

Coventry and Warwickshire Partnership NHS Trust

21 Shirlett Close

Inspection report

21 Shirlett Close
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Date of inspection visit:
30 June 2016

Date of publication:
05 January 2017

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

This inspection took place on 30 June 2016 and was unannounced.

21 Shirlett Close provides residential care for up to four people who have learning disabilities or autistic spectrum disorder. The service is a single story building, with bedrooms and communal areas located on the ground floor. At the time of our inspection visit four people used the service.

A registered manager was 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.

Relatives told us 21 Shirlett Close was a safe place to live and people were well cared for. People were supported by staff who knew how to keep people safe and were aware of how to report any safeguarding concerns. Risks to people's health and wellbeing were assessed and staff were informed of how to minimise any identified risks. People received their medicines as prescribed from staff who had received training to do this safely and who had regular checks of their competencies.

There were enough staff to support people who lived in the home and they were available at the times people needed them. When staff were recruited to work at the home checks were carried out to ensure their suitability to work with people who lived there. Staff received training so that they had the skills and knowledge of how to meet the specific needs of people who lived at the home. Staff supported people to maintain their health and made referrals to healthcare professionals when needed.

People were supported in line with the principles of the Mental Capacity Act. The manager understood the importance of applying for Deprivation of Liberty Safeguards (DoLS) when necessary. Staff ensured they maintained people's privacy and dignity, and treated people with compassion and respect.

People's preferences were considered in all aspects of care they received. People were offered a choice of meals based on their preferences and dietary requirements. People were supported to pursue their individual hobbies and interests and to maintain relationships with people who were important to them.

People and relatives knew who the registered manager was and told us that they were approachable. Staff told us that they felt supported by the registered manager. People and their relatives knew how to raise complaints and were confident that the registered manager would take actions in response to these.

The registered manager and provider monitored the quality and safety of the service provided and actions were taken to drive forward improvements at the service.

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 ●

This service was safe.

Staff were aware of how to identify risks to people and took actions to reduce these risks. People who lived at the home told us that they felt safe. People were given their medicines safely and as prescribed. Staff were available at the times people needed them. □

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they had the relevant skills and knowledge to support people who lived at the home. Staff had a good understanding of the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to eat a nutritional diet based on their needs and preferences and people's health care needs were met.

Is the service caring?

Good ●

The service was caring.

Staff communicated to people in a caring manner. People received care that was appropriate for their needs. People were involved in the planning and delivery of their care. People were supported to maintain relationships with people important to them.

Is the service responsive?

Good ●

The service was responsive.

Staff knew, and responded to people's individual preferences. Activities were offered which were tailored to people's interests. No complaints had been received; however, people knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People who lived in the home, relatives and staff were asked to provide their feedback of the service which was acted on. Staff felt supported by the management team. The provider had quality assurance systems in place to support them in maintaining a good quality of care for people who lived at the home.

21 Shirlett Close

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 30 June 2016 and was unannounced. The inspection was undertaken by one inspector.

There were four people who lived in the home when we visited. Some people who lived in the home had limited speech or were not able to communicate with us verbally. 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 one person who lived at the home.

When planning the inspection visit we reviewed information sent to us by the provider including statutory notifications. A statutory notification is information about important events which the provider is required to send to us by law. The provider had not needed to send any statutory notifications in the 12 months prior to our inspection. We contacted commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS. They did not have any concerns about the service.

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 information provided by the provider reflected what we found during our inspection.

We spoke with the registered manager and two care staff. We contacted two relatives of people who lived at the home to gain their views of the care provided to their family members.

We reviewed three people's care records to see how their support was planned and delivered. We reviewed three staff files and training records for all staff. 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

People and relatives told us they felt safe in the home. One person said, "I am safe." One relative told us, "I've never thought that [Name] wasn't safe." They added, "The staff are very good at looking after them."

Staff understood how to keep people safe and had received training to protect people from abuse. One member of staff told us, "I've done safeguarding training; I would tell my manager if I had any concerns." Another member of staff told us the phone number to contact the local safeguarding authority was in the staff office and this meant that they could raise concerns themselves if they needed to. Staff were aware of the provider's whistle blowing policy and felt confident to use it. A staff member told us "I've not had to whistle blow but I would do it if I thought there was need." A whistle blower is a person who discloses any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. We had not received any information from whistle blowers about this service.

The registered manager was aware of their responsibilities to notify us of incidents which should be referred to safeguarding authorities and to inform us of action they had taken following a referral. No referrals had been made to the safeguarding authority in the 12 months prior to our visit. The registered manager understood and followed safeguarding procedures.

Risk assessments were in place for people who lived in the home. A risk assessment is an assessment that identifies any risks to a person's health, safety, wellbeing and ability to manage daily tasks. The risk assessments included details for staff on how risks to people's health and wellbeing should be managed. Risk assessments and risk management plans were updated monthly to reflect each person's changing needs.

