

Mr & Mrs P Birks

Conway House

Inspection report

44 George Road Oldbury, B68 9LH
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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

The provider is registered to accommodate and deliver personal care to eight people. People who lived there had a learning disability or associated need.

Our inspection was unannounced and took place on 13 April 2015. Five people lived there at the time of our inspection.

At our last inspection in 2013 the provider was meeting all of the regulations that we assessed.

A manager was registered with us as is required by law. 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.

Staff knew the provider's procedures they should follow to ensure the risk of harm to people was reduced and that people received care and support in a safe way. We found that where people received support from staff with taking prescribed medicines, this was done in a way that minimised any risk to them.

People and their relatives told us that staff were available to meet their [or their family members] individual needs. We found that staff were trained to support the people

Summary of findings

who lived there effectively and safely. Staff told us and records confirmed that they received induction training and the support they needed to ensure they did their job safely.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

Staff supported people with their nutrition and health care needs. We found that people were able to make decisions about their care and they and their families were involved in how their care was planned and delivered. Systems were in place for people and their relatives to raise their concerns or complaints.

People were encouraged and supported to engage in recreational activities which they enjoyed. Staff supported people to keep in contact with their family as this was important to them.

People were encouraged and supported by staff to be independent and attend to their own personal hygiene needs when they could.

All people received assessment and treatment when needed from a range of health care professionals including their GP, specialist consultants and nurses which helped to promote their health and well-being.

The registered manager had identified through monitoring and audits that some record keeping required improvement and some policies and procedures were in need of updating. They had a plan of action to address this.

People we spoke with communicated to us that the quality of service was good. This was confirmed by the majority of relatives we spoke with. The management of the service was stable, with processes in place to monitor the quality of the service.

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.

People and their relatives told us that the service was safe.

Procedures were in place to keep people safe and staff knew how to support people appropriately to prevent them being at risk of abuse and harm.

Systems in place promoted safe medicine management to prevent people being placed at risk of possible ill health.

There were sufficient staff that were safely recruited to provide appropriate care and support to people.

Good



Is the service effective?

The service was effective.

Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples rights were protected which prevented them being unlawfully restricted or not receiving care in line with their best interests.

People were supported to eat and drink what they liked in sufficient quantities to prevent them suffering from ill health.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Good



Is the service caring?

The service was caring.

People and their relatives told us that the staff were kind and we saw that they were. They gave people their attention and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding their daily life skills was encouraged.

Staff encouraged people to make their own choices regarding their daily routines.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

Staff were responsive to people's preferences regarding their daily routines and needs.

The provider offered a recreational activities that people could participate in and enjoyed.

Good



Summary of findings

Is the service well-led?

The service was well led.

A registered manager was in post and all conditions of registration were met.

The registered manager knew their legal responsibilities to ensure that the service provided was safe and met people's needs.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The service was monitored to ensure it was managed well. The management of the service was stable, open and inclusive.

The registered manager was aware of improvements that were required and had a plan to address the issues.

Good



Conway House

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.

Our inspection was unannounced and took place on 13 April 2015. We arrived at the home early because we wanted to meet and speak with as many people as we could. The people who lived there were mostly younger adults who may have been out in the community later.

Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider

had sent to us. We asked the local authority their views on the service provided and they told us that they were not aware of any concerns. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection spoke with five staff members and the registered manager, we met, spoke, or engaged with all of the people who lived there. Not all people were able to communicate verbally with us. To address this we spent time in communal areas and observed their interactions with staff and body language to determine their experience of living at the home. We looked at two people's care records and all medicine records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at three staff recruitment records and the training matrix. Following our inspection we spoke with three relatives by telephone to get their views on the service provided.

Is the service safe?

Our findings

People who were able told us that they felt safe living there. A person confirmed, “Yes I feel safe”. A relative we spoke with told us, “I do not have any worries about their safety”.

Our observations showed that people who lived there were very comfortable and at ease in the presence of staff. We saw that they were happy to go to staff if they wanted something or to ask them questions. A relative said, “There is nothing of concern there. If there was I would be the first to report it. They [their family member] are safe and protected”. Training records confirmed that staff had received training in how to safeguard people from abuse. Staff spoken with knew how to recognise signs of abuse and how to report their concerns. A staff member said, “I have not seen anything that worried me. If I saw something I would report it. The manager would deal with it”. The registered manager previously had reported any concerns to us and the local authority. This confirmed that staff were aware of the reporting systems they should follow, in order to protect people who lived there from abuse.

