

# Progress Adult Living Services Ltd

# Stourbridge House

## Inspection report

10a Lloyd Hill, Stourbridge Road  
Lower Penn  
Wolverhampton  
WV4 5NE

Date of inspection visit:  
03 March 2020

Date of publication:  
07 April 2020

### 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

### About the service

Stourbridge House respite is a residential care home providing personal and nursing care for up to six people aged 13 to 65 years. The service provides short break care, normally overnight and weekend care, only for people with learning disabilities or autistic spectrum disorder, physical disabilities and sensory impairment. At the time of inspection, the service was supporting two people with respite care.

The service has 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.

### People's experience of using this service and what we found

People's risks were reviewed with people and their relatives. Comprehensive risk assessments were then put in place to mitigate the risks. Care records contained details of the care and support people required. Relatives told us they felt loved ones were safe at the service.

Controlled medicines were not routinely signed in to the controlled medicines book by the required two members of staff.

The service supported people with their independent living skills, where people would undertake an ASDAN (Award scheme development and accreditation network). This included people learning to make a drink or packed lunch by themselves.

The service had a new sensory room, where there was furniture, sensory room lighting and sensory room equipment for people. The service had a sensory shower which had a sensory light for people to use.

All relatives felt that staff were caring and treated their family members with dignity and respect.

People's care files contained a communication care plan and emotional behaviour care plan, that detailed people's personal preferences and needs when communicating. Relatives confirmed people's communication needs were met by the service.

The quality of the service was monitored through robust governance processes, where the registered manager completed comprehensive weekly and monthly audits to ensure the safe delivery of the service.

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 supported

this practice.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 01/04/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our published timescales.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

**Good** ●

### **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 well-led.

Details are in our well-led findings below.

**Good** ●

# Stourbridge House

## 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

This inspection was carried out by one inspector.

#### Service and service type

Stourbridge House respite is a 'care home' providing short break services for people. 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

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.

#### During the inspection

We spoke with the registered manager, two members of staff and two relatives and one healthcare professional. We looked at two people's care records and medicines records, records of accidents, incidents, and complaints received by the service. We looked at recruitment records, staff supervision, training matrix, safeguarding's and policies and procedures. We were unable to talk with people, so we

approached family members to understand their experiences of care.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Assessing risk, safety monitoring and management

- Care records contained details of the care and support people required. This was followed by detailed care plans and risk assessments to ensure people were supported safely.
- The risks to people were reviewed with people's involvement and where appropriate with their relatives. Comprehensive risk assessments were then put in place to mitigate the risks. Examples, of these included supporting people with distressed behaviours, personal care and manual handling.
- People's individual emergency evacuation plans were in place and accurately reflected their needs.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager told us of the systems the service had in place to safeguard people. The service had not raised any safeguarding issue since their registration.
- People were supported by staff members who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and when to inform CQC.

### Staffing and recruitment

- The registered manager told us staffing levels would be dependent upon the number of people who were accessing the service for respite care at any one time.
- The staffing levels enabled flexible support to meet people's individual needs. This included one to one support and two to one staff support.
- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.

### Using medicines safely

- Controlled medicines were not routinely signed in to the controlled medicines book by the required two members of staff. We found that only one member of staff had signed in the controlled medicines book. It is a requirement that two members of staff sign in the controlled medicines book under the misuse of drugs legislation. However, we found that the service had not had any medicines errors and the registered manager had put processes into place to ensure two members of staff would sign in controlled medicines.
- Some people were on covert medicines. This is where medicines are administered in a disguised format. Care files documented what processes should take place, and correspondence with professionals. Staff informed us of the process they would take before giving the medicines covertly as a last resort.
- Staff received on-going training and regular observations were made of their practice to ensure they

remained competent in the safe administration of medicines.

#### Preventing and controlling infection

- Staff were trained in the prevention and control of infections.
- Staff told us they had access to personal protective equipment, such as disposable gloves to use to help prevent the spread of infection.
- We saw that the home was clean and free of malodour throughout the duration of our inspection.

