

Langstone Society

Stickley Lane

Inspection report

8 Stickley Lane
Lower Gornal
Dudley
West Midlands
DY3 2JQ

Tel: 01902662076

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Stickley Lane is a care home providing personal care to six people with a learning disability. At the time of the inspection six people lived at the service. The accommodation is provided in one adapted building with bedrooms on the ground and first floor.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties and larger than those in the area. It was registered for the support of up to six people. Six people were using the service. This is in line with current best practice guidance. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service and what we found
People did not always receive safe care. Where safeguarding concerns arose, these were not consistently identified and referred to the appropriate body. Whilst some checks to ensure staff were competent to administer medicines had been recorded this was not consistent. Staff had been recruited safely and there were enough staff to meet people's needs. Personal protective equipment was used when required.

People were supported by staff who had the skills and knowledge to do so effectively and the service worked with relevant healthcare professionals when appropriate. People received support to eat and drink meals of their choosing and specialist dietary needs were met.

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 did not always support this practice. Mental capacity decisions were recorded but the evidence of how these decisions had been assessed and how people were included was not.

People were supported by kind and caring staff who respected their privacy and dignity and supported their independence.

Records held personalised information about people and staff knew people's preferences with regards to their care. People were supported to access the community on a regular basis and carry out activities in line with their hobbies and interests. The provider had a complaints process to share any concerns.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People, relatives and staff felt the management team were approachable and supportive. Whilst some audits and checks were in place at the service further improvements were required in order to make them more robust. There had been a failure to notify CQC of all incidents that had happened at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 02 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to governance, safeguarding and in the provider's failure to notify the commission of allegations of abuse.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stickley Lane

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Stickley Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and two medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one health care professional who visits the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place however this was not consistently followed. For example, there had been two incidents where one person had alleged physical harm from another person and a further four incidents where one person had been observed causing harm to others. Actions had been taken by the registered manager but they had failed to recognise these as safeguarding concerns. As a result, the safeguarding concerns had not been reported or investigated by the local authority safeguarding team.
- Staff had received training to keep people safe and could explain what abuse was and how to report. Despite this training, potential safeguarding concerns had not been recognised and had been recorded as incidents without follow up to the appropriate agencies.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding service users from abuse and improper treatment.

- People and relatives told us they felt safe. One person told us, "Yes I am safe here," and a relative said, "Absolutely safe, I wouldn't like him to be anywhere else."

Using medicines safely

- People were supported with their medicines safely and relatives told us they were happy with how medicines were being administered. One relative said, "[Person] has medicines, no problems," and another told us, "No concerns about medicines."
- Where people received medicines 'as and when required' guidance was in place. For medicines that were given as a homely remedy, there needed to be further detail for staff to follow to indicate when the medicine should be given.
- The administering of medicines was carried out by a senior member of staff and carer to minimise errors and ensure good practice. Although staff told us they had checks from the manager to ensure they were competent with medicines, this was not consistently recorded for all staff. Following our inspection the registered manager advised us they had put a monthly competency check in place.
- Systems were in place for the timely ordering and supply of medicines. Medicines administration records showed people received their medicines as prescribed.
- The service supported people to receive an annual medicine review from a health care professional, to ensure their medicines were still appropriate.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. Staff were aware of people's risks and were able to tell us how

they supported people to keep them safe.

- One relative told us how staff supported a person with moving and handling. The relative said, "I am amazed. It all seems to go smoothly and very well." We saw pictures had been used in the care record to ensure all staff were aware of the correct technique.
- A short-term care plan had been included in one person's care records whose health care needs had changed very quickly, this ensured staff had records which were easily accessible and were kept up to date with the current situation.

Staffing and recruitment

- We saw there were enough staff to support people and people did not have to wait for assistance. We observed staff supporting people to go into the community in small groups and individually. One person told us, "I go out to the club and to the disco."
- The provider had a recruitment process which involved checks to ensure newly appointed staff were suitable to support people. We found that the process included the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people.
- The service used consistent care staff to meet people's needs. This meant people received their care from staff who knew them well and the support they required.

