Solihull Metropolitan Borough Council

7 Downing Close

Inspection report

7 Downing Close
Knowle
Solihull
B93 0QA
Tel: 01564 732840
Website: www.solihull.gov.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 5 January 2015. It was an unannounced inspection.

7 Downing Close provides respite accommodation with personal care for up to three people with a learning disability or autistic spectrum disorder. The home has been refurbished to a high standard and consists of three bedrooms, a bathroom with bath and shower and a communal living area and kitchen. Accommodation for people living at 7 Downing Close is on the ground floor. Staff offices and a room for a sleep in member of care staff are on the first floor. The accommodation is situated within a group of NHS community service buildings.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

7 Downing Close was registered with the CQC in September 2014. This was the first inspection of the service since registration. At the time of our inspection the service was still in the early stages of service provision and only three people had used the respite service. One person arrived for respite care on the day of our visit.

The provider had policies and procedures to support staff in understanding their responsibilities in keeping people safe. Equipment had been installed that would support staff in meeting the needs of people with limited mobility safely. There were processes for checking the safety of both equipment and the environment. There were good systems in place to ensure people received their medication safely.

The provider ensured staff had the knowledge and skills to meet people's needs safely and effectively. This included a thorough induction together with a training programme. Staff were also provided support through a process of supervision and annual appraisal.

People who used the service were offered the opportunity of visiting the home beforehand. This ensured the service could meet the person's needs and the person was happy with the service offered. There was a process for gathering information about people so care and support could be delivered in a way they preferred and that caused minimum disruption to their routines. People were supported to maintain their day to day interests and continue to attend clubs or appointments. The house leader explained the idea of the service was to provide a home from home.

The service had put systems in place to monitor and review the service being provided to people. The manager and house leader were enthusiastic about the respite service and understood the need to build relationships with both people and their families.

Summary of findings

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.

The provider had a good understanding of how to safeguard people. There were processes in place to support staff in understanding their role in keeping people safe. There were good systems to ensure medicines were managed and administered safely.

Good

Is the service effective?
The service was effective.

The provider ensured staff had the skills and knowledge to provide care and support to the people who used the service. Staff received a thorough induction to the service and a programme of training and support. Where potential restrictions on people's liberty had been identified, appropriate applications had been made to the local authority under the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

Support plans provided information about people's communication needs. People were provided with opportunities to make choices about how they wanted to spend their day. Staff supported people to maintain their privacy and independence.

Good

Is the service responsive?
The service was responsive.

Support plans contained information about people so staff could deliver care in a way people preferred and in accordance with people's daily routines. The provider had a complaints procedure in place and a system for obtaining feedback about the service so they could respond to any concerns identified.

Good

Is the service well-led?
The service was well-led.

There were systems in place to monitor and review the quality of service being provided to people. The registered manager and house leader were working together to develop the service and provide a level of care that met the needs of people and their families.

Good

7 Downing Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 5 January 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed all the information we held about the home such as statutory notifications, (the provider has a legal responsibility to send us a statutory notification for changes, events or incidents that happen at the service). We contacted the local authority who confirmed they had no additional information that we were not already aware of.

On the day of our visit there was one person booked in for respite care and we were able to speak to their relative about their views of the service. We also spoke with the house leader and the registered manager.

We looked at two people's support plans and medication records. We also looked at records relating to the management of the service such as quality assurance audits. We also considered the policies, procedures and processes put in place to ensure that when the service was fully operational it could deliver safe, effective, caring, responsive and well-led care.

Good

Is the service safe?

Our findings

We spoke with a family member whose relative was due to use the respite service at 7 Downing Close. We asked if they felt confident their relative would be safe during their stay. They told us, "Oh yes, safe as anywhere can be. We are quite impressed with the layout here."

The provider had policies and procedures in place to safeguard people from potential and actual abuse and to support staff in understanding their role in keeping people safe. There was clear information about the different types of abuse and how staff might recognise abuse. It informed staff what to do to report any safeguarding concerns. Local authority safeguarding contact numbers were displayed in the office.

The house leader told us they had attended safeguarding training. They had a clear understanding of what constituted abuse and told us they would have no hesitation in reporting any concerns. They told us that all new staff would receive training in how to keep people safe when they started to work for the service.

