

Solihull Metropolitan Borough Council

Stapleton Drive

Inspection report

25, 27, 29 Stapleton Drive
Chelmsley Wood
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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 the 21 May 2015 and was unannounced.

Stapleton Drive provides care and accommodation for up to 12 people with a diagnosis of a learning disability or autistic spectrum disorder. The accommodation comprised of three adjoining houses with accommodation for four people in each house. At the time of our visit there were three people living in each house.

We last inspected the home in May 2014. After that inspection we asked the provider to take action to make

improvements in the safety of the premises and their quality assurance systems. At this inspection we found improvements had been made in these areas, but further work was needed to ensure records of safety checks were consistently maintained in all three houses.

There was a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Some people who lived at Stapleton Drive had complex needs and required high levels of support to maintain their mental and physical wellbeing. There were enough staff on duty to meet people's needs, but a large number of staff vacancies meant the service was using a high percentage of bank and agency staff.

Staff had received training in keeping people safe and understood their obligation to report any concerns to the management team. Some people could occasionally display behaviour that could compromise their own health and safety, or that of other people. The service had worked with healthcare professionals in psychology to produce guidelines to manage those risks. Medicines were managed safely and where people were prescribed medicines for agitation or distress, there were detailed guidelines in place to ensure they were given them safely and consistently.

Staff completed an induction and received on-going training so they could meet the needs of people effectively. The registered manager had introduced a system of monitoring staff work practice which was used to inform discussions about their personal development.

The provider and registered manager understood their obligations under the Mental Capacity Act and the Deprivation of Liberty safeguards (DoLS). The provider had made appropriate applications to the local authority in accordance with the DoLS.

Staff were caring and supportive of people and encouraged people to participate in activities and interests that provided them with fulfilling lives. People were encouraged to develop and maintain relationships with others who were important to them.

People were involved in making every day decisions and choices about how they wanted to live their lives. Where people had limited or no verbal communication, a range of tools was used to support them in making those decisions.

Staff supported people to attend appointments with external healthcare professionals to maintain their physical and mental health. People had varied diets that met their nutritional needs.

The registered manager had been in post for eight months at the time of our visit and provided clear and supportive leadership within the home. Managers and staff were given opportunities through meetings and supervision to share good practice and discuss issues within 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 numbers of staff on duty to meet people's needs. Although, there were a high number of staff vacancies, staffing levels were maintained to ensure people's safety. Behavioural guidelines were in place so staff knew how to manage behaviours that could impact on people's health and wellbeing. Medicines were managed safely and given 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. There was a system of monitoring staff to ensure they put their training into practice. Where restrictions on people's liberty had been identified, appropriate applications had been made to the supervisory body.

Good



Is the service caring?

The service was caring.

Staff encouraged people to maintain their independence and participate in day to day tasks around the home. People used a range of communication methods and staff demonstrated a good understanding of how people communicated their needs. Staff understood the importance for people to develop and maintain friendships and relationships with others outside the home.

Good



Is the service responsive?

The service was responsive.

There was an ethos of encouraging people to do activities that they enjoyed and which added a positive value to their lives. Activities were regularly reviewed to ensure they continued to have a positive impact on people's health and wellbeing. Where people had concerns, they were supported to make those concerns heard.

Good



Is the service well-led?

The service was well-led.

People were given opportunities to have their say in how the service was run. The registered manager was clear about the challenges within the service and the improvements required to ensure a quality service was maintained. There were systems to provide the registered manager with support and share good practice with other managers within the provider group.

Good



Stapleton Drive

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 21 May 2015 and was unannounced. The inspection was undertaken by two inspectors.

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.

Some of the people who lived at the home had limited verbal communication. We spent time observing how people were cared for and how staff interacted with them to get a view of the care they received. We spoke with three people who lived at the home, a relative and a friend of a person who lived there.

We spoke with the registered manager, six staff members and a visiting healthcare professional.

We reviewed three people's care plans and daily records to see how their support was planned and delivered. We reviewed management records of the checks the staff and management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. A relative we spoke with told us, “I have no concerns whatsoever.”

At our last visit in May 2014 we found improvements were needed to ensure that all areas of the home were kept to an acceptable standard of cleanliness and infection control guidelines were followed. At this visit we found the worn and dated bathrooms we saw on our last visit had been replaced. A communal toilet that was stained and unhygienic had also been replaced. Previously there had been an issue about the lack of facilities for staff to wash their hands. At this visit we saw staff hand washing facilities were available in all areas and there was a daily cleaning schedule to ensure the environment was kept clean and tidy.