Relatives we spoke with told us that staff had discussed with them the best ways to manage risk to prevent injuries. One relative said, “They discuss any concerns with me”. Staff we spoke with were aware of potential risks to people. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. These included mobility and moving and handling assessments and general risks relating to people when partaking in daily living activities. These would ensure that the incidence of injury to people was minimised.

Staff told us and records confirmed that they had received first aid training. We asked staff what they would do in a certain emergency situation such as a person having a fall and sustaining an injury. The staff gave us a good account of what they would do. This showed that staff had the knowledge to deal with emergency situations that may arise so that people should receive safe and appropriate care in such circumstances. We saw that records were made of accidents and injuries so that any patterns and trends could be established to prevent further occurrences.

A person said, “Yes there are” [enough staff]. All relatives we spoke with also told us in their view, there were enough staff available. A relative said, “I think there are enough

staff. I know people are not left alone”. During our inspection we saw that staff were available at all times to assist and support people and meet their needs. There were systems in place to cover staff leave which included asking off duty staff to cover or the use of agency staff. The registered manager confirmed that where they identified cover was needed they had asked staff if they wanted to cover those shifts. This meant that steps were taken regarding staffing so that people would be supported appropriately by staff who knew them well.

We found that recruitment systems were in place. A new staff member confirmed that checks had been undertaken for them before they were allowed to start work. We checked three staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. These systems minimised the risk of unsuitable staff being employed.

People confirmed that they were happy to take their medicine from staff. A person said, “Yes happy with that”. The key to the medicine cupboard was held by the person in charge so that there was no risk that unauthorised people could access the medicines. Only senior care staff who had been trained and deemed competent were involved in medicine management and administration. We saw that staff ensured that medicines were not left unattended and they checked medicine records before they gave medicine to people. This minimised the risk of errors and ill health to people.

We found that medicine checks were undertaken which generally identified specific problems with medicine safety. The provider had recognised that the previous pharmacy provider did not offer a service that was needed and had taken action to address this. We saw that the community pharmacist had done a recent check of medicine safety and found that staff had maintained systems and had not highlighted any major concerns.

We looked at all peoples Medicine Administration Records (MAR) and saw that there were a few that had not been maintained as they should. We did not identify that any person not being given their medicine as it had been prescribed. We carried out audits of two people’s medicine. We looked at records to see how much medicine should

Is the service safe?

have been available against what was actually available and found that the balances were correct. We saw that care plans were in place to instruct staff in what circumstance medicine prescribed as 'when needed' should be given. This prevented people being given medicine when it was

not needed or not been given medicine when it was needed. This confirmed that processes were in place to ensure that people received their medicines as they had been prescribed by their doctor to promote their good health.

Is the service effective?

Our findings

People we spoke with indicated that the service provided was effective. A person said, "I like it". A relative said, "The staff have what they need to do the job. The care there is fantastic". A letter sent to the registered manager from a relative of a person read, "They [Person who lived there] were very happy and the care was beyond all expectations". All staff we spoke with told us that in their view the care that was provided to people was very good. A staff member said, "I have worked in other places so can compare. The care here is very good".

Relatives we spoke with confirmed that the staff knew how to look after their relative. A relative told us, "The staff know how to look them". Some new staff had been employed and they told us and records we looked at confirmed that they had received induction training. A staff member said, "I had an induction. I looked at records and did training". All staff we spoke with told us that they received supervision and support. Staff told us and the training matrix we looked at confirmed that they had either received all the training they required or it had been highlighted that the training needed to be arranged. A staff member said, "All my training is up to date. I feel competent to do my job well". This showed that staff were supported when they first started work and were given guidance through one to one supervision and training thereafter. This enabled them to provide appropriate safe care and support to the people who lived there.