#### Learning lessons when things go wrong

- All accidents and incidents were recorded, and staff told us they knew the process of reporting an incident.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A pre-assessment was completed with the input of the person using the service, their family carers, teachers and other social, health care professionals were involved, where appropriate.
- The registered manager told us assessments would continue to be developed as they got to understand the person. The assessment considered people's physical and mental needs, as well as looking at their protected characteristics under the Equalities Act 2010 such as their cultural or religious needs.
- Information gathered from the assessment was then used to create care plans and risk assessments, which were updated and reviewed each time a person stayed at the service.

Staff support: induction, training, skills and experience

- The service had two staff members trained in ASDAN (Award scheme development and accreditation network). Staff would support people to complete different sections of the award which developed people's independent living skills. For example, sections included, making a hot drink, making a packed lunch and cleaning.
- Staff completed the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve.
- The registered manager had ensured staff training was up to date. Where staff were working with people with particular medical conditions or a health diagnosis, additional training had been completed by staff.
- Staff reported receiving regular supervisions. This was reportedly a positive experience that enabled both the registered manager and the staff to discuss areas of improvement and identify where people excelled.

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

- People were supported to eat and drink enough to maintain their health. They were offered choices of meals.
- Staff discussed meals choices with people during their respite and encouraged healthy options. All care files contained an eating and drinking care plan to advise staff how to appropriately support people. For example, one person's care plan stated, 'Staff should ensure they try putting their hand under [persons] chin when offering food.'
- People's care files showed clear likes and dislikes for food and drink. Staff described how they prepared or assisted with meals for people. Where people had swallowing difficulties identified, staff ensured that food was appropriate to meet people's assessed needs.

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

- People's care files had health care plans to advise staff what to do specifically relating to the person's health needs. One person's stated, "If [health condition] lasts longer than five minutes, call an ambulance."
- Care files contained a hospital passport. These passports not only contained all personal and medical information, but detailed people's likes and dislikes and the amount of physical contact they were okay with.
- Staff explained how they worked together with other agencies to ensure that people received consistent, timely, coordinated, person-centred care and support. One staff member said, "We work with social workers, the speech and language therapy team, behaviour specialists, teachers and GPs for prescriptions."
- The service worked with day services, further education schools and colleges to ensure that people's stays were successful, and that communication was clear.

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

- The service was designed and decorated to meet people's needs. The environment was pleasant and spacious. The lounge had a low level surface to meet people's needs so people in wheel chairs could access them.
- The service provided a homely environment, where in bathroom areas, people could use a range of bath products which included bath salts and interactive hand products.
- The outdoor garden space was fully accessible for people who used wheelchairs to mobilise. Where people had additional mobility needs, suitable equipment was in place. For example, hoists, height adjustable beds and lifts.
- The service had a quiet room at the front of the floor, where people could go and relax, where the environment wasn't noisy.

#### 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. We checked whether the service was working within the principles of the MCA.

- Relatives confirmed they had been involved with best interest meetings with the staff. One relative stated, "Yes I have been involved in meetings, and [Stourbridge house] have been involved in [persons] application for a community DoLs and recent operation for their teeth."
- People's human rights were protected by staff who demonstrated a clear understanding of consent, the MCA and DoLS legislation and guidance. For example, one staff member told us, "It is whether someone has the ability to give consent. Or what meals they would like and their understanding of what is going on. So, for example we would ask people, do you know why you're here?"
- The registered manager had applied for DoLS authorisations when required. DoLS has been applied for on a temporary basis and were retracted when a person ended their stay.
- Coded door locks were in place on the front door and garden gate to prevent people, who needed support to go out of the building, leaving alone. This measure was in place to keep people safe. If people wanted to go out, they were supported to do so. Where people had capacity, the registered manager has a process, so people knew door codes.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff knew people well and promoted their equality and diversity. Staff had a detailed understanding of people's needs and supported them.
- All relatives spoken with felt that staff were caring and treated their family members with dignity and respect. One relative commented, "Yes I do feel [person] is treated with dignity and respect when at Stourbridge house."
- The service ensured people's cultural, religious and sexual needs were met with dignity and equality and their preferences recorded in their care files.

