

Trident Reach The People Charity

Coriander Close

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 11 May 2016 and was unannounced. When we last inspected this home in May 2014 we found it compliant with all the regulations we looked at.

Coriander Close is a residential home which provides support to people who have learning disabilities. The home is registered with the Commission to provide care for up to five people. At the time of our inspection there were five people living at the home. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

People who used the service and their relatives told us that the home was safe. Staff were aware of the need to keep people safe and the provider conducted checks to ensure people were supported by staff who were suitable.

The storage, administration and recording of medication was good and there were robust systems for checking that medication had been administered in the correct way.

We saw that people were obviously happy around staff and with the support they were receiving. People had opportunities to participate in a range of activities staff knew they enjoyed.

People were supported to maintain relationships which were important to them.

People were supported to express their preferences and decisions about their care were taken by those who had the legal right to do so. When the support people received risked restricting their freedom, the registered manager had supported people in line with the appropriate legislation.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. The registered manager sought and took advice from relevant health professionals when needed.

People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and personal preferences.

Staff understood the needs of the people they supported and the importance of providing care which was person centred. We saw that staff communicated well with each other and spoke highly of the manager and leadership they received.

The manager assessed and monitored the quality of care consistently through regular audits of events and practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were comfortable to approach staff when they required support.

There were enough members of suitably recruited staff to meet people's needs.

Staff knew how to keep people safe from the risks associated with their conditions.

Is the service effective?

Good ●

This service was effective.

People received care from members of staff who were well trained and supported to meet people's individual care needs.

People were supported by staff who respected their choices and adhered to the principles of the Mental Capacity Act.

Other health professionals were involved when necessary to meet people's care needs.

Is the service caring?

Good ●

This service was caring.

People were treated with dignity and respect.

Staff took pride in helping people to follow their interests.

Staff described people as members of their own families.

Is the service responsive?

Good ●

This service was responsive.

Staff took action when people expressed their views of the service and what they wanted to do.

There were systems in place to monitor trends and identify how adverse events could be prevented.

Is the service well-led?

Good ●

This service was well-led.

The registered manager provided staff with appropriate leadership and support.

Staff understood and promoted the provider's vision of providing a person centred service.

There were systems in place to assess the quality of the service and how it could be improved.

Coriander 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 11 May 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). This 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we observed how people, who could not speak, were supported to express their views and interact with staff. We observed how people spent their time and if they appeared engaged and happy. We spoke individually with the registered manager and five care staff. We had a group discussion with nine care staff and observed a staff meeting. We also spoke to one person's relative on the telephone. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We sampled the records, including people's care plans, staffing records, complaints, medication and quality monitoring.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt people were safe in the home. A person's relative said, "Oh, yes, they are definitely safe. They let me know if there is the slightest problem." Staff told us they felt people were safe at the service and that the provider and their colleagues took people's safety very seriously. People who used the service were not afraid to approach staff when they required support and were happy to receive attention.

The staff told us and records confirmed that they received training in recognising the possible signs of abuse and how to report any suspicions. A group of staff told us of the action they would take should they suspect that someone was being abused. This included reporting their concerns to external agencies. Staff were aware of the provider's whistle blowing policy and felt any concerns would be taken seriously. A member of staff told us, "The manager would expect us to raise these issues." There was information and guidance about reporting concerns around the home for staff and visitors. This meant that action would be taken if people were at risk of abuse.

People were encouraged to have as full a life as possible, whilst remaining safe. We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. These assessments had been updated as people's conditions changed.

The registered manager told us that they were supported by the provider's human resources department to ensure that suitable references and checks had been carried out prior to staff starting work. Staff also confirmed that the provider had taken up references on them and they had been interviewed as part of the recruitment and selection process. One member of staff stated the provider would not confirm their employment until satisfactory checks and references had been received.

We saw that there was enough staff on each shift. A relative we spoke with said they felt there was enough staff to meet people's care needs and support people with things they liked to do. Staff told us there was usually enough staff on each shift. Staff told us they had been occasions when casual staff were not available to provide cover, but this was resolved by existing staff working additional hours. The staff we spoke with said they were happy to do this. The registered manager had developed a team of casual staff to provide cover when regular staff were unavailable to work. The registered manager had also reviewed the deployment of staff since people were required to spend more time in the home due to the closure of local day centres. This ensured there were enough staff to support people to pursue their interests. The registered manager said they would support people if required and could demonstrate a detailed knowledge of each person's care needs. This ensured that people were cared for by the number of staff with the skills and knowledge required to keep them safe.

