

Coventry and Warwickshire Partnership NHS Trust

137 Wall Hill Road

Inspection report

137 Wall Hill Road
Allesley
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21 January 2019

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Ratings

Overall rating for this service	Good ●
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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: 137 Wall Hill Road is registered to provide accommodation and personal care for up to five people with learning disabilities. At the time of inspection, four people were using the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service: People continued to receive safe care. Staff understood safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage risks within people's lives, whilst also promoting their independence.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staffing support matched the level of assessed needs within the service during our inspection.

Training was provided to ensure staff had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager, and had regular one to one supervisions. The staff we spoke with were positive about the senior staff and management in place.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Staff continued to treat people with kindness, dignity and respect and spent time getting to know them. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

People and their relatives were involved in care planning as much as they were able to be, and were able to contribute to the way in which people were supported. People and their families were involved in reviewing people's care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection: Good (report published 22/09/2016)

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe
Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective
Details are in our effective findings below

Is the service caring?

Good ●

The service was caring
Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive
Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well led
Details are in our well led findings below

137 Wall Hill Road

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

137 Wall Hill Road is a 'care home'. 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.

Inspection site visit activity started on 21 January 2019 and ended on 21 January 2019.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

People using this service were not able to verbally communicate with us. We met three people that used the service, and observed staff interacting with them. We also spoke with two staff members, and the registered manager.

We looked at the care records of two people who used the service and undertook a tour of the premises. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incidents information.

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 received safe care. Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service. One staff member said, "I haven't had to report any abuse, but the procedures are all there to deal with it properly. I would go to the police or the CQC if they weren't being dealt with."
- Processes and equipment were in place to keep people safe. This included regular safety checks of the environment and fire safety.

Assessing risk, safety monitoring and management

- Detailed risk assessments were in place to support any risks that were present. These included assessments to ensure that people could be assisted to move and safely hoisted.
- People's ongoing health was monitored closely and risk assessments were followed to ensure that people's care was safe, and promoted their wellbeing.
- Staff we spoke with were confident in supporting the people living at the service, and providing safe care and treatment.

Staffing levels

- The service was small and there were enough staff on site to ensure people were safe and well cared for. This included the correct amount of staffing for the safe use of hoists, and enough trained staff to provide the care that was required.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- Specific guidelines were in place for the administration of each person's medicines, which included information about what each medicine was used for, and any possible side effects.
- Regular competency checks and observations took place to ensure that staff administered medicines safely.

Preventing and controlling infection

- The building was clean, tidy, and well maintained by the staff. Regular cleaning took place, and the staff understood how to prevent the spread of infection by using the appropriate personal protective equipment

such as gloves and aprons when required. Staff confirmed they had the equipment they needed to manage the spread of infection.

- All the equipment we looked at had been cleaned appropriately, and bedrooms and bathrooms were clean and odour free.

Learning lessons when things go wrong

- Staff we spoke with felt that any mistakes or issues were openly discussed within the team and actions were created for improvements.

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The management reviewed and analysed information around incidents, to identify any trends and put actions in to place when required.

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

- People's needs and wishes were assessed and care and support was planned effectively. Staff had access to up to date policies and procedures based on current legislation and best practice standards.
- Staff had a good knowledge on people's diverse needs, cultures and backgrounds, and respected people's lifestyles and choices.

Staff skills, knowledge and experience

- Staff had the knowledge and skills to provide effective care. Staff told us they received a comprehensive induction when they started working at the service and a wide range of training.
- Specialist training was provided to staff to effectively support people, for example, training in the management and care of Percutaneous Endoscopic Gastrostomy (PEG) tubes. PEG tubes are used for the intake of food, fluid and medicines when oral intake is not possible.
- Staff felt confident in their roles and said the training was of a good quality.

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

- People were supported to have a healthy diet. We observed lunch being served to people, and saw that people had the required support they needed to eat and drink.
- Staff had good knowledge of people's dietary requirements. One staff member explained how a person was being supported with a low-calorie diet to enable weight loss, and another person was being supported with a high calorie diet to enable weight gain.
- Staff encouraged a varied diet. One staff member said, "We have tried new foods with [name]. They used to be very limited in what they would eat, but with encouragement, they now try out different food."

Staff providing consistent, effective, timely care within and across organisations

- Staff told us they had a flexible approach to people's support. One staff member said, "We have a good handover from the night staff, they let us know how each person has been during the night. We can then plan on what to do, depending on how people are feeling."
- Throughout the inspection we observed staff responding to people's needs in a timely way and share relevant information and keep up to date with people's current needs.

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

- The service was small, and personalised to meet people's needs. People had their own rooms that were personalised to them, and took in to consideration any support needs they had. This included doorways that were wide enough for large wheelchairs, and ceiling hoists to enable people to be moved around safely

and comfortably.

