Solihull Metropolitan Borough Council

137 Bills Lane

Inspection report

137 Bills Lane, Shirley,
Solihull, B90 2PQ
Tel: 0121 7449255
Website:

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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 8 October 2015. 137 Bills Lane provides care and accommodation for up to four people with a diagnosis of a learning disability or autistic spectrum disorder. The communal areas and one of the bedrooms was on the ground floor. The rest of the bedrooms were on the first floor. Three people lived at the service at the time of our visit.

There was a registered manager in post. 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.

There were sufficient staff to meet the needs of people, and to support people, who wanted to engage in activities outside the home. Staff received regular training, and new staff, were provided with a thorough induction to help them understand people's needs and how to support people effectively.

Staff had received training in keeping people safe and understood their responsibility to report any observed or suspected abuse. Where risks associated with people's

Summary of findings

health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible, access the community and maintain their independence.

Staff had received training to understand the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). Where people's freedom was restricted, the provider had applied to have this authorised by the local authority. This meant they complied with the DoLS legislation.

Staff were observed to be kind and considerate to people. They managed and supported people who had behaviours which challenged others, well.

People received a nutritious and balanced diet, and were involved in menu choices. People were referred to external healthcare professionals to ensure their health and wellbeing was maintained. Medicines were managed so that people received their medication as prescribed.

The leadership team had a good understanding of their roles and responsibilities, and provided good support to staff and the people who lived at the home.

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.

There were sufficient staff to support the health and wellbeing of people who lived at 137 Bills Lane. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified. Staff understood their responsibility for reporting any concerns about people's wellbeing. People received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff received a comprehensive induction and training which supported them to meet people's needs effectively. Staff adhered to the principles of the Mental Capacity Act, and where people's freedom was restricted; deprivation of liberty safeguards (DoLS) had been applied for. People received food and drink which they enjoyed, and their health care needs were met.

Good

Is the service caring?
The service was caring.

People who lived at 137 Bills Lane received care from staff who respected their privacy and dignity. Staff were kind and considerate of people's needs.

Good

Is the service responsive?
The service was responsive.

Staff understood people's preferences and wishes so they could provide care and support that met their individual needs. People were supported to socialise and follow their interests. There had been no complaints made about the service.

Good

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

The leadership team had a good understanding of their roles and responsibilities, and had systems in place to assure quality. Staff felt supported by management, and able to share their views and opinions about the service.

Good

137 Bills Lane

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.

The inspection took place on 8 October 2015 and was unannounced. The inspection was undertaken by one inspector.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from relatives and external bodies and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with one person who lived at the home, and observed the support provided to another person who had limited verbal communication. We did not have the opportunity to meet the third person who lived at 137 Bills Lane.

We spoke with the registered manager, the deputy manager and four staff members. After our visit, we spoke by phone to a relative of a person who lived at the home. We reviewed one person's care plan and daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

People who lived at 137 Bills Lane had differing and complex needs. We saw that staff had considered people's needs and put plans in place to ensure they were safe. For example, one person's behaviour could challenge others who lived and worked at the home. A support plan detailed how best to support the person to minimise the risks of their behaviour becoming challenging. Staffing levels were also increased at different times of the day so staff could support the person to take part in activities which helped them remain calm and at ease with themselves. A member of staff told us, "People here are safe. We follow procedure, and if it is not effective, we have a discussion to see what is happening." The relative we spoke with told us, "[Person] is safe there."

Staff had undertaken training to recognise the signs of potential abuse and to know what to do when safeguarding concerns were raised. A member of staff told us if they saw a person abuse another, they would inform the manager and document what they had seen. They understood their responsibility to whistle blow if the manager did not act on the information given. They told us they would report their concern to a senior manager, and failing that, they would contact the CQC.

The provider had a recruitment policy that ensured all the necessary checks were completed before new staff started working for the service. This included a police check and obtaining references to ensure staff were suitable to work with the people who lived in the home. The deputy manager had also put together, with the help of staff who worked in the home, a 'day in the life of a support worker', to help prospective candidates understand what the work entailed.

There were good levels of staff to support people's safety both during the day and at night. There were also 'on-call' arrangements to ensure night staff received extra support if there was an emergency.

The service had identified the potential risks to individuals living at the home and taken steps to minimise them. For example, one person had a condition which meant they were compelled to eat non- food substances. All items which had been assessed as a potential eating risk had been removed from the environment. Another had been assessed as at risk of becoming distressed if they ate in the kitchen environment because they were not able to cope with food choices available. They ate their meals in a quieter area of the home.

The service looked at trends in relation to accidents and incidents and took action where necessary. For example, one person had fallen more in the last year than they had previously. The service had looked at how best to minimise the risks for this person, and agreed with the person it was in their best interest to move their bedroom to the ground floor where there was less risk of them falling.

The provider had conducted risk assessments of the premises and equipment and had identified actions required to minimise risks, such as regular safety checks and planned maintenance. The provider had a service continuity plan should there be an emergency or the home had to be evacuated. This meant people would continue to receive safe, consistent care that ensured their wellbeing.