The manager demonstrated a good knowledge of safeguarding and understood their responsibilities for reporting safeguarding concerns to both the local authority and the CQC.

The house leader explained how individual risks to people would be managed during their respite stay in the home. They told us that where any risks were identified, risk management plans would be put in place so staff would know what action to take to manage the risk. The house leader was reviewing the risk assessments for the person due to arrive at the home on the day of our visit.

We discussed with the house leader and the manager how they would manage any issues of behaviours that could be challenging to others within the respite service. They told us the assessment process was crucial and short visits by people to the home would inform the decision of whether the placement was appropriate for a person. The house leader explained, "If there are challenging behaviours we have to look at compatibility to see whether we can accept them." The manager added, "We have to gate keep, we will have other people here and they are vulnerable."

The provider had considered the varying needs of people who might require respite care and installed suitable equipment that would support staff in meeting the needs of people with limited mobility safely. For example, there were ceiling hoists in all the bedrooms and the bathroom. There was a hoist for supporting people to transfer when in the communal areas. There was also a profiling bed where the shape and height of the bed could be altered. This allowed care staff to select the most appropriate height when transferring or assisting people.

We saw there were processes in place for checking the safety of both equipment and the environment. For example, fridge and freezer temperatures were checked daily, fire equipment had been checked and electrical equipment was tested to ensure it was fit for use. Any concerns were recorded in a maintenance book and signed off once the work had been completed.

The house leader told us they had recruited one member of staff. Two other members of staff had been offered positions, but were unable to start work until satisfactory police checks and references had been returned. At the moment the house leader was providing the majority of care with some support from the provider's own bank staff and some agency staff. The three people who had used the respite service were already known to the manager and house leader as they had previously used a service run by the provider. The house leader told us they would not take any new referrals until the permanent staff team had been established.

The provider had a critical services business continuity plan which informed staff what action to take if an incident occurred that made the premises unusable. This ensured that people who used the service would continue to have their needs met.

Each bedroom had a locked medication cabinet where people's medicines could be kept separately. On arrival people's medicines were handwritten on to a medicine administration record. We looked at the MAR for a person who had used the service the weekend prior to our visit. We saw the handwritten entries had been countersigned by a second staff member to confirm they were accurate. The person's medication had given as prescribed and recorded appropriately.

The service also had appropriate equipment in place for the storage and recording of controlled drugs or medication that was required to be kept at a cool temperature.

Good

Is the service safe?

The house leader had a good knowledge and understanding of medicines. We were informed no new staff would administer medication without having received training to do so and would have competency checks every six months. A medication audit form had been developed to check medication was being managed safely.

Good

Is the service effective?

Our findings

The provider had processes in place to ensure that when staff started work at the home they would have clear guidance and training to support them in providing effective care for people. New staff completed both a corporate induction and a home induction to ensure they understood their role and responsibilities. Some training the provider required was mandatory and needed to be refreshed after specified periods. This included health and safety, fire, infection control and manual handling. All staff were also required to complete training in managing challenging behaviours which included conflict resolution and breakaway training. Other training was offered to meet specific needs such as diabetes, autism and dementia. The manager explained the provider was responsive to training needs and would source training externally if they were unable to provide it themselves.

The house leader told us they received supervision from the manager both formally and on an informal day to day basis. The process for supervision and annual appraisals would be extended to all staff employed within the home.

The manager and house leader were both knowledgeable about their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). DoLS make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The manager was aware of changes in DoLS practice following a recent court judgement. They had submitted an application to the local authority for a person who had recently stayed at the home as they were unable to leave without supervision. They were in the process of submitting an application for another person who was due to move into the home for a brief period of respite care. At the time of our visit the applications were still in the process of being assessed.

The house leader explained that as there would never be any more than three people at the home, individuals would be given their menu choice on a daily basis. People's individual dietary needs would be recorded in their care plan. We looked at the care plan for a person who had stayed at the home for two days. It detailed that the person required a soft diet and the support needed to provide to ensure the person received sufficient to eat and drink.

As people would only be staying at the home for short periods of time, the house leader explained that engagement with external healthcare professionals would be limited. Information about healthcare professionals involved in people's care was recorded in the event of an emergency. The relative we spoke with told us, "They have got the contact numbers for [person's] doctor." Staff would support people to any healthcare appointment that had been arranged during their stay.