- There was a garden area that was accessible for people to use for activities, including seating and shaded areas for use in the warmer weather.

Supporting people to live healthier lives, access healthcare services and support

- People had access to the general and specialist healthcare services they required. We saw that people's health was regularly monitored, and appointments with health professionals such as G.P's and speech and language therapists were booked and attended when needed.
- A staff member said, "I think one of things we do well here is dealing with people's health needs straight away. There are complex needs here, and people are monitored closely."
- Healthcare requirements were documented in detail within people's files.

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
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service had systems in place to ensure people's legal rights were respected and the principles of the MCA were followed. Where required, capacity assessments and best interest decisions had been completed with involvement of family members and relevant professionals. If people had no living family, advocacy services could be provided for them. DoLS applications had been submitted to the local authority where restrictions were in place.

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 were cared for by staff that were friendly and kind. Positive interactions were observed between staff and people, and people appeared comfortable in their home.
- Staff attitudes were positive towards people and their care. One staff member said, "The quality of care is next to none here. The residents know they can trust us, which makes an enormous difference in their lives."
- We saw staff recognised subtle cues to indicate when a person might need some support or was becoming unsettled and they responded quickly to alleviate any anxiety or distress. Staff responded flexibly and were sensitive to people's moods and preferences for support.

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

- People were supported and encouraged to maintain relationships with their friends and family, and people and their families were encouraged to be involved in making decisions about care and support where this was appropriate.
- Staff were able to explain which decisions people could make for themselves, and how they were supported to do so. This mainly consisted of staff understanding people's body language and vocalisations. All staff understood the importance of involving people in daily decisions as much as they were able to be.
- Staff respected people's wishes in accordance with the protected characteristics of the Equality Act. Staff were knowledgeable about people's personal backgrounds and religious beliefs when required, and provided care that suited people's lifestyles.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. During our inspection, staff informed us when people were receiving personal care, to ensure they had privacy during this time.
- Staff supported and communicated with people in a dignified manner, treating them with respect and care.

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.

Personalised care

- People received personalised care that was responsive to their needs. People were involved in the care planning process as much as they were able to be, and their relatives were involved and had input to support their wishes and decision making.
- Staff understood people's culture and background. For example, one person was supported to eat only the correct foods according to their religious beliefs. This person was also supported to complete religious activities, and was able to listen to prayer recordings which they found calming.
- People were able to take part in fulfilling activities. One staff member explained that during the warmer weather, a vegetable patch was used in the garden to grow foods to cook with. Other recent activities also included a boat trip, and trips to the cinema. One staff member said, "We [staff] play badminton in the garden because we know the residents like to watch us. The residents can't join in with that, but they enjoy watching us try and play, and we all have a laugh."
- Staff worked with people to achieve goals. One staff member said, "It's the little things, [name] used to hate showers. Now they really like them. Slowly but surely, they have progressed with personal care routines, and now really enjoy the sensation of the water."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which ensured any complaints were recorded and responded to appropriately.
- At the time of inspection, no recent complaints had been made.

End of life care and support

- No end of life care was being provided, but we saw that people had the option of recording decisions about future care and preferences for any end of life arrangements, including details of any religious beliefs people may have.

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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The home had a positive and open culture. Staff spoke positively about the management, and felt that any concerns about people they took to the registered manager were addressed promptly.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.
- Staff felt that communication within the service was good, and information about people's care was recorded in detail. This allowed them to carry out their roles confidently.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post. 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.
- Effective systems were in place to monitor the quality of the service and the care provided. An area manager conducted quality checks across all areas of the service, and the registered manager also carried out monthly audits. We saw that when areas for improvement were identified, actions were taken to resolve them.
- People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt supported by the provider and management team. A staff member said, "This is a lovely place to work."

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

- The people using the service were not able to directly feedback on quality, however, a questionnaire was being sent out to relatives of people to enable them to comment on the care their family members were receiving.
- Staff told us that family members were welcome to visit people at the service and regularly did so. All the staff felt they had a good relationship with people's families, and kept them up to date on people's general health and wellbeing regularly.

Continuous learning and improving care

- Staff told us they utilised team meeting to discuss all aspects of the service and the care given to people. All the staff we spoke with felt able to openly discuss ideas and areas for improvement. One staff member

said, "I have no problem speaking up and saying if something is wrong."

- Minutes of meetings we saw confirmed that actions for improvements were set, for example, when daily notes had been reviewed, and more detail was required.

Working in partnership with others

- The service worked in partnership with outside agencies. This included health and social care professionals involved in people's care. One staff member said, "We have a really good relationship with the G.P, the speech and language therapist, and the nurses. If we ask them to come and see someone they do so very quickly."
- The registered manager said they kept in contact with people's funding authority and had a good relationship with them. This included involvement in quality monitoring visits to check that the care being delivered was of a good standard.