Medicines were stored safely and securely and there were checks in place to ensure they were kept in accordance with manufacturer's instructions and remained effective. Administration records showed people received their medicines as prescribed. Some people's medicines were administered on an "as required" basis. There were detailed medicine plans for the administration of these medicines; together with records of the circumstances they had been given. For example, a person with limited communication was prescribed paracetamol on an 'as required' basis. The medicine plan informed of the signs staff should look out for to help them know if the person was in pain. This ensured they were given safely and consistently.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards. On the day of our visit a member of staff was undergoing a routine competency assessment. We saw the member of staff support people to take their medicines. People were given time to take their medicines, and the staff member observed good hygiene practice whilst doing so.

Good

Is the service effective?

Our findings

We observed staff had the right skills and knowledge to provide effective care to people. A member of staff told us, "This place runs smoothly, everything is in place. People have experience." The relative we spoke with told us, "Staff have been given good training."

Whilst many staff who worked at the home had experience of working with autism and learning disabilities; the registered manager told us they also liked to employ people new to care who demonstrated the right values in supporting people. New staff had an induction period. A member of staff told us, "I got a thorough induction. I didn't do any shifts that left me vulnerable." They went on to tell us they did shifts at a time of day when there were more staff on duty. This meant they could familiarise themselves with people who lived at the home and observe how staff supported them. We were informed that the provider's bank staff (staff who cover vacancies or absences) also had a three day induction to the home before they worked on their own.

The registered manager informed us new staff were supported to complete the recently introduced 'Care Certificate'. The Care Certificate was introduced by the government to support workers to have a knowledge and skill base to provide compassionate, safe and high quality care and support. The deputy manager was the assessor for staff undertaking the Care Certificate at the service. We saw they had undertaken detailed assessments and provided feedback to staff where they thought improvements in care provision could be made.

Staff received regular training in all areas considered essential for meeting the needs of people in a care environment safely and effectively; for example, food hygiene, and safe moving of people. Staff also told us they had undertaken training specific to the needs of people who lived in the home such as autism and epilepsy, and managing behaviour. We saw staff had a good understanding of people's behaviour and how to identify and reduce the opportunities for behaviours becoming challenging. For example, we saw one person was beginning to get agitated whilst waiting for their food. A staff member quickly intervened and diverted the person's attention by suggesting they went and got their slippers. By the time they had arrived back in the kitchen with their slippers on, the food was ready and the person was calm.

Staff received individual supervision each month, and had regular team meetings with agendas they contributed to. We looked at staff meeting notes. We saw the meeting agenda focused both on staff issues, and how best the staff could support people who live at the home. We saw notes the manager had taken when undertaking a practice observation of a member of staff. The notes informed the member of staff what they had done well, but also informed them how they could improve.

The Mental Capacity Act 2005 supports and protects people who may lack capacity to make some decisions themselves. Staff we spoke with understood that people were able to make day to day decisions. For example, on the day of our visit extra staff had been provided to support one of the people going out in the community. However, the person had woken up but gone back to bed because they were tired. Staff respected the person's right to make this decision and waited for them to wake up again before they went out. The relative we spoke with gave us an example of staff supporting their family member's decisions. They said the person had bought a new coat and wanted to keep it stored in the bag it had been put in when they bought it, rather than hang it up. Staff respected the person's right to make this decision.

Where people had been assessed as not having the capacity to make certain decisions, for example complex decisions regarding their health, meetings had been held with those involved in their care and other healthcare professionals. Where people did not have close friends or family to advocate on their behalf, the service used independent advocates to ensure any decisions made on behalf of the person were in their "best interests".

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager had submitted applications for each person who lived in the home to the local authority for approval because their freedom of movement had been restricted in their best interest.

Records showed people had received care and treatment from health care professionals such as psychiatrists, psychologists, GP and speech and language therapists. Appropriate and timely referrals had been made to make sure people received the necessary support to manage

Good

Is the service effective?

their health and well-being. One person, with support from their key worker, told us they had been to see their doctor two weeks ago, and told us they were wearing new glasses that they had chosen themselves.

We checked whether people received enough to eat and drink and maintained a balanced diet. During our visit, we saw people having choice, and being provided with drinks. People had a snack at lunchtime and a main meal in the evening. We looked at the menu for the previous week and saw people had a range of meals including chicken curry, rice and nan; and vegetable hot pot. The registered manager informed us they were trying to reduce people's sugar intake by introducing sweet high protein recipes instead of high sugar recipes. We were told that people had enjoyed some of the newly introduced sweet treats such as high protein cheesecakes and flapjacks.

Good

Is the service caring?

Our findings

The relative we spoke with told us, "Staff are lovely, I can't fault the staff." We asked the person who lived at the home whether staff were good to them and they told us, "Yes", and said, "Yes" when we asked them if they liked being at the home.