During our inspection we observed and heard staff seeking people's consent before care or support was given. We heard staff explaining to people what they were going to do before moving them in wheelchairs or using the hoist and asked people if they were happy with that. We observed one person indicate to staff that they did not want to move from the wheelchair into an easy chair. We saw that the staff respected this the person was laughing and smiling, happy to stay in their wheelchair. We found that people refused requests that they did not want to happen. We asked one person if we could look in their bedroom and they said, "No". This showed that staff people had confidence to say no when they did not want to do things.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in

relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find.

Staff and relatives confirmed that where it was determined that a person lacked mental capacity they involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the persons best interest. A relative said, "The staff are really good. We are always involved in decision making". Staff we spoke with gave us a good account of what capacity meant and what determined unlawful restriction and what they should do if they had concerns. The registered manager had applied to the local authority as required regarding DoLS issues for people. The provider had been proactive in assessing door locks and had asked external health professionals to undertake assessments to minimise any limitations in people's movement. This confirmed that the provider was aware of what they should do to prevent people having their right to freedom and movement unlawfully restricted.

People we spoke with told us that they liked the food and drinks offered. A person told us, "The food is nice". We saw that food stocks were plentiful. We saw that mealtimes were flexible and responsive to meet people's preferred daily routines. During the morning we heard staff discussing with people what they would like for their lunch. Although one relative said the range of food could be better menus that we looked at showed that people were offered a varied diet.

Staff gave us a good account of people's individual dietary needs and what people could and could not eat due to health conditions, risks, their likes and dislikes. We saw that staff offered people drinks regularly throughout the day. Where people had been assessed as being at risk from malnutrition or choking referrals had been made to health care professionals for advice. All staff we spoke with knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness. During meal times we saw that staff were available to give assistance to people who needed this. We saw that they made the meal time a pleasant experience. They sat next to people and spoke with them to encourage them to eat and drink.

Is the service effective?

People confirmed that they attended health care appointments or that healthcare was accessed for them. A relative said, "The staff make sure medical input is secured when needed". Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to

provide effective support. This included GP's specialist health care teams and speech and language therapists. This ensured that the people who lived there received the health care support that they required to prevent ill health or ill being.

Is the service caring?

Our findings

People who lived at the home said that the staff were nice. Relatives we spoke with said the staff were “Kind ”and “Caring”.

A relative told us that staff were polite and respectful towards their family member. We saw that staff showed respect to people when speaking with them. Records confirmed people’s preferred name and we heard staff using that name. We observed that staff took time to listen to what people said and showed an interest in them. We saw that people responded to this by talking with staff and having the confidence to inform them of their wants and needs.

Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice. This included knocking bedroom doors and waiting for a response before entering and ensuring toilet and bathroom doors were closed when those rooms were in use. We saw that staff knocked bedroom doors before entering This showed that the provider had ensured that people had their own personal space and that staff ensured people’s privacy.

We observed that a number of people could not verbally communicate. We saw that communication passports were available for people who needed these. The communication passports highlighted how people communicated and gave staff valuable information so that they could meet their needs. The communication passport highlighted how the person would show that they were sad, happy or in pain. Staff told us how they communicated with people. We observed that staff ensured that they were at the same height as people by bending down when

communicating with them. We heard staff speaking to people slowly and clearly. We saw that people understood and responded by nodding, smiling and responding appropriately. This showed that staff understood that their approach was important to ensure that they could communicate with people appropriately.

A person told us that they liked to do things for themselves. Care plans we looked at highlighted that where possible staff should encourage people to be as independent as possible regarding daily living tasks. At lunch time we heard staff encouraging people to eat independently and we saw that they did. This highlighted that staff knew it was important that people’s independence was maintained.

People told us that staff supported them to choose the clothes they wanted to wear each day. Staff confirmed that they encouraged people to select what they wanted to wear. A relative said, “We buy all their clothes [Their family member] but I know that the staff help them to select what they want to wear”. We saw that people wore clothing that was appropriate for their age, gender and the weather. We saw that one person had their nails polished. They were smiling and looking at their nails which showed that they were pleased. This meant that staff knew people’s individual wishes and choices concerning their appearance and had supported them to achieve this. It was clear that staff knew people well. They knew what people liked and what was important to them.

Relatives told us that they visited when they wanted to. All people we spoke with told us that it was important to them to maintain contact with their family. During our inspection we saw relatives visiting. Relatives we spoke with confirmed that staff enabled them to have as much contact with people as possible.

Is the service responsive?