Staff knew people's individual risks associated with their care and support, and were able to describe how they would act to reduce the risks to people's health. For example, one person had epilepsy which caused them to have seizures. Staff were able to describe when they would give emergency medicine to the person and how they would support the person afterwards. The information staff told us matched care records.

Staff understood how to act to minimise the risks to people at the home, when people displayed behaviours that might place themselves and others in danger. For example, one person was at risk of becoming physically aggressive if they were frustrated. A behavioural management plan was in place which included information about what could cause the person to become frustrated and strategies staff could use to help the person calm down. The plan stated that the person liked to hold pieces of material. We observed that when they were unable to find a piece of material they wanted, the registered manager helped them to find it. The person was unable to communicate verbally however the registered manager knew the person well and understood their non-verbal communication. The person appeared to be more relaxed after they had found the material they wanted.

The provider had produced a business continuity plan which staff were aware of, and was available in the office. This provided staff with details of people to contact if there was an emergency. For example, if the

water, gas or electric supply was disrupted. This meant staff had the information to deal with emergency situations without delay.

Personal emergency evacuation plans (PEEP's) which provided essential advice to staff about how to move each individual person in the event of an emergency such as a fire, were completed for all people who lived in the home. Copies of the PEEP's were available in the manager's office which meant staff could get to them easily in an emergency.

We checked whether people's medicines were managed safely. Staff who administered medicines received training and had their competencies in this area regularly assessed by the registered manager. Medicines were stored safely and procedures were in place to ensure people received their medicines as prescribed. Regular medicine audits were undertaken to check that staff administered medicines correctly. The provider had protocols (medicine plans) in place for medicines prescribed 'as and when required', for example, medicines for pain relief or medicines for people who sometimes had difficulty sleeping. These protocols gave staff clear guidance about what the medicine was prescribed for and when it should be given. Information was included about how staff could recognise if a person who did not communicate verbally needed their medicine. We were told by one person who lived at the home they were given their medicines when they needed them.

We observed that staff were available when people needed them during our inspection visit, and spent time doing individual activities with people during the day. Staff told us there were enough staff on each shift to meet people's needs. The registered manager told us the home used a dependency tool to calculate how many staff were needed and this changed depending on each person's needs. Staff rotas showed that staffing was in line with the dependency tool calculations.

A member of staff told us about their recruitment process which included an interview, obtaining references from previous employers and a DBS (Disclosure and Barring Service) check. The checks were completed to ensure people who were employed were of good character; and to check whether they had a criminal record which might mean they were unsuitable to work as a care worker.

Is the service effective?

Our findings

One person who lived in the home told us that staff knew how to support them. A relative told us, "Staff know [Name] as well as we do, they know how to support them and what they need." Another relative told us, "The staff have lots of training; they know what they're doing."

New staff employed by the service had an induction period, during which time they completed training to provide them with all the skills they needed to support people at the home. One member of staff told us this included manual handling, fire safety awareness and health and safety training. Staff told us during their induction they shadowed (worked alongside) other members of staff and this enabled them to understand how to support people in the home. Staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of minimum standards which staff achieve to demonstrate they have the skills, knowledge and behaviours expected of a care worker.

Staff attended training that the provider considered essential to meet people's health and social care needs, and training to refresh their skills and knowledge. Staff told us, "The training is very good; I've never felt that I don't have the right knowledge to look after the people here." A member of staff told us that all staff had received Management of Actual or Potential Aggression (MAPA) training. They said, "One person can become agitated very quickly, the training taught me ways to verbally calm them and the situation, sometimes they just need reassurance." Records confirmed all staff had received this training which helped there to be a consistent approach throughout the team.

The registered manager told us they booked staff onto relevant training and refresher courses when necessary and that this was factored into the rotas. This meant that staff had the opportunity to enhance their skills and knowledge without affecting the number of staff available to support people in the home.

Staff told us that they had regular one to one meetings with their manager. They told us this gave them the opportunity to discuss their training and development needs as well as to request any support. The registered manager told us that the meetings enabled them to check on staff's wellbeing and to discuss further development opportunities with them.

Health records showed that people saw health professionals when necessary. Records showed that regular referrals were made to GP's, district nurses and speech and language therapists. If a person's health needs changed, staff contacted health professionals immediately so that their care could be reviewed. This helped people to maintain good health. One person had been assessed by the Speech and Language Assessment Team (SALT) and confirmed that they had difficulty swallowing. Information in their care plan included advice from the SALT team and said that the person needed their food to be cut into small pieces; we saw that staff did this for them. This showed that staff acted on the advice received by other health care professionals.

