

Solihull Metropolitan Borough Council







Hurst Green Road

Inspection report

9 Hurst Green Road
Knowle
Solihull
West Midlands
B93 8AE
Tel: 01564 776460
Website: www.solihull.gov.uk

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Ratings

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

Overall summary

This inspection took place on the 2 June 2015 and was unannounced.

Hurst Green Road provides care and accommodation for up to four people with a diagnosis of a learning disability or autistic spectrum disorder. At the time of our visit there were four men living in the home.

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

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a friendly, relaxed atmosphere in the home and both people and staff were very welcoming. People showed interest and concern for each other and responded positively to staff. People approached staff as they wished and there were lots of friendly exchanges

Summary of findings

which demonstrated that people trusted staff. Staff knew how to recognise changes in people's emotional behaviour that might be an indication they were worried or did not feel safe.

Some people could occasionally display behaviour that could compromise their own health and safety, or that of other people. The service had worked with healthcare professionals in psychology to produce guidelines to manage those risks. 'Personal handling plans' ensured staff used the least restrictive way to maintain people's safety so they could develop and maintain positive relationships with the people they supported.

Medicines were managed safely and where people were prescribed medicines for anxiety or agitation, there were detailed guidelines in place to ensure they were given them safely and consistently.

There were sufficient numbers of staff to provide the levels of supervision each person required. Staff received training and support so they could meet the individual needs of people effectively.

The provider and registered manager understood their obligations under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure

people were looked after in a way that did not inappropriately restrict their freedom. The provider had made applications to the local authority in accordance with the DoLS.

Staff understood the importance of enabling people to do as much for themselves as possible to maintain their skills and promote their independence. People helped with domestic tasks which gave them a sense of value and involvement in the day to day running of the home.

People's care plans contained information about their personal preferences and focussed on individual needs. People and those closest to them were involved in regular reviews to ensure the support provided continued to meet their needs.

People were involved in making decisions about what they had to eat and drink. Staff liaised with external healthcare professionals when there were any changes in people's mental or physical wellbeing.

There was a strong and stable management team in place who took time to know and understand the needs of the people who lived at the home. The management team spent time with people and staff on a day to day basis which helped ensure the quality of care was maintained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to meet people's needs, and the provider had a procedure to ensure newly recruited staff were safe to work with the people who lived in the home. Staff knew what action they would take if they observed or suspected abuse. Medicines were given safely and consistently.

Good



Is the service effective?

The service was effective.

Staff received training and support to carry out their roles effectively. Staff had received training in the Mental Capacity Act and respected the decisions people were able to make. Referrals were made to external healthcare professionals to make sure people received the necessary support to manage their health and well-being.

Good



Is the service caring?

The service was caring.

There were caring relationships between people and the staff who provided their care and support. Staff understood people's different abilities and encouraged them to do as much for themselves as possible.

Good



Is the service responsive?

The service was responsive.

People were supported to socialise and follow their interests. People were involved in reviews of their care and support needs to ensure it met their preferences. People had information about how to make a complaint in a format they could understand.

Good



Is the service well-led?

The service was well-led.

The management team had a good understanding of each person's specific needs and the resources required to meet those needs. Staff felt their voice was heard and they understood their role and responsibilities. A system of checks ensured the quality of the service was maintained.

Good



Hurst Green Road

Detailed findings

Background to this inspection

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

The inspection took place on 2 June 2015 and was unannounced. The inspection was undertaken by one inspector.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from relatives and external bodies and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Some of the people who lived at the home had limited verbal communication. We spent time observing how people were cared for and how staff interacted with them so we could get a view of the care they received. We spoke with all the people who lived at the home and two relatives.

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

Is the service safe?

Our findings

During our visit we saw people approached staff confidently and were relaxed with them, which showed they trusted the staff. Relatives we spoke with confirmed they were confident their family members were safe and well looked after. One relative told us, “Very safe. He is safer there than he was with us.”