Preventing and controlling infection

- Relatives told us and we observed the home was clean. Staff used personal protective equipment and this was readily available to them.
- Staff told us how they ensured good infection control standards and confirmed they had received training.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and accidents. Records we looked at showed us they understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences. For example, following a number of incidents where one person was showing distressed behaviour, the layout of the home had been changed to give people more space. The relevant health care professionals had also been contacted.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Relatives told us staff had the skills required to support people effectively. One relative said, "They are trained very well to support people."
- Staff received on-going training to ensure they had the skills and knowledge to meet people's needs. New training had been introduced as people's needs had changed.
- Staff were supported in their role with structured, routine staff meetings and individual discussions. The registered manager gave staff opportunities to talk about their responsibilities and the care of people living in the home.

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

- Staff had a good understanding of people's dietary needs and any risks and these were documented in people's care records. One relative told us how staff supported a person to enjoy a meal in a café, they said, "They studied the menu to see what was suitable for [person]. They took [person's] own cup and thickener."
- People were supported to eat a healthy diet and consider healthier choices. The registered manager told us, "We encourage people to understand, we offer other things and explain why."
- Meals for people on pureed diets were presented nicely to make them more appealing to the eye. Staff had received training on swallowing awareness and specialist health care guidance was available in people's care records.

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

- Care was planned, reviewed and delivered in line with people's individual assessments. Care records included information about what was important to the person and how to support them in a person-centred way.
- Staff spent time reading people's support plans to gain an understanding of people's needs. A member of staff told us, "Yes we get chance to read the file every day."

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

- People had visits from external healthcare professionals such as speech and language therapists and community nurses. Records showed advice from professionals was followed. A health care professional said, "They have taken on board the advice I have given and got things in place."
- Relatives told us the service was quick to refer to health care professionals when their support was needed. One person told us, "They were on it right away, the nurses were coming in... they are on the ball, it gives me reassurance."

- The service had prepared a hospital passport for each person. This included important information to share with external agencies such as the ambulance service and hospital staff should it be necessary.
- People had been supported with their oral healthcare. The service ensured people visited the dentist regularly and their toothbrushes were changed on a regular basis.
- Handover meetings occurred between each shift so staff could update each other on changes to people's care and support needs.

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

- The premises were mostly suitable for people's needs. The size of some of the bedrooms meant it was difficult to include all the equipment which was required, however staff had managed to accommodate this by changing the furniture around.
- People and relatives told us they had chosen how they wanted their bedroom to be decorated. One relative said, "They included me, talked it over and showed me choices. When it was done they put a ribbon across the door."

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.

- Care records contained information about when a person lacked capacity to make a specific decision and staff supported people to make choices as much as possible. However, there was no written evidence of how these decisions had been assessed. The registered manager immediately started to put a system in place to address this.
- Relatives told us they were included by the service in best interest decisions and meetings. The recording of these decisions was inconsistent.
- Staff had received training in MCA and DoLS and knew which people were subject to authorised DoLS and what this meant for people.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and relatives spoke positively about the kind and caring nature of staff. One relative told us, "They are so compassionate and caring. They always seem to find a way of approaching things."
- We found people's equality needs were respected and staff received training in equality and diversity. For example, the service had supported people as they grew older and responded appropriately to their changing needs. One staff member said, "We want the best for people, we have to keep adapting."
- People told us how staff knew their likes and preferences and one person said, "Staff know me well." We observed staff treating people with kindness and patience. For example, staff spent time with someone in their room singing their favourite songs with them.