Staff had received training in keeping people safe and understood their obligations to report any concerns they had about people’s physical or emotional wellbeing. One staff member told us, “Yes I have had training. I know this is about protecting clients and staff and is not just about health. It can be about money, mental or physical health. I would report safeguarding to the manager or if they did not do anything, their manager.” Another staff member told us, “It’s protecting vulnerable adults, neglect is the biggest one. If I had any concerns I would report it straight away to the shift manager.” A new member of staff told us, “The way they treat residents is really nice. I have not seen anything I am worried about.” The registered manager had a clear understanding of their role in keeping people safe. Any concerns had been referred to the local authority as required.

People who lived at Stapleton Drive had complex support needs. During our visit we found there were enough staff on duty to meet those needs. However, it was acknowledged by the registered manager that there was a large number of staff vacancies. This was a challenge as the people who lived at the home benefited from a stable and consistent staff team. One staff member told us, “Clients like stability, to keep the same faces, sometimes it is not the case. Some people get more anxious with strangers in the house.” Staff and the provider’s own bank staff covered many of the gaps on the rota and when agency staff were required, the registered manager told us they tried to use the same

agency staff who knew the people who lived there. On the day of our visit we spoke with an agency member of staff. They confirmed they had been providing care and support at the home for 10 months and were confident they understood people’s care needs.

Whilst staff raised concerns about the high use of agency and bank staff, they told us staffing levels were maintained. The registered manager explained, “Day to day risk management is making sure the staffing levels are correct which is fundamental to managing risk.” One staff member told us, “Today I am one to one. It would be nice not to have too many agency staff at the same time in case of an emergency.” Another staff member told us, “There is enough staff here, it’s virtually one to one.” A relative told us, “It’s hard in the home but yes there is enough staff.” Another visitor to the home said, “Staff are more settled, more static, changes upset [person] a bit.”

There were risk assessments to identify any potential risks to people and detailed plans which informed staff how those risks should be managed to keep people, staff and others safe. Where risks had been identified when people were out, management plans enabled people to continue to enjoy activities as safely as possible. For example, some people required the support of two staff to keep them safe when outside the home. The registered manager explained they had a proactive approach to risk management and said, “It is about trying to do what people want to do and managing that risk. The staff need to feel safe to ensure they are doing a good job.”

Some people could display behaviours that could impact on the wellbeing of others as well as their own health. The service worked closely with psychology professionals to produce guidelines to manage those behaviours to keep people and others safe. The registered manager told us they had invited the psychologist to review all the guidelines to ensure they remained appropriate and reflected any changes in people’s support needs.

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. Each person had their own section in the medicine administration folder with a photograph on the front of their records to reduce the chances of medicines being given to the wrong person. Administration records showed

Is the service safe?

people received their medicines as prescribed. Appropriate arrangements meant that people's health and welfare was protected against the risks associated with the handling of medicines.

Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these medicines to make sure 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. Where errors had been made, staff were removed from giving medicines until they had received further training and competency assessments.

Is the service effective?

Our findings

During our visit we saw that staff delivered the care and support people needed. A relative told us, “I am 100% happy with the care and support they are giving.” A visiting healthcare professional told us, “They (staff) seem good and know what people’s needs are.”

We found new staff had an induction programme and six month probationary period. The registered manager had introduced an induction booklet which contained the provider’s policies and procedures so new staff knew what was expected of them so they could carry out their role and responsibilities effectively. Every new member of staff worked in each home for four weeks, the first week being a period of observation and shadowing more experienced staff. Each new member of staff was allocated a mentor who supported them during their probation period.

Each member of staff had their own training record to ensure they received the training necessary to meet the needs of the people who lived in the home. As some people could display behaviours that could be challenging, all staff had received four days training in managing behaviours, de-escalation techniques and physical intervention. The registered manager told us this training was very effective as staff had not had to use any physical intervention for two years. This was confirmed by staff we spoke with.

Staff received regular supervision during which they discussed their job role, training and personal development and the needs of the people who used the service. Observations of staff were used to form a basis of discussion about their work practice and staff were encouraged to take an active part in the supervision process. The registered manager explained, “I have tried to push the values onto staff by linking it back to health and well-being [of the people who live in the home]. It is about what they are doing and that reflective process.”

The Mental Capacity Act 2005 supports and protects people who may lack capacity to make some decisions themselves. 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. This ensured that 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 and hospitals are looked after in a way that does not inappropriately restrict their freedom. The registered manager had submitted applications to the local authority for everyone who lived in the home as they were unable to leave without supervision. At the time of our visit most of the applications had been granted and others were still in the process of being assessed. We checked the approved applications that had been granted. We identified that one approval had expired four days prior to our visit and an application for renewal had not been made. The registered manager assured us the renewal application would be submitted without delay to ensure they continued to comply with the legislation.