People received their medicines safely and when they needed them. We saw that medicines were kept in a

suitably safe location. We observed staff explain people's medication to them and what it was for. The medicines were administered by staff that were trained to do so. We saw that when people required medications to be administered covertly the registered manager had ensured this was done in line with people's legal rights. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when they should be administered. Staff had signed to indicate that they had read these. We sampled the Medication Administration Records (MARs) and found that they had been correctly completed. The registered manager and a dedicated staff lead for medication conducted regular audits of the medication and had taken effective action when any errors had been identified.

Is the service effective?

Our findings

A relative who we spoke with told us that the staff were good at meeting people's needs. They told us, "Staff have been consistent and know them very well." Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. One member of staff told us, "The manager sat with me yesterday and helped me with one of my training modules." Staff received additional training when necessary to meet people's particular medical conditions including guidance from health professionals about people's specific health concerns. All the staff we spoke with said they felt confident they had the knowledge needed to support people in the home. A casual member of staff who was studying for a health care qualification told us, "I learn more here than I do at college." Staff demonstrated that they knew and understood the implications of people's mental and physical health conditions on how they needed care and support. Staff could explain people's specific communication styles and how people expressed their feelings and needs through specific gestures and sounds. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary.

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis. They felt well supported by the registered manager and other team members. There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities. We observed a staff meeting and noted that the registered manager provided guidance and updates on people's conditions and medication procedures. The registered manager and staff told us that staff rotas were arranged to ensure staff groups always had the necessary skill mix to meet people's care needs. These included experience care staff working alongside newer members of the team. This meant that people were supported by staff who had the skills and knowledge required to meet their specific needs.

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. The application procedures for this in care homes and hospitals are 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 were being met. During our visit staff regularly asked people about how they wanted to be supported and we saw that people were supported in accordance with their wishes. The provider had held best interest meetings when people were thought to lack capacity and ensured people were supported by those who had the legal authority to make decisions on their behalf. The registered manager had approached the local DoLS authority when there was a risk that the care provided could result in restricting a person's freedom. When the service had been given authority to deprive two people of their liberties we noted they were being supported in line with the authorisations. The registered manager had a process to regularly review these arrangements with the people's social workers.

People obviously enjoy their breakfast and lunch time meals and were given food staff knew they liked. When necessary people were helped by staff to eat and supported to be involved in selecting menu items. Meal times were promoted as social events to celebrate people's birthday and to meet up with friends they had made in other homes.

The registered manager had sought and taken the advice of relevant health professionals, including speech and language practitioners in relation to people's diets. Staff we spoke with were aware of people's specific nutritional needs and additional guidance was available in people's care records. This ensured people received suitable nutrition to maintain their health.

People in the home were supported to make use of the services of a variety of mental and physical health professionals including opticians and GPs. Records showed that staff involved them promptly and people's care plans had been updated to reflect any guidance and instructions received.

Is the service caring?

Our findings

All the people we spoke with said the service was caring. A person's relative told us, "[Person's name] has lived there a long time. They consider it their home, they are very comfortable." Staff spoke affectionately about the people they supported and were keen to tell us about how they helped people to express their personal identities. The registered manager told us they were keen to promote good practice but would dismiss some practices if, "They were just tokenistic. That would not show we are respecting the individual people living here." They also told us, "This is their home, we wouldn't want a lot of notices and instructions everywhere."

We observed staff were kind and patient with people and offered reassurance when necessary. Staff knew how to communicate effectively with people who were at risk of becoming agitated or disorientated by strangers. Staff ensured people remained happy and relaxed.

We saw that there were clear records of how people wanted to be addressed by staff and heard staff addressing people by their preferred names. Staff knew what people liked to do and were keen to support people in their hobbies and keeping in touch with their families and friends. People were supported to take part in celebrations which were important to them such as Christmas and birthdays.