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. Staff said they would recognise changes in people’s behaviour if things were not right. Staff knew what action they would take if they suspected abuse had happened within the home. One staff member said, “If they get withdrawn or increased behaviours could be a sign of abuse. I would definitely report it.” Another member of staff explained, “A change in mood, being lethargic, not wanting to go out when they have always wanted to, a change in eating or drinking habits or becoming introverted. Or it could go the other way, becoming aggressive for no reason or verbally abusive. I would bring it up with my manager straightaway.” The registered manager and assistant house leader were aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations being received.

There were enough staff to support people according to their needs and preferences. Staffing levels ensured people were supported safely within the home and outside in the community.

The provider had a recruitment policy that ensured all the necessary checks were completed before new staff started working for the service. This included a police check and obtaining references to ensure staff were suitable to work with the people who lived in the home. Registered managers attended the provider’s recruitment and selection training which included safeguarding issues around recruitment.

Staff knew how to manage risks associated with people’s care. Records and staff knowledge demonstrated the provider had identified individual risks to people and put actions in place to reduce the risks. Some people could display behaviours that could impact on the wellbeing of others as well as their own health. The service worked

closely with psychology professionals to produce guidelines to manage those behaviours to keep people and others safe. Records showed that where there were any incidents of concern, guidance was quickly sought from psychology colleagues to see whether the guidelines needed to be changed.

Each person had their own ‘personal handling plan’ which contained a range of strategies and interventions designed to reassure and support people to prevent and manage any anxiety or agitation. The plans advised staff how to manage behaviours in specific situations such as in vehicles or on public transport. The plans ensured staff used the least restrictive way to maintain people’s safety so they could develop and maintain positive relationships with the people they supported.

The provider had conducted risk assessments of the premises and equipment and had identified actions required to minimise risks, such as regular safety checks and planned maintenance. The provider had a service continuity plan in place should there be an emergency or the home had to be evacuated. This ensured people continued to receive safe, consistent care that ensured their wellbeing.

Medicines were stored safely and securely and there were checks in place to ensure they were kept in accordance with manufacturer’s instructions and remained effective. Each person had their own section in the medicine administration folder with a photograph on the front of their records to reduce the chances of medicines being given to the wrong person. Administration records showed people received their medicines as prescribed. Appropriate arrangements meant that people’s health and welfare was protected against the risks associated with the handling of medicines.

Some people required medicines to be administered on an “as required” basis. There were detailed protocols for the administration of these medicines, together with records of the circumstances they had been given. This ensured they were given safely and consistently.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards.

Is the service effective?

Our findings

People indicated they were happy with the staff who provided their care and support. A relative told us, “The staff are brilliant.”

New staff received an induction to the home which included a period of observation and working alongside more experienced staff. This ensured new staff had a good understanding of the individual needs of people before working alone.

Staff told us they received regular training in all areas considered essential for meeting the needs of people in a care environment safely and effectively. Staff also told us they had training specific to the needs of people who lived in the home such as autism and epilepsy.

Some people could display behaviours that could be challenging. All staff received four days training in managing behaviours, de-escalation techniques and physical intervention. Following this training, the registered manager and assistant house leader had developed individual ‘positive handling plans’ for each person who lived in the home. These plans included specific strategies that worked effectively for each person so the use of physical restraint was not required.

As the registered manager and assistant house leader worked alongside staff on a daily basis, they were able to monitor work practice and ensure training was implemented effectively. The registered manager explained that where issues in work practice had been identified, the provider delivered extra training. For example, there had been some concerns around the standard of completing paperwork, reports and records. Training was being introduced for staff to ensure their report and note writing met the required standard.

Staff received regular supervision and annual appraisals. Staff we spoke with told us they found supervision useful and an opportunity to share any issues or concerns.

The Mental Capacity Act 2005 supports and protects people who may lack capacity to make some decisions themselves. Staff we spoke with understood that people were able to make day to day decisions. However, where people had been assessed as not having the capacity to make certain decisions, for example complex decisions regarding their health, meetings had been held with those involved in their care and other healthcare professionals. This ensured that any decisions made on behalf of the person were in their “best interests”.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager had submitted applications to the local authority for everyone who lived in the home as they were unable to leave without supervision. A record was maintained to ensure any approved authorities were renewed within the specified time limits to make sure they continued to comply with the legislation.