People were able to choose what they ate at weekly planning meetings and were involved in shopping for food. Each house had a menu planning folder which contained information about healthy eating. It also advised staff how they could assist people to put together a weekly menu plan that contained foods they liked that were nutritiously good for them. Records confirmed that people had a varied and balanced diet. Where a health need was identified, people’s food and drink intake was monitored. Staff told us of one person who was reluctant to drink. They were offered drinks every hour to ensure they had enough fluids. People’s weight was also regularly checked to identify any changes in their health.

Care staff were knowledgeable about people’s needs and supported them to attend appointments with chiropodists, opticians and dentists in order to maintain their physical health. Where a need was identified, people were referred to other healthcare professionals such as doctors, nurses and dieticians. One member of staff told us, “People get to see who they need to immediately.” Staff recorded the healthcare professionals’ advice in detail so everyone was aware of changes in people’s care needs. Staff also worked closely with the psychology team to ensure people’s mental health was cared for. The registered manager spoke of one person who currently required a lot of support and explained, “Staff are very aware of [person]. Any subtle changes and they are very proactive and he does go to a lot of medical appointments to keep on top of it.”

Is the service caring?

Our findings

During our visit we saw that staff supported the people who lived in the home in a friendly and caring manner. People were settled and relaxed in their home. Staff knew people well and understood people's abilities, habits, preferred routines and social preferences. Staff were interested in people and listened to what they had to say. One person told us, "I like it here with all my friends." Another person said, "The staff are kind." A relative told us, "I know them (staff) and chat with them. They are very good."

We asked the registered manager how they ensured the support people received was caring. They responded, "Caring is about promoting independence. It is not, I care for you therefore I will do for you." Staff we spoke with understood that part of their caring role was to encourage people to maintain as much independence as possible. One staff member explained, "We like to engage with them, let them choose what to wear, what they eat, their own clothes, what to have for breakfast. We encourage independence. We like to make people feel comfortable because it's their own home." During the day we saw people made decisions about where they wanted to go, what they wanted to do and what they had to eat.

People were encouraged to participate in day to day tasks around the home. One person was able to make their own hot drinks and assist with preparing meals. Other people helped with cleaning tasks and tidying their bedrooms. This involvement gave people a feeling of partnership with the staff who provided their care and support.

Some people had very limited or no verbal communication. Staff used a variety of tools and methods to support people in communicating their choices and decisions such as objects of reference, pictures and photographs and sign language. The registered manager explained that it was important for staff to be observant of people and said, "Looking at facial expressions, emotions and gestures is just as important as formal communication." Staff we spoke with demonstrated a good understanding of people's different methods of communicating. One staff member explained, "[Person] likes to go for a walk. They will come up to me and touch my hand and I know that means they want to go." Another

staff member explained how one person used their own sign language and demonstrated the sign they used when they wanted a drink. A visiting healthcare professional told us, "I saw someone was very distressed and care staff were good at knowing what they wanted – it was a cup of tea."

The PIR stated, "We have made a referral to the Speech and Language Team (SALT) to come and support the staff team about different methods of communication and to help and support service users with continuing to develop and learn." The registered manager explained that developing communication tools was vital so people could continue to express their views and be actively involved in making decisions about their care. They told us, "Communication is key and if we don't get that right we won't be able to meet their needs."

Staff understood the importance of treating people with dignity and respect and offered support to people in accordance with their abilities. For example, people were encouraged to complete as much of their own personal care as they were able to. One staff member explained, "We might squeeze shampoo in their hand, but they do the rest." Staff were also respectful of people's right to privacy and gave people the time and space to follow their preferred routines. Staff told us of one person who specifically liked their own space in the morning and explained, "[Person] will ignore you. He has to go through his own process. We let him be independent and when he is ready he will start asking staff." Another person was able to 'soak' in their bath in private before staff helped them with their personal care.

People were encouraged to maintain and develop relationships with those people who were important to them. The registered manager explained, "Relationships are really supported, in terms of having partners. We all have a right to have a relationship, to make a mistake in that relationship and learn from it. People are able to go out and visit people. That is really important." A close friend of one person had recently been admitted to hospital. Staff understood the importance of this relationship to the person and made sure they were able to visit their friend in hospital. Staff also supported people to visit relatives and friends and stay for weekend visits and meet friends at social events in the community.

Is the service responsive?

Our findings

People who lived at Stapleton Drive were supported to pursue their interests and hobbies within the home and outside in the wider community so they had fulfilled lives. People who were able to speak with us were eager to tell us about the activities they participated in. “I like going to the disco at SOLO.” “(Club), I am going tonight to see my boyfriend.” “I am in a drama group, we are doing ABBA.” One staff member told us, “The best thing about this home is that people get to go out regularly.”