People were helped to maintain their health and wellbeing through food and nutrition that met their individual needs and preferences. People were offered a choice of meals and staff told us they offered a

"flexible menu" each day. People who lived in the home were asked what meals they would like during the week and these were used to create a menu. However, staff told us that if people did not like what had been planned they were able to cook a different meal that the person wanted. A member of staff told us "We're lucky; we plan the shopping each week and have lots of choices available in the cupboards. We know what food people like so we can always help them to have a meal they enjoy."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of the principles of the MCA. Staff told us people who lived at the home did not always have capacity to make their own decisions. This meant they needed support to make decisions. Care files showed that each person's mental capacity had been assessed, and clearly stated what decisions the person could or could not make for themselves. Where a person lacked capacity, family members, staff and professionals who knew the person well made decisions in their best interest. These decisions were recorded in the person's care file. A staff member told us, "You have to assume capacity unless proven otherwise. If we think someone might not have capacity to make a decision we complete an assessment with them and if they don't (have capacity) we have to make decisions that are in their best interest."

Where DoLS authorisations were in place, these included best interest decisions and the least restrictive option was used. The DoLS authorisations were reviewed regularly and this ensured that people's freedom was not being deprived unnecessarily. This showed that the registered manager was following the correct procedures if a person's liberty was restricted.

Is the service caring?

Our findings

When asked about the staff a person told us they were "nice." Relatives told us staff were caring. One relative said, "The staff are dedicated to looking after the people who live here." Another relative told us, "Staff have always been very kind to [Name]."

Not all of the people who lived in the home were able to communicate verbally or had limited vocabulary. Staff understood how to communicate with people in a way they understood. People were relaxed in the home and sat with and smiled at staff. We saw staff used a range of ways to communicate with people. One member of staff told us, "One person will say yes or no to questions another person makes different expressions to answer questions or will point to objects." Each person's way of communicating was documented in their care file and we observed staff using each person's chosen method of communication.

Staff supported people in a respectful way that ensured their dignity. A staff member told us, "We respect that this is their home and we are here to support them." We saw staff knocked on people's bedroom doors and announced themselves before entering. Staff told us it was important to them to maintain people's privacy and dignity when they were supporting people. Staff told us they made sure doors and curtains were closed before assisting people with personal care. Staff also told us whilst providing personal care they ensured parts of the body not being washed were covered to maintain the person's dignity. One member of staff said, "I will always ask a person if it is okay for me to support them with personal care, it's important that they are comfortable with any support you are giving them." This showed that staff worked in a way that respected people's dignity.

Each person's care plan had a detailed life history section. Staff had a good understanding of people's lives prior to them living at the home. They told us they used these histories to understand people and the things that were important to them. One member of staff told us, "The care we give has to fit around the person and how they want to live their life, the person should not fit around the care. It is important to [Name] that they have two baths a day, so we support them to do this. It makes them feel happy."

The registered manager told us care plans were reviewed every six months or if the person's needs changed. Each person was allocated a care worker who knew them well (key worker) who would spend time with them to review their care needs and to include people's opinions in the care plan.

Staff told us they respected people's confidentiality by keeping their records secure. They told us they did not discuss people's care needs in front of other people. We saw that care records were kept in lockable cupboards which were not accessible to members of the public or other people who lived in the home.

Staff supported people to be as independent as they wanted to be. We saw that people were supported to make themselves drinks throughout the day, a member of staff explained, "We don't want to de-skill people, they are able to do a lot of things for themselves we just support them to make sure that they are safe when doing it." One member of staff explained, "It's important not to take over when you're supporting someone, for example I might help them to undo their shirt buttons but they can then continue to get undressed by

themselves. Another person might need help to put toothpaste on their toothbrush but will then brush their teeth themselves." Another member of staff explained, "Some people here are able to do a lot by themselves, with prompting they are able to get their own cutlery and plates for meal times and will help to set the table." This helped people to maintain skills they had learnt and provided encouragement to learn new ones.

Relatives told us there were no restrictions on visiting times; they were able to visit at any time they were invited by their family member. Relatives also said that they call the home at any time. One relative told us "They (staff) always make us very welcome." One person had an electronic tablet which enabled them to video call their relatives who were not able to visit regularly. This helped people to maintain relationships that were important to them.

Is the service responsive?

Our findings

People received individualised care and support. Each person who lived at the home had an individual care plan which detailed their health needs, likes, preferences and personal histories, including information about people that were important to them. Relatives told us that they had been involved in reviewing people's care needs. Records we viewed included information provided by family members. Staff told us they had time to read each person's care plan which were detailed and up to date, this helped them understand people's individual needs.