People were involved in making choices about what they had to eat. A staff member explained, “We have a meeting at the end of each week and we ask people what they would like.” People could also make choices on the day if they did not want the options available. At lunch time we saw people were able to eat independently, but staff were available to provide assistance when required.

Records showed people had received care and treatment from health care professionals such as psychiatrists, psychologists, GP and speech and language therapists. Appropriate and timely referrals had been made to make sure people received the necessary support to manage their health and well-being.

Is the service caring?

Our findings

During the day we spent time observing and talking with all the people who lived in the home. There was a friendly, relaxed atmosphere and people and staff were very welcoming. There were caring relationships between people who lived in the home and between people and the staff who supported them. People showed interest and concern for each other and greeted each other warmly when they returned from activities outside the home. A member of care staff told us, "I have always found it a very happy home. People interact well with each other. They really do look out for each other." All four people told us verbally or by way of a 'thumbs up', that they liked living in the home and felt cared for. One relative told us, "It is fantastic. We are happy that he is happy there. He is having a normal life." Another relative told us, "I am very happy and really grateful he is there. I know he is so happy. They take a real interest in him." A response on a recent relative's questionnaire read, "He is given kindness, understanding and respect."

We asked the registered manager why they thought Hurst Green Road offered a caring environment for people. They responded, "This home is a warm, friendly home. The service users feel free to do what they want, when they want, with the least restrictions. They all let us know their feelings. They all have regular contact with family. They will tell you if something is not right. People are encouraged to do as much as they can which gives them self-confidence and belief in themselves. They are involved in every decision. If we don't know how, we find help to best explain a decision to them." During our visit we saw interactions and exchanges that supported the registered manager's views.

Staff we spoke with understood the importance of enabling people to do as much for themselves as possible to maintain their skills and promote their independence. One staff member explained, "I help people when they need it and stand back and allow them to do as much as they can themselves. If you interacted when they can do it themselves, that would be deskilling them. Caring is about knowing the client and letting them do what they can and knowing when they need help." During the day we saw people were able to carry out many aspects of their own personal care. People participated in domestic tasks

around the home including making themselves hot drinks and taking their laundry to be washed. This helped people to feel valued and involved in the day to day running of the home.

Staff were aware of people's emotional needs and when they needed reassurance or encouragement. For example, one person was concerned about a forthcoming medical procedure. Staff took time to respond to their concerns in an honest and open manner.

Staff demonstrated a commitment to providing consistency in supporting people. For example, one person was doing very well in a bowling league they had joined. A staff member explained, "I have swapped my shift so I can support him. I can do it regularly and he gets consistency. It is great to see him achieve."

Throughout the day, we saw examples of people making decisions about whether they went out or stayed in the home, where they ate their meals and what time they got up in the morning. One person was able to keep small amounts of money independently. Staff supported the person to budget and make spending decisions, but respected the person's right to choose what they spent their money on. A relative told us, "[Person] has a lot of independence and he gets choices. It has made him grow up more. He has matured more."

Staff were vigilant about helping people to maintain their privacy and dignity. We observed one incident where a person's dignity could have been compromised. Staff responded quickly in a relaxed way to ensure the person's dignity was maintained without embarrassment. We also observed staff respected people's rooms and knocked before entering. People had keys to their doors which enabled them to have their own private space within a communal living environment.

Families and friends were able to visit at any time and people were supported to maintain relationships with people who were not able to regularly visit. One relative told us that staff supported their family member to visit them at home each week and said, "He loves to come and see me and then says, 'home now.'" There was an understanding that friends were an important part of people's social network and encouraged to be involved in people's life within the home.

Is the service responsive?

Our findings

During our visit we observed that the care and support provided by staff was responsive to people's individual needs. One relative told us, "[Person] does gardening there and he wouldn't even go in the garden. He goes bowling. He is having a normal life."