When we arrived, one person was asleep in bed and the other two people who lived at the home had gone shopping with staff. When they arrived back at the home we observed a good rapport between staff and people. People were supported to get ready for their lunch and to put away their shopping. After lunch one person chose to go and sit with their key worker in the lounge and watch a TV programme they liked, whereas another decided to stay with their key worker at the kitchen table talking with the worker and ourselves. From this discussion it was clear the key worker had a very good understanding of the support needs of the person, and had a developed a warm working relationship.

Staff told us they enjoyed working at the home. One member of staff said, "I think it is good here." The deputy manager told us the staff were motivated to work with people and had a good understanding of managing people who displayed behaviours which challenged others. They told us staff were encouraged to have caring and compassionate qualities via induction, mentoring and supervision.

Care records were detailed and informed staff of people's life histories, their likes and dislikes and how the person liked their care to be delivered. They recorded what people could do for themselves, and when they required support. Care plans were reviewed regularly, and where possible, people were involved with their reviews. Independent advocates had been used to support care reviews when necessary.

Staff understood the importance of treating people with dignity and respect. During our visit staff spoke about the people they supported with respect, and we saw them promote people's dignity and privacy. By looking at team meeting minutes we saw the leadership identified and acted on any areas where they felt staff had not considered privacy issues. For example, it had been noted that on a couple of occasions staff had left a person's bedroom door open when they were asleep. Staff were reminded this did not support the person's privacy and were asked to ensure they shut the door.

We were told there were not many visitors to the home but family and friends were welcome any time. The relative we spoke with told us they visited each Saturday and were always made to feel welcome.

Good

Is the service responsive?

Our findings

During our visit we saw staff were responsive to people's needs. The relative we spoke with told us, "Staff know [person] really well."

The service had written person centred plans, which reflected how people wanted to receive their care and support. The plans included a one page profile about the person which told staff what was important about the person and how best to support them. They then went into detail about different aspects of the person's life and how the person would like staff to meet their care needs. This included areas such as 'personal care', 'eating and drinking', 'things to avoid', and 'activities'.

Where appropriate, staff used Makaton (a method of communication which uses signs and symbols) to enhance communication between themselves and people. Staff had also developed 'communication passports' for each person. These were booklets which gave a snapshot about the person's likes, dislikes, how they communicated and how best to communicate with them.

We saw people being encouraged to undertake tasks for themselves. For example, at lunch time, one person got their knife and fork out of the drawers, and helped to clear their plate and wash it up afterwards; and another got their apron out of the side room ready to wear whilst eating their meal. One person was at risk of putting too much food into their mouth. To support the person with their independence, and to make it safe for them to eat, a member of staff sat with the person and put regular but small amounts of food on the person's plate for them to eat.

One person's care record told us the person enjoyed walks in the park and going to National Trust grounds, as they liked being in open spaces. Extra staffing had been arranged to meet this person's needs, and when they woke up, staff supported them to go for a walk. The person we spoke with told us they enjoyed going to the shops, the cinema and to churches. They and their key worker told us about the churches they had visited.

The manager told us there had been no formal complaints made about the service. The relative we spoke with told us, "If I see anything that is not right, I will mention it to them (staff). They act on it quickly." There was no system for logging informal complaints; however the manager told us this was something they were considering implementing. The PIR informed us the provider was looking at changing procedure to 'actively seek out compliments and complaints.'

Good

Is the service well-led?

Our findings

The registered manager had been registered with the CQC since February 2015. They were the registered manager of 137 Bills Lane and another home operated by the provider. They were supported by a deputy manager. The registered manager and deputy manager had a clear understanding of their roles and responsibilities.

The service had completed our Provider Information Return (PIR) and gave this to us on the day of our visit. The information provided on the return, reflected what we saw during the inspection.

The registered manager had previous experience of training and consulting on person centred planning. They had used these skills and experience to support staff within the home improve the person centred planning for people who lived at the two homes they were registered to manage.

Staff were provided with management support through regular supervision meetings and appraisals. Staff were encouraged to attend training to improve their care practice and knowledge. The PIR informed us there was an 'open door' policy for staff to talk with management. We saw good communication between staff and leadership on the day of our visit.

Staff told us they felt able to speak with management. One staff member said, "They (management) do deal with concerns". They told us that the team worked well together and we observed good team work during our visit.

Monthly staff meetings were focused on meeting the needs of people who lived at the home. Copies of staff meeting notes demonstrated that care and attention had been paid to ensure people who lived at the home were safe and well supported. Staff told us they contributed to the team meeting agenda.

Management were pro-active in addressing issues of concern. For example, one person had recently moved to one of the provider's other homes because they felt the person needed a different environment. Another person in the home had moved their bedroom to the ground floor because it was agreed it was safer for them to be supported on this floor.

There was a system of internal audits and checks completed within the home to ensure the quality of service was maintained. This included looking at accidents and incidents, and medicines. A management team met each month to focus on the quality of service provision.

Records and information about people was kept securely and only staff could access them. We saw that staff updated people's records every day, to make sure all staff knew when people's needs changed.