

# Solihull Metropolitan Borough Council

## Creynolds Lane

### Inspection report

268 Creynolds Lane  
Cheswick Green  
Solihull  
West Midlands  
B90 4ET

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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

About the service: This service supported people with learning disabilities. It was registered for the support of up to four people. Four people were using the service at the time of the inspection

- What life is like for people using this service:

People enjoyed living at Creynolds Lane and felt safe and at ease around staff who understood their needs and how to keep them safe. Staff knew how to recognise and report abuse.

- Staff recognised the risks to people's health, safety and well-being and how to support them.
- People had access to support from sufficient staff when needed.
- Staff recruitment processes were managed centrally by the registered provider and included a check of their background to review staff suitability to work at the home.
- People received support with the medicines. Regular checks were undertaken to ensure people received the correct support by staff who were competent to help them. Protocols were also in place to ensure the support people received was safe.
- The home was clean and odour free.
- The registered manager ensured people's care was based on best practice. Training for staff was continually reviewed to ensure it met people's needs.
- Guidance on people's needs was also shared through supervision and staff meetings.
- People were offered choices at mealtimes and encouraged to decide what menu options they would like.
- People accessed support from healthcare professionals. Advice and guidance was incorporated into people's care planning.
- People were treated with dignity and respect and their independence was promoted.
- People and their families were involved in planning their care with support from staff.
- Staff supported people to enjoy a range of activities which reflected people's individual interests. People were encouraged to share their thoughts and ideas for their care.
- People and their families understood how to complain if they wanted to. Staff regularly spoke with people to ensure they were happy with their care. Systems were in place to take any learning from any complaints made.
- Staff enjoyed working at the home and spoke positively about the support and guidance received at the home.
- Staff worked together with the registered manager to ensure people's care was continually monitored, reviewed and reflected changing needs.
- The registered manager worked with stakeholders such as the local authority to ensure practices could be improved
- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence, inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

- We found the service met the characteristics of a "Good" rating in all areas; 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: Good. The last report for Creynolds Lane was published on 06 April 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

## 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** ●

# Creynolds Lane

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 January 2019 and was unannounced. There was one inspector in the Inspection Team.

As part of the inspection we looked at information we held about the service and we asked the local authority if they had any information to share with us about the home. The Local Authority is responsible for monitoring the quality and for funding some of the person's living at the service.

During our inspection we spoke to one person who lived at the service. We used different methods to gather other people's experiences of what it was like to live at the service, such as observations of staff interaction with people living at the home. We also spoke to the registered manager and three staff. There was a manager for the home who was annual leave at the time of the inspection.

We looked at records relating to the management of the service such as the care plans for two people, incident records, medicine management, staff meeting minutes and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People told us they felt safe. One person told us about how staff always checked on them to ensure they were alright and this reassured them.
- Staff understood what it meant to keep people safe through training they had received and the process for reporting their concerns. The registered manager understood their obligations for submitting notifications to the CQC where necessary.
- The registered provider had a centralised system for monitoring staff recruitment and systems. The registered provider completed background checks of potential employees in order to assure themselves of the suitability of staff to work at the home. Background checks included a DBS (Disclosure Barring Service) check to ensure potential staff did not have a criminal background.

### Assessing risk, safety monitoring and management

- Risk assessments were reviewed and updated regularly. Risk assessments clearly detailed the risks to people's health and wellbeing.
- Staff had a detailed knowledge of people's health and the risks people lived with. Staff also explained they had known the people living at the home a long time and understood the action take to reduce the risks to people's health.

### Staffing levels

- People had access to support from staff when needed.
- Staff described staffing levels as good and that staffing levels at the home were stable because many of the staff had worked at the home for a number of years.

### Using medicines safely

- Regular checks were undertaken to ensure people received their medicines as they should. Staff competency was also reviewed to ensure it was safe to support people with their medicines. Protocols were in place to guide staff on safe levels of support when administering medicines.

### Preventing and controlling infection

- We saw the home was clean and tidy and odour free. Staff supported people throughout the day to maintain a tidy environment.

### Learning lessons when things go wrong

- Staff understood incidents and accidents needed to be recorded and shared with the registered manager for their review. For example, one person experienced changes in their pattern of seizures, and this was

being monitored by staff to review with medical staff.

- The registered manager explained learning from accident and incidents was made and people's care plans were reviewed to help prevent further occurrences.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good:  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

- Assessments of people's needs involved input from health and social care professionals.
- People and their families were invited to participate in the assessment process and contribute their ideas to enable staff to understand people's needs. Key workers, who worked closely with people were also encouraged to participate and share their ideas.

Staff skills, knowledge and experience

- People felt assured staff understood how to look after them and about how to make them feel better.
- We saw staff support people confidently and understood people's needs. Staff were able to explain how they supported people and about the health conditions people lived with.

