year.
- The provider supported people to avoid social isolation. People had frequent visits from people who were important to them and were supported to maintain contact with other people by telephone and video calls. People had established friendships within the home.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. People were aware of the process. People and their families were confident any complaint would be dealt with by the registered

manager. There had been two recent complaints, which had been managed professionally with all parties being kept informed of the outcome.

#### End of life care and support

- Where people chose to spend their final days at the home, the provider was ready to make sure people at the end of their life had a comfortable, dignified and pain-free death. There was information about people's advance decisions in their care plan. The staff had worked with a nearby hospice to achieve a nationally recognised accreditation in end of life care.
- The provider took into account the needs of the dying person's family. Staff had training in end of life care and holding conversations which might be difficult.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The service had a positive culture which promoted good care, and maintained people's independence, privacy and dignity. The registered manager promoted positive values through their day to day contact with staff and people living at the home. Staff responded to this approach and shared the values of the service.
- Staff were empowered by the registered manager's management style which focused on values such as empathy with people. The registered manager had renamed staff supervisions as "one to one" meetings to emphasise these were opportunities for two-way conversations. Staff told us they found the registered manager approachable.

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

- People and relatives told us the registered manager led by example and was open and honest with them. They said the registered manager was approachable as were the senior care staff and the rest of the team.

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

- The registered manager led a team of nurses, senior care assistants and care staff as well as catering, domestic and maintenance staff. All staff were clear about their role within the team and all worked well with each other to ensure people's care and support needs were met.
- The registered manager had effective governance and quality systems in place. They tracked and reported on a number of quality performance indicators which included: dependency, weight, pressure areas, medicines errors, and accidents and incidents. There was a system of internal checks and audits in which staff were fully involved.
- The registered manager was informed about regulatory requirements including when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.

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

- The registered manager engaged directly with people, their families, and staff. A personal approach allowed them to take into account any equality characteristics.
- The provider sent an annual survey to people and relatives to gain their views of the service provided. The most recent survey had shown high levels of satisfaction with the service.

- Regular staff meetings were held to engage the staff team in any changes and to discuss any matters arising within the service. The registered manager was always available if staff wanted to raise issues in confidence.
- Nursing staff received a handover report at the start of their shift and were informed of any changes in people's health or welfare and shared this information with the care staff. There was a senior member of staff on duty for all shifts

#### Working in partnership with others

- The registered manager met regularly with the provider and managers of the provider's other homes. This enabled them to share best practice and outcomes of any CQC inspections or visits by the local authority and to discuss any improvements required.
- The registered manager worked collaboratively and had good working relationships with outside agencies. This included the local older people mental health services, GPs and district nurses, and the local authority safeguarding and DoLS teams.