Our findings

During our inspection we saw a relative of a prospective new person visit. The registered manager told us that before new people were offered a place they and their family were invited to visit. The person would then be invited again for a meal and maybe an overnight stay. This was to ensure that the person liked it there and gave the staff the opportunity to ensure that they would be able to meet the person's needs.

A relative said, "The staff know them [Their family member] well". Care records that we saw varied some highlighted the person's needs well others did not. We spoke with the registered manager about this who told us that they were aware that some records required a review and update. They told us that they were working to improve the situation. However, despite the lack of detail in some records all staff we spoke with knew the needs of people well. A relative told us, "The staff know their needs, likes and dislikes".

One person confirmed that they were asked about how they wanted to be cared for. For people who could not tell staff how they wanted to be cared for relatives told us that staff involved them in care planning. This was so they could make suggestions about how they wanted their family member's care and support to be delivered. A relative told us, "I am always asked and involved in decisions". Records we looked at and staff we spoke with confirmed that where required people's needs were reviewed by the local authority and other health or social care professionals. These processes enabled the provider to confirm that they could continue to meet people's needs in the way that they preferred.

People told us that they had enjoyed a recent outing. One person said, "It [The outing] was good". This related to all people going on a day trip to Liverpool the week before our

inspection. We saw that an activity room for art and craft work was provided to the rear of the property. One person said, "It is good in there". People told us that they accessed recreational and preferred lifestyle activities these included; going out for meals, to the shops to places of interest in the community, local parks and the cinema. One person was going out to a day centre. They smiled and nodded when we asked them about their day centre. This showed that the provider had taken steps to enable people to participate in a range of recreational pastimes.

Staff told us and records confirmed that people had been asked and offered support to attend religious services. Records that we saw highlighted that people had been asked about their personal religious needs. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

A relative told us, "If we had a concern we would not hesitate to complain. We have no concerns or complaints. If there have been minor issues previously the staff and manager addressed them". Staff we asked gave a good account of what they would do if someone complained to them. This included trying to deal with the complaint and reporting it to the registered manager. We saw that a complaints procedure was available in the premises for people to read and access. It was available in words and pictures so that people may understand it easier. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. It gave contact details for the local authority and other agencies they could approach for support to make a complaint. We looked at the complaints log and saw that there were not any complaints. The registered manager told us that they had not received any complaints for a long time. This showed that the provider had a system in for people and their relatives to access if they were not satisfied with any part of the service they received.

Is the service well-led?

Our findings

Most relatives told us that in their view the service was well run. A relative said, “They [Their family member] have been there for a long time and I am very pleased with the service”.

The provider had a leadership structure that staff understood. There was a registered manager in post and also a support manager. Relatives we spoke with knew the registered manager by name. They told us that they were visible within the service. A relative said, “I can go to the manager at any time and they will listen to what I say”. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to notify us of.

All staff we spoke with told us that they felt supported in their job role. One staff member said, “The manager is good and supportive”. Another said, “Evenings and weekends there is always someone we can contact if we need help”. Staff we spoke with explained the on call process and who they needed to contact in an emergency. Staff told us and records we looked at confirmed that staff meetings were held. Staff also told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, “I know the whistle

blowing policy and would report any concerns I had”. This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had confidence to report them to the registered manager.

A relative said, “We are included and listened to”. People and their relatives told us that staff asked for their views about their [or their family member’s] experiences of living there. A relative said, “I was asked to fill in a survey last year”. We saw that surveys were used by the provider on an annual basis although; only a small number had been completed and returned in 2014. The feedback from the last completed surveys were positive. We saw and staff told us that they were also asked by the provider to complete surveys on an annual basis. We found that changes had been made as a result of staff feedback. Staff had told the registered manager that cleaning duties limited the time they had to spend with people. In response the provider had authorised the appointment of a cleaner.

Records we looked at and staff confirmed that the provider visited at least once a month and produced a written report of their findings. We saw that the reports were very detailed and showed that they spoke with people and staff. We saw that audits were completed and that where needed corrective action had been taken/ commenced to make improvements. The registered manager confirmed they had identified work was needed regarding some care plans and records and that they were working to make the required improvements. This showed that the registered manager had undertaken assessments and was clear on what they needed to do to improve.