Each person had a care plan which detailed the care and support they required and how they would prefer to receive that care and support. Care plans contained information about people's personal preferences and focussed on individual needs. They detailed what was important to the person and what their ideal day looked like. Records also contained information about people's cultural and spiritual needs and how staff were to support people to meet those needs. All this information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received.

People and those closest to them were involved in developing their care and support plans at regular reviews. Part of the review involved looking at what had worked well for the person and how this had impacted on their wellbeing. Goals were established for the coming months to build on the progress that had been achieved.

Relatives we spoke with confirmed that staff responded to changes in people's physical and mental health needs and kept them informed. One relative told us, "We visit regularly and chat with the staff. They are informative and tell us."

Staff were responsive to people's individual social needs and ensured they had opportunities to follow their interests and hobbies. Two people shared an interest in football and enjoyed going to a local football club training ground together. Holidays were very important to another person and they were excited to tell us about the holiday they had booked with the support of staff. Another person was involved in a community gardening project and told us about the friendships they had established there. People were supported to maintain social contact with their family and friends and with the wider community in the local area.

Each person was given a copy of a service user guide in an easy read format which contained information about who they could talk to if they had a complaint or were worried. There was also information displayed within the home. Relatives we spoke with told us they would not hesitate to mention any concerns to the registered manager or the staff. One relative we spoke with told us, "I've got no concerns. If I did, I would speak to [registered manager] first." We were told no complaints had been received in the last twelve months.

Is the service well-led?

Our findings

There was a stable management team with the registered manager supported by an assistant house leader. The registered manager had a detailed understanding of the physical, mental, emotional and social needs of each person living in the home and the resources required to meet those needs. Both the registered manager and assistant house leader spent time interacting with people and getting to know them. People responded positively to them, talking to them and asking questions. A staff member told us, “The managers are very good. They are great with the clients. They are very fair. They always have time for the [people who live in the home].”

Staff told us and records confirmed there were regular staff meetings. We looked at the minutes of the last few meetings and saw they had been used as an opportunity to discuss the provider’s policy and procedures so staff understood their role and responsibilities. Staff we spoke with confirmed they felt confident to raise issues at the meetings, and where possible, action had been taken to address those issues. One staff member told us, “You can bring up points you couldn’t generally without a staff meeting. You need that to make things work. Everybody knows where they are. If a policy or procedure has been changed it is brought up and everyone knows how it is to be done in future.” Another staff member told us, “You get your chance to put your point of view over. You can have your say in the meeting.”

Records showed that people and their relatives or representatives were invited to attend people’s reviews. At the reviews people could share their views and say whether they were happy with the care and support people received. People, relatives and visitors to the home were also given the opportunity to complete a ‘customer satisfaction survey’. The responses from the most recent survey were positive with one respondent stating, “The staff are most efficient and helpful to all who live at Hurst Green Road. Standards seem to be very high.”

There was a system of internal audits and checks completed within the home to ensure the quality of service was maintained, together with checks by external bodies. For example, a recent external medication review had identified some areas where the management of medicines needed to be improved. An action plan had been implemented and we found the necessary improvements had been made to ensure medicines were managed safely. We also saw that the local Clinical Commissioning Group had completed an infection control audit in October 2014. Whilst the home had achieved an excellent rating, some carpets were identified as being worn and dirty. The carpets had been replaced and other minor repair works had been reported to the housing provider for completion.

There were systems in place for the registered manager to share information with other registered managers of similar services within the provider group. Regular meetings provided an opportunity to share information and discuss any issues of concern. They were also a forum for discussing the development of good practice. For example, the registered manager told us of a working group that had been established to look at the level of physical intervention staff practiced within the provider group. This was so training could be adapted to provide staff with the skills to meet the specific individual needs of people who lived in each home.

Records and information about people was kept securely and only staff could access them. We saw that staff updated people’s records every day, to make sure all staff knew when people’s needs changed.

The manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the registered manager.