We found there was an ethos of encouraging people to do activities that they enjoyed and which added a positive value to their lives. The registered manager explained, “For health and wellbeing it is really important people pursue their interests. Activities help build mobility and fine motor skills and keep the brain and mind active.” We saw that people were involved in discussions about trips they wanted to make, holidays they wanted to go on and activities they wanted to participate in. Activities were regularly reviewed to ensure people still enjoyed them and they continued to have a beneficial impact on their health and wellbeing. For example, one person continued to enjoy theatre trips because not only did they enjoy the shows, but it provided social interaction and an opportunity to maintain a relationship with someone they were close to.

On the day of our visit three people were out most of the day. It was lovely weather and they had taken the opportunity to have a picnic in the park with members of staff. Others went out for lunch and some went shopping to buy plants for the garden. People were also given choices about which members of staff supported them with activities. For example, on planned days out or holidays, people could indicate which staff member they would prefer to accompany them.

We looked at three care plans. Each person had a care plan which provided staff with the information necessary to ensure that person received the care they required. The care plans contained information about what made people happy, sad or was important to them so staff could deliver care in a way people preferred. Staff told us they had time to read the care plans but there was also a summary of people’s needs on the front of each care plan which staff could follow at a glance.

Care plans also contained information about people’s goals and aspirations. For example, one person’s aspiration was to ride in a helicopter. This had been risk assessed and the trip was booked. The registered manager explained, “It is about what people want in their lives. If you weren’t in this residential home you would be going off and doing this.” Records also contained information about people’s cultural and spiritual needs and how staff were to support people to meet those needs.

Each person was given a copy of a service user guide in an easy read format which contained information about who they could talk to if they had a complaint or were worried. There was also information displayed in two of the houses, but this was out of date and contained photographs of the previous registered manager. We were told no complaints had been received in the last twelve months. However, one person had indicated they were not happy with delays in redecoration in the house they lived in. The assistant manager for the house had a meeting with the person on the afternoon of our visit to support them in writing a formal complaint. Other people and their relatives told us they had no complaints. Comments included: “The house is lovely, [person’s] bedroom is gorgeous, [person] has never had any complaints.” “No complaints about staff or managers.” “No complaints, not one.”

Is the service well-led?

Our findings

There was a registered manager who had been in post for eight months and who had overall responsibility for the service. Each house had an assistant manager who was responsible for the day to day management of that house. The three assistant managers were managed by a house leader. Relatives and staff were positive in their comments about the leadership within the home. Comments included: "Yes there is a friendly atmosphere. Managers have an open door policy and are quite approachable." "Managers are attentive and they will listen to you."

At our last inspection in May 2014 we found some of the checks in place to ensure the quality of the service had not been carried out. At this visit we found that checks were more thorough. Each assistant manager checked another house and these checks were then assessed by the registered manager to ensure any identified actions had been completed. However, we found further improvements were required to ensure records of safety checks on fire alarms and emergency lighting were completed consistently in each house.

The registered manager told us people were given opportunities to share their views on how the home was run. For example, each person had a weekly planning meeting where they could discuss what activities they wanted to do and what food they would like. People were also regularly asked whether they were happy with their care and support at review meetings to which their family and other professionals were invited. The reviews gave people and their relatives the opportunity to raise issues and say how they would prefer their care and support to be delivered. The registered manager explained that they were introducing meetings within each house and satisfaction surveys to gather further feedback about people's views on the service provided at Stapleton Drive.

Staff attended regular project meetings during which they were encouraged to share their views and ideas about the service. One staff member told us, "It's 75% them, 25% us but you can raise things and they will listen to you." When

talking to the registered manager it was clear they had a thoughtful and considered approach to the management of staff. They were keen to change some negative attitudes and encourage all staff to contribute and share ideas. They explained, "I try and do a couple of activities to encourage thinking and build confidence of people to speak in groups so it is not always the same ones talking."

The registered manager was clear about the challenges facing the home, particularly staff vacancies and the impact on staff morale. They told us, "Staffing is one of the key issues and building a team here is really important. It is the key for everything else I have a vision for here at Stapleton." The provider had taken action to recruit new staff and a recently completed recruitment drive had resulted in some staff vacancies being filled. Further recruitment remained on-going.

We asked the registered manager what improvements they planned in the home. They responded, "The environmental side of the home is a big challenge. Having an environment that reflects the personalities of the people in the home would make a difference." We saw documentation that confirmed there were plans in place to update and improve the décor in all three homes.

The registered manager told us they felt supported by the provider and had regular supervision meetings with their own line manager. They also had regular meetings with other registered managers of similar services within the provider group. They explained the benefits of the meetings as, "They are a way for us to share information, look at strategic planning, look at the provider's vision and where we need to be. They are an opportunity to bring up anything we have found or learned or share any potential issues we are struggling with."

We asked the registered manager what they were proud of at Stapleton Drive. They spoke about the level of care provided and stated, "I'm proud of the fact the service user's needs are heard and the staff really care and support the service users. The team are able to listen and are challenging themselves more which is a really positive sign."