People told us and records showed that the registered manager and staff asked relatives about how their loved ones liked to be cared for and supported when they first started to use the service. We saw staff checking and asking people what they wanted them to do or where they wanted to be in the home. The relative of one person told us they were regularly asked if the service was supporting people in line with their known values and beliefs. There were opportunities for people who used the service and their relatives to attend meetings and engage in reviews of their care. Records showed that these were held regularly. There were communication aids to help people express how they were feeling and all the staff we spoke with were able to demonstrate an understanding of people's chosen style of communication. This provided people with the opportunity to say how and who they wanted to be supported by.

We observed staff respect people's privacy when delivering personal care and staff were able to explain the provider's policy. Staff would knock before entering people's rooms and closed bedroom doors when helping people with personal care. People had taken part in the provider's, 'Dignity Tree,' initiative. This involved staff supporting people to express their concerns and then say how they would support the person to resolve their issues in a sympathetic and dignified way. This gave people control over the care they received and enabled staff to express empathy with the people they supported.

Is the service responsive?

Our findings

Staff and the people we spoke with told us about the activities that people enjoyed and we saw that staff supported people to choose what they did each day. A relative we spoke with told us how several people were supported to go on holiday each year and how much they enjoyed this. Staff told us and records showed that people were supported to engage in activities they liked. When a local day centre closed recently, the registered manager took action to ensure activities people had enjoyed at the centre were provided in the home.

People met regularly with staff to identify and discuss how they wanted to be supported. Plans contained instructions for staff about how people expressed what they needed and how they preferred to be supported. When necessary people had been helped by relatives and others close to them to help express their views and review their care. We saw people's care plans had been updated in order to accommodate people's wishes.

People who used the service were involved in interviewing new staff so they could express who they wanted to be supported by. A member of staff told us, "We try and ensure people are supported by staff of a similar age. That way we know what they are into, what fashions they might like, music and other things." People's rooms were personalised to reflect their interests and we noted one person was wearing clothing their care records said they liked.

People were encouraged and helped to maintain contact with friends and family members. A relative told us they were always made welcome when they attended the service. The registered manager organised social events so people could maintain relationships with friends from the provider's other locations. Staff supported people to participate in the wider community when they wanted. This involved supporting people to visit shops and locations they said they liked such as the local park and bowling alley.

The home had clear policies and procedures for dealing with complaints. A relative told us that the registered manager and staff were approachable if they were not happy or had a complaint. They were confident that the manager would make any necessary changes. We observed that people were confident to approach and speak with the staff that were supporting them. The registered manager had not received any formal complaints and there were processes in place to capture any comments about the service. The registered manager reviewed concerns and comments in order to learn from adverse events and take action to prevent them from reoccurring.

Is the service well-led?

Our findings

People we spoke with told us that they felt the home was well run. Comments included, "I came on a placement and never left as I love it here," and "We are a good team, everyone works together." A relative told us, "[Person's name] has been there a long time now. It is very good. I am very happy with how it's run."

Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. Members of staff told us that the registered manager was supportive and led the staff team well. One member of staff told us, "The manager is excellent." The registered manager said, "I am not afraid to challenge poor practice, but when it's sorted we move on." Staff said this was accurate. One member of staff told us, "We can have heated discussions but it's to improve the service." We observed the registered manager hold a meeting with nine staff and noted people were invited to speak up. Their views were respected by colleagues. The registered manager regularly reminded staff of the provider's vision to provide care which was person centred. Staff also reflected this vision in their discussions.

Staff said they felt involved in developing the service through staff meetings and supervisions with the registered manager. Some members of staff told us they had worked at the home for several years because they got on well with the registered manager and other members of staff.

The registered manager and provider worked in partnership with key organisations, including specialist health and social care professionals. The registered manager told us they participated in a peer review process with managers from similar locations to identify and share good practice. We noted they had referred to our inspection reports from other locations in order to identify possible improvements they could introduce at the service.

The registered manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents they had made changes to minimise the chance of the incident happening again.

There was a rota of management/provider cover for the periods when the registered manager was not at the home and staff knew who to contact in an emergency. The registered manager had a programme in place to help staff with their professional development. Staff were supported to undertake key roles to ensure continuity of management cover. Staff in these roles told us they were well supported by the registered manager and felt confident to lead other members of staff. They told us they felt a sense of ownership as they helped to develop and improve the service.

The records at the home which we sampled showed that the registered manager made checks that the standard of care was maintained and improved on where possible. The registered manager demonstrated that there were systems in place to make sure that relevant checks had been made on services and equipment in the home.