Supporting people to eat and drink enough with choice in a balanced diet

- People were offered choices in the meals prepared for them. People were encouraged to share their preferences, so these could be incorporated into meal planning. Individual meal plans were being worked on with people. For example, one person was being encouraged to have smoothies to improve their nutrition levels.

Staff providing consistent, effective, timely care

- One person told us about their health and how they had required support from paramedics when they became unwell. They told us staff always assisted them to get help, when they became unwell.
- Staff understood people's physical health and well-being needs. People were supported to attend routine health appointments, such as GPs and dentists as well as hospital appointments.

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

- Creynolds Lane homely environment reflected people's interests and what was important to them. Sensory items were available for people to enjoy using, and some people chose to display photographs which enabled them to connect with people who were important to them. People could enjoy a number of communal areas to spend time quietly, or to socialise as they wished. Where people required privacy, staff respected this and understood their need not to be disturbed.

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 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.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us that they were well cared for and that they liked the staff supporting them because they were like friends.
- We saw when people expressed anxiety or were upset, staff understood how the person required reassurance. For example, one person had required reassurance after a period of illness and staff continually reassured them and demonstrated concern for them.
- Staff were able to explain confidently how each person required support and their individual needs. For example, staff understood relationships important to people and knew it was important to people to have contact and supported people to achieve this.

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

- Staff understood how each person required support to express their care needs. For example, where people were not able to verbally communicate, visual prompts and gestures were used.
- Each person had a key worker that worked with each person and supported them to indicate how they felt about their care. People were encouraged to make day to day decisions such as where they chose to spend their time. For example, some people liked to out a lot and staff ensured people were able indicate when and where they wanted to go and supported people accordingly.

Respecting and promoting people's privacy, dignity and independence

- Staff understood people's individual support needs and how they required help to maintain their independence or about things that were important to them.
- Staff understood which people required space and time alone and ensured this was respected. For others, staff understood relationships important to people and ensured the way in which they supported people was sensitive to their relationships.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good:  People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- Staff understood people's individual care requirements by meeting regularly with people and understanding what had and had not worked well and making changes where appropriate.
- Staff supported people to do things they enjoyed and that interested them. One person told us they were happy with the support they received to achieve this.
- People's care was continually reviewed and updated according to their changing need. For example as people grew older their needs changed and their care was amended in response to this. Guidance was also updated in care plans for staff to refer to.
- The provider 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 choice, promotion of independence and inclusion. People living with learning disabilities at Creynolds Lane were supported to live as ordinary a life as any citizen. People were supported to make friendships outside the home and access the local community.
- The provider identified people's information and communication needs by assessing each person. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods.

Improving care quality in response to complaints or concerns

- People understood they could complain if they needed to and understood the process.
- The registered manager made people aware of their right to complain through speaking with them regularly and checking they were happy with their care. A complaints process was in place that ensured complaints were investigated and responded to. No complaints had been raised at the time of the inspection.

End of life care and support

- The registered manager had where appropriate held discussions with people and their families to plan people's end of life wishes where these had been expressed.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good:  The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered provider understood that each person living at the home had very specific care needs and took steps to ensure guidance was available to staff to support people.
- Staff described their working environment as very open and staff felt supported by both the manager as well as the registered manager.
- Accidents and incidents were analysed by the registered manager to understand whether people's care was appropriate for their needs. Where changes were required, people's care was amended, and learning shared with staff at the home.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager was supported by a team that helped to review care at the home and make suggestions and improvements were needed.

Staff we spoke with understood the importance of working together and shared the registered manager's vision for the home. The registered manager explained they were working on an action plan with staff to further improve people's experience of care.

Engaging and involving people using the service, the public and staff

- People were supported to be more engaged in their care planning. The registered manager understood the challenges that some people lived with and worked with people to ensure they felt actively engaged. For example, some people required reassurance to aid their confidence and the registered manager ensured people were supported through regular meetings with key workers and through speaking with people themselves. People were supported to articulate their own needs which was reflected in care planning.

Continuous learning and improving care

- The registered manager demonstrated how they continually reviewed practices at the home in response to people's changing needs and had improved the care planning process to ensure people were integral. For example, the registered manager explained people's care planning had improved so that people were able to discuss their care and speak to the registered manager about their care.

Working in partnership with others

- The registered manager understood the need to work collaboratively to improve people's experience of care. The registered manager explained how they felt they had benefited from the registered provider's monitoring team reviewing practices at the home and highlighting suggestions for improvements. The registered manager explained people's care planning had improved and had helped improve transparency. The registered manager also worked with "Peer visitors" who were independent of the home and who experienced care at the home and fed back to the provider what they thought so that if improvements were needed, these could be addressed.