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

- The service used emotions boards as a way for people, who could not always communicate verbally, to help express how they were feeling and communicate with staff.
- People were supported to express their views in a way which suited them. Staff used pictures and objects of reference to discuss people's support with them which enabled people to express their views.
- Meetings were held with people and relatives at the start and throughout their visits to discuss requests, meal planning, activity planning and share information about who to talk to if they were unhappy or wanted to complain.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, dignity and independence was respected. People's care records provided staff guidance on how to uphold this.
- People were encouraged to get involved with activities and promote their own independence and choices as much as possible. One relative told us, "They do in house activities and take [Person] out for activities they like to do, [person] likes to go to coffee places. They do all sorts of things with [person] and have a sensory room they like."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans held information about people's specific needs, personal preferences, routines and how staff should support them in a way they preferred to ensure their wellbeing.
- The registered manager told us the service have implemented a now and next board. This was step by step guidance for people to follow. For example, there were five stickers on a board that guided people through brushing their teeth and hair. After each task was done, the staff member would remove the sticker and the person would move on to the next one. This helped the person with their independence and life skills development.
- The registered manager stated the service had a new sensory room. There was furniture, sensory room lighting and sensory room equipment for people to use. The service had a sensory shower which had a sensory light for people to enjoy.
- Care files contained 'good and bad day' information to highlight people's needs and preferences and signs for staff to monitor.

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.

- All relatives agreed the service supported people to express themselves and with their communication needs. One relative told us that they knew the service helped their family member express themselves by the way staff described how the person had been throughout their respite stay.
- Staff knew people very well and were able to understand what they needed and wanted. Staff understood people's hand signals, gestures, sounds and speech.
- When people had difficulty communicating, information was available in pictorial formats and easy to read formats.
- Care files contained a communication care plan and emotional behaviour care plan, that detailed people's personal preferences and needs when communicating. One-persons communication plan stated, '[Person] can communicate through sounds and signs and their own emotions.' A second person's emotional behaviour plan stated, 'When [Person] is happy they will say [person] has been good.'

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to choose activities they wished to engage in at the start of their stay, this was documented in the activity plans.

- The registered manager told us the service would use activity boards to highlight to people what they would be doing throughout their respite stay. The boards contained pictures to show what the activity was.

#### Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise a concern or complaint. One relative told us, "Initially we raised a concern and had a face to face meeting. From that point they understood and listened to concerns. They listened, and everything was resolved straight away. Everything has been fantastic since. They are the only provider in the past 5 years that have always met [persons] needs really well."
- The registered manager stated the service had not received any formal complaints.

#### End of life care and support

- The provider, at this time, did not offer end of life care and support as it was a short stay respite service only.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff worked hard to ensure the culture within the service was person centred, with a calm approach embedded, to treat everyone as an individual ensuring their needs were met in their chosen way.

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 provider had a policy in place relating to duty of candour. This detailed the importance of transparency when investigating something that goes wrong.
- The registered manager had a good understanding of the duty of candour and told us, "It's about being open and honest about everything. With one person there was something we got wrong. So, we sat down with [relative] and by getting the family involved we worked out a solution."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a defined management structure in place, that people and staff understood. If the registered manager was unavailable, staff and people were confident they could speak with the area manager.
- The quality of the service was monitored through robust governance processes. The registered manager completed comprehensive weekly and monthly audits on medicines, window restrictors and the environment. These audits were completed by the registered manager to ensure that the service met their legal obligations and care was delivered most successfully. However, the medicines audit did not identify that controlled drugs were not signed in by two staff members. Action was taken to rectify this immediately.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check appropriate action had been taken.

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

- Staff received training in relation to the equality and diversity rights as part of their induction.
- The registered manager stated they were in the process of gaining feedback from people and relatives now that the service had been registered for one year. One relative told us, "We have regular contact with

the service, and they give [person] a choice of dates and ask if they have any specific requirements. I get a feeling nothing is too much for them."

- Staff confirmed they had team meetings and found these a useful way of sharing information about people staying for respite.

Working in partnership with others

- There was evidence where the staff had built working relationships with, social services, safeguarding and schools to support people with their specific needs.