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

- People were involved in decisions about their care and people told us they chose how their bedrooms were decorated. A monthly 'residents meeting' was held to support people to make decisions about issues such as holidays and activities, and weekly meetings were held with people to discuss food choices.
- People and their relatives had been involved in developing their care plans and reviewing them. One relative told us, "They involve us all the time, they are constantly in touch if there are any changes," and another said, "As [person's] mum, I am always there on the front line."
- Conversations with staff demonstrated they had an understanding of people's needs and their individual choices. Staff told us about what people liked to do, what they enjoyed eating and how they liked to receive their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People told us staff knocked before entering their room and our observations confirmed this.
- Staff explained how they ensured people's dignity was promoted. One staff member told us, "I make sure the doors are locked, and the blind or curtain is closed when supporting with personal care. I speak to the person and tell them what I am going to do."
- People were supported to maintain their independence. We saw one person was encouraged to assist with household tasks. One staff member said, "We give independence as much as possible, and choices, we hear what they have to say."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- People received care that was person centred and responsive to their needs. People's care records included information about their preferences and wishes to ensure support was provided in the way the person valued.
- People and relatives told us they were supported to take part in activities. One person told us, "I go to Merry Hill... sometimes I go to visit my mum," and a relative said, "He's been on holiday twice this year, he enjoyed that."
- A musician came into the service to deliver a music session on a regular basis. We observed a person really enjoying this music session and the musician playing their favourite songs. The person responded by moving to the music and smiling.
- Staff supported people to maintain important relationships. Relatives who were unable to visit the service due to their health, told us how the staff supported the person to visit them. One relative said, "They come to visit on a Wednesday and Saturday." Another relative told us, "They come with [person] and pick me up and we go for lunch, it's a regular thing. There is excellent contact, they are most courteous with me. The love and care they give to [person] extends to me."

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 needs were assessed and each person had a communication passport. This contained person centred information about how the person communicated and the best way to give them information.
- One person had a communication system in their room which supported them to understand what was happening each day. This included the use of pictures and an object they could take with them.

Improving care quality in response to complaints or concerns

- There was an 'easy read service user guide' in place which included information about complaints. This was in the process of being updated with the support of a local organisation to ensure the information produced was accessible.
- People were encouraged to express any concerns in the meetings that were held and also on a one to one basis. One person had a card they could give to staff to show they were feeling unhappy about something.

- Relatives told us they hadn't made any complaints but would feel comfortable to raise any concerns with staff or the registered manager. One relative told us, "If there is every anything in my head I would be on the phone. The whole team are very approachable."

End of life care and support

- People and their relatives were asked about people's individual wishes regarding end of life care and this was recorded in their care plans using pictures as well as words. Person centred information was included in these plans.
- The service had referred to appropriate health care professionals to ensure a person who was approaching the end of their life had all the support they needed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems in place to ensure all safeguarding incidents were recognised and reported were not robust. Staff had received training but this had not been effective to ensure the provider's safeguarding policy was being implemented.
- Spot checks and medication competency checks were not consistently recorded. This meant there was a lack of evidence to demonstrate the provider was carrying out these checks and ensuring people were receiving good quality and safe care.
- Systems had not identified that mental capacity assessments were not recorded to demonstrate how decisions had been reached and how the person had been included. Following this feedback, the registered manager immediately put a system in place on inspection.
- The external oversight by the provider had not been effective in identifying the concerns we found on inspection. Learning and good practice from the provider's other services had not been shared. The system in place to monitor the quality and safety of the service provided to people required improvement.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so we can take any follow up action needed. Whilst the provider had informed us of some events, we identified allegations of abuse which should have resulted in a notification to CQC but which had not been completed.

This was a breach of Regulation 18: Notification of other incidents (Registration) Regulations 2009. We are deciding our regulatory response to this breach and will issue a supplementary report once this decision is finalised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the care and support and expressed confidence in the registered manager. One relative told us, "[Registered manager] is a good manager, very good," and another relative said, "[Person] seems very happy there, it's taken a load off my mind that he's in good care."
- Staff felt the service was well led and managers were approachable. One staff member told us,

"[Registered manager] is excellent at keeping us informed, "and another said, "I feel very well supported."

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found our rating was displayed in the service, they did not have a website.

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

- We saw annual surveys had been completed with the families of people who lived at the service. One response was, "[Person] is very happy and content with their life and is looked after with care and consideration, we couldn't ask for more."
- People were encouraged to be involved in the service in a number of ways, including an annual questionnaire which was produced in an 'easy read' guide.
- There were regular staff meetings for staff to share their views of the service. Staff we spoke with felt they were able to raise concerns, and these would be listened to and addressed.

Continuous learning and improving care

- The service had adapted to people's changing health care needs by ensuring staff received appropriate training and working with health care professionals. This meant the person could continue to be supported in the service where they had lived for a long time.

Working in partnership with others

- The registered manager and care staff worked in partnership with other professionals and agencies, such as community health services and social workers to ensure that people received the care and support they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding concerns had not been recognised and reported to the relevant safeguarding authority.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to ensure the safety and the quality of the service were inconsistent.