Good

Is the service caring?

Our findings

The home has been refurbished to provide a warm and welcoming environment. The house leader told us, “The idea of a short break is home from home.”

When we arrived for our visit there was nobody staying for respite care. One person arrived during the course of the day. We observed them for a very short period of time when they had been at the home for a couple of hours. They appeared settled and were moving around the home as they wished. They appeared relaxed around the two staff on duty and were enjoying playing a board game with the one of the staff members.

We asked how the service involved people in making the decision about whether they wanted to come to 7 Downing Close for respite care. The house leader explained that people visited the home for tea or a meal during the assessment process. This provided an opportunity to check whether the service could meet their needs, but also whether the person was happy with the environment and atmosphere within the home. Relatives and those closest to people were also involved in the decision making process. The relative we spoke with told us, “[Person] came and visited to have a look round and we had a good chat.”

During our visit we saw evidence that people were provided with choices. For example, the relative dropped their family member’s suitcase off before they actually arrived. The house leader left the suitcase in the hall so the person could choose their own bedroom. The person had already chosen the meal they wanted that night. The environment also supported people with making choices. There were televisions in each bedroom so people could chose to either watch television in the communal areas with other people or in the privacy of their own room. Pictorial examples of food supported people who had no verbal communication to make decisions about their food choices.

We looked at a support plan for someone who had stayed at the home. There was information about the person’s communication needs and how staff could support them in making everyday decisions. The support plan also detailed what the person could do by themselves, what they needed prompting with and what they needed support with. This information helped staff to know what level of support was required without compromising the person’s independence.

We saw the service had considered the need for people to maintain their privacy during their stay. Bedrooms all contained lockable facilities for people to store their personal belongings if they so wished. People were also offered the option of having keys to their bedrooms.

Good

Is the service responsive?

Our findings

Support plans were based on an assessment of needs by the service and social services. They provided staff with the information they needed to meet people's needs in a way the person preferred. For example, there was information about people's preferences for personal care, hygiene, getting up and going to bed. This meant that staff could continue to support people with minimal disruption to their daily routine.

Support plans also provided staff with the information they needed to meet any individual health needs to maintain people's physical and mental health during their respite stay at the home.

There was an understanding that a move to respite care may not always be easy and there were processes in place to respond to any issues. For example, when it was the person's first stay at the home, two staff were put on duty to help with the transition.

We saw people were supported to attend any clubs, social events or outings that they normally did during the respite period. For example, one person was supported to attend an appointment at their own hairdressers and a club they visited each week. The house leader explained, "Nothing changes for [person] for what they do at home and what they do here."

The provider had systems in place to manage complaints and compliments. We saw a complaints guide which was displayed prominently about how people could make a complaint. The service had not received any complaints in the short time it had been operating. People and their relatives were also requested to complete a short questionnaire at the end of the respite period. The two that had been completed indicated that people were satisfied with the service provided.

Good

Is the service well-led?

Our findings

There was a registered manager in place who had overall responsibility for the service. There was also a house leader who was responsible for the day to day management of the service. This included the management of the staff team, ensuring people's individual care needs were met and monitoring the quality of service provision.

From our discussions with the manager and the house leader, it was clear they were working together to establish the respite care and build it up as a high quality service. They were diligent about making sure there was a robust assessment process in place to ensure they only accepted people whose needs they could meet and offer a safe service to. The manager explained, "The challenge is to make the right decisions regarding referrals and assessments because it may not be the right place for a person. It is important how we set up the service and the guidelines we give to social workers." They went on to say, "Building really good relationships with families is key to a short break service. The potential for complaints and safeguardings is high because the level of expectation in families is high and meeting those expectations is an on-going challenge."

Policies, procedures and processes had been put in place so staff were clear what was expected of them and there would be consistency in the service provided.

There was a service user guide that gave people information about the service provided and the quality of care they should expect. People had information about what they could do if they were not happy with the quality of care provided.

The management team were aware of their responsibilities for submitting notifications to the CQC and had submitted most notifications as required.

The manager assessed the quality of care given to people who lived at the home through monthly audits completed by the team leaders. These looked at different areas of the service. Any actions identified from the audits were discussed with team leaders during their supervision to ensure they had been addressed.

There were also regular checks by the provider organisation to ensure quality standards were maintained.