A person who lived at the home told us that they were able to do activities they enjoyed. Staff told us activities were planned based on the individual person's preference. A staff member told us, "Each person here is very different [Name] likes to go for a walk and a coffee whilst [Name] enjoys watching films." The registered manager explained to us that one person enjoyed sensory equipment such as coloured lights. They had decorated the conservatory with a number of coloured lights and sensory equipment and we observed that the person enjoyed spending time listening to music in this room. People's preferred activities were recorded in their care file and this reflected what staff told us. One person's file stated that they enjoyed watching birds that visited the garden of the home; this person showed us that a bird feeder had been attached to his bedroom window to encourage birds.

Staff had enough time to individually support people with their activities. We saw one person was sat drawing whilst a member of staff spoke with them. Two people enjoyed a local day centre and when we arrived at the home staff were supporting them to get ready to go there. We saw that the people looked happy and were eager to go. Staff told us that they had time each day to spend with people to support them to do activities they enjoyed. One member of staff told us that, "One of the best bits of this job is being able to get to know each person well and to help them with what is important to them." This showed the care people received was not task focussed but instead time was spent supporting the person to do activities they enjoyed and to build relationships with them.

Hand overs were conducted between each shift which included information about each person. Records of these meetings were kept and we saw they included information about people's changing care needs. During the hand over, information was shared about what each person had been doing during the day. Staff told us that hand overs also included information about if a person had been ill during the day and if 'as required' medicine had been given. This showed that people's needs were effectively communicated throughout the team. This was important to ensure people received consistency in their care and to manage any risks.

Staff told us each person had regular meetings with a worker responsible for their care (key worker). During this time, the care worker would ask the person if they had any concerns and would use an 'easy read' copy of the complaints policy to explore if anything was concerning them. Easy read is a way to provide information using pictures and short, simple sentences. Posters of information about how to raise complaints were on display in communal areas of the home in an 'easy read' format. No complaints had been raised, but staff understood it was important for people to be given regular opportunities to express

their views about the service.

We reviewed the record of complaints held at the home; none had been made in the twelve months prior to the inspection visit. A relative told us "I've never made a complaint, I don't need to, and they are very, very good. If I had any complaints I would phone the manager." When asked if they felt the manager would respond to a complaint the relative told us "Definitely! They want what's best for [Name] just as much as we do." This showed that although no complaints had been made people were aware of how to raise concerns if they had them.

Is the service well-led?

Our findings

Relatives told us they knew the registered manager and they could contact them at any time. One relative told us the registered manager was, "Very, very good, we can't fault anything they do."

The registered manager was actively involved in the day-to-day running of the service and knew each person who lived there well. Staff had a good understanding of their roles and responsibilities and told us that they could approach the manager if there was anything they were unsure of. One member of staff described the registered manager as "Very supportive, I can always go speak to them."

Staff meetings took place regularly. Staff told us these helped to promote positive team working and they felt supported in their job roles. Staff told us they could raise any concerns on an ad hoc basis, as well as at staff supervision and team meetings. The registered manager also involved staff to continuously improve the service.

Staff told us they had approached their manager with suggestions of activities for people who lived in the home. Staff went on to explain that the registered manager acted on these suggestions. One member of staff spoke of how one person wanted to ride a bicycle but had trouble balancing. The member of staff had suggested purchasing a tricycle for the person, who had been done, and now the person regularly went for rides with members of staff. The registered manager told us that team meetings were used to generate ideas to plan improvement to the service. In the past this had included redecorating people's bedrooms and adding a water feature to the garden.

The registered manager sought the views of staff, relatives and health professionals to improve the quality of service provided. Service satisfaction surveys were sent to relatives and health professionals. We reviewed the results of the most recent surveys and found they indicated high levels of satisfaction with the service and did not include any suggestions for improvements. The results of the surveys had been analysed and were fed back to staff and people during their meetings.

The provider's policies and procedures were clear and comprehensive. The policies were updated regularly and included latest research so that best practice was delivered in the home. Staff told us that when the policies were reviewed they had to read them and sign to show they understood the changes. A range of audits and checks took place to assess the quality and safety of service provided. This included checks on the premises to ensure they were safe, and checks on the quality of care people received. The audits had not identified any actions that were required. However we saw that if actions were needed there was a process in place to ensure these were completed in a timely way.

The provider was involved in assessing the quality and safety of the service provided. Each month the provider met with the registered manager. During these meetings the provider analysed the incident reports, audits and training records. The provider gave feedback to the registered manager about any actions that were required in response to the analysis. These were monitored through a computer system which informed the provider when actions were completed.

The provider set up monthly meetings of registered managers who managed homes owned by them. During these meetings, staff training was planned; service needs discussed and best practice shared. The registered manager told us that they appreciated having this support available and meant they always had people she could speak to for advice. The registered manager had not needed to send any statutory notifications in the 12 months prior to our inspection but understood their responsibility and what events they would need to inform us of.