

# Mental Health Concern

# Coalway Lane

## Inspection report

4 Coalway Lane North  
Swalwell  
Newcastle Upon Tyne  
Tyne and Wear  
NE16 3EY

Tel: 01914886877

Website: [www.mentalhealthconcern.org](http://www.mentalhealthconcern.org)

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## Ratings

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

# Summary of findings

## Overall summary

Coalway Lane is a care home that provides accommodation and personal care for a maximum of 12 people with mental health problems. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodated nine people at the time of the inspection. People lived in three adjoining purpose-built houses.

At our last inspection in April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

Staff were kind and caring and had developed good relationships with people using the service. People were comfortable in the presence of staff.

Staff were well supported due to regular supervision, annual appraisals and a robust induction programme, which developed their understanding of people and their routines. Staff also received a wide range of specialised training to ensure they could support people safely and carry out their roles effectively.

Staff were highly skilled and knowledgeable about each person they cared for and they were extremely committed to making a positive difference to each person. There was clear evidence of collaborative working and excellent communication with other professionals in order to help people progress and become more independent.

People told us they were safe and were well cared for. Staff knew about safeguarding vulnerable adults procedures. One professional had commented to the registered manager, "I wanted to thank you and the staff team for offering a safe haven at short notice. Another great example of how you are prepared to go the extra mile." There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated everyone with great respect and dignity.

People were involved in decisions about their care. They 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.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff knew the needs of the people they supported to provide individual care and records reflected the care provided. Arrangements for managing people's

medicines were safe.

Staff were well supported by the registered manager and senior management team. The registered manager had a clear vision for the service and its development. They were enthusiastic and believed strongly in the ethos. The provider undertook a range of audits to check on the quality of care provided.

People had food and drink to meet their needs. They were provided with opportunities to follow their interests and hobbies. They were supported to contribute and to be part of the local community.

People had the opportunity to give their views about the service. There was consultation with staff and people and their views were used to improve the service. People said they knew how to complain.

Further information is in the detailed findings below.

## 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 remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Coalway Lane

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on 27 September 2018 and was unannounced.

The inspection was carried out by one adult social care inspector.

We reviewed the information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care.

During this inspection we carried out general observations.

During the inspection we spoke with five people who lived at Coalway Lane, the adult services manager, the registered manager, one clinical lead nurse, three staff nurses and two support workers. We reviewed a range of records about people's care and how the service was managed. We looked at care records for three people, three people's medicines records, recruitment records for three staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance contracts and quality assurance audits the registered manager had completed.

# Is the service safe?

## Our findings

People were positive about the care they received and said they were safe with staff support. Staff also said they felt safe working at the service. People's comments included, "I do feel safe", "Staff are around if I need them", "If staff haven't seen me for a while they will come and find me" and "If I'm unhappy or upset I can talk to staff."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the person in charge. Records showed and staff confirmed they had completed safeguarding training.

Risk assessments were in place that were regularly evaluated to ensure they remained relevant, reduced risk and kept people safe. The service used an assessment tool which provided a systemic approach to risk assessment based on a consensual and holistic model of care. People who lived at Coalway Lane were there for rehabilitation and recovery. The Galatean Risk and Safety Tool (GRIST) that was used provided information on how individual risks were changing and any improvement to the risk to assist recovery. Staff worked in partnership with people and they provided one-to-one support meetings with the person to try to alleviate the risk.

Accident and incident reports were analysed, enabling any safety concerns to be acted on. De-briefings took place with staff and reflective practice to analyse any incidents. Safety issues were discussed at meetings to raise staff awareness of complying with standards and safe working practices. One staff member said, "We have a de-brief with all staff if there has been an incident."

There were sufficient numbers of staff available to keep people safe over the 24-hour period. Staffing levels were determined by the number of people using the service and their needs. Managers were able to be contacted outside of office hours should staff require advice or support.

People received their medicines in a safe way. Staff had completed medicines training and had access to policies and procedures to guide their practice. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Suitable checks and support were in place to ensure the safety of people who managed their own medicines.

There was a good standard of hygiene in the houses. People were supported by staff to carry out household tasks. One person told us, "We have a roster for cleaning the house." Staff received training in infection control and protective equipment was available for use as required.

Arrangements were in place for the on-going maintenance of the buildings. Routine safety checks and repairs were carried out. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances.

Robust recruitment processes were in place which included appropriate vetting procedures to ensure only

suitable staff were recruited.

## Is the service effective?

### Our findings

Staff received a variety of training courses to give them more insight into people's care and treatment needs and they kept up-to-date with safe working practices. There were opportunities for personal development and staff received supervision and support to carry out their role. Staff comments included, "We do face-to-face and on-line training", "I've done lots of training over the years", "There are opportunities for professional development", "There is good support from the team and senior managers", "We have regular supervisions every eight weeks", "Staff nurses supervise support workers", "We have appraisals three times a year" and "I feel very well-supported."

Care provided by staff was holistic and included support for all areas of assessed need to assist people's recovery. Comprehensive assessments were carried out to identify people's support needs and safety requirements. They included information about their medical conditions, mental health, dietary requirements, finances, safety, communication and other aspects of their daily lives.

People were supported, where required, to access community health services to have their healthcare needs met. Regular reviews took place to check people's health and welfare. Their care records showed they had input from different health professionals. For example, the GP, mental health team and dietician.

People enjoyed a varied diet. Where needed nutrition care plans were in place and these identified requirements such as the need for a weight reducing or modified diet. People were responsible for their own menu planning, food shopping and cooking their food. They were supported by staff where required. Their comments included, "I get shopping money on Monday, Wednesdays and Friday", "I had help with my menus as I'm on a healthy eating plan." Communal meals took place such as Sunday lunch. One person told us, "Last week staff cooked hotpot for our Sunday lunch."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that no people were currently subject to such restrictions.

Staff were successful in ensuring that people had transitions between services that were seamless, positive and person-centred. Successful transitions included assisting people into independent living. Communication was effective between professionals internally and external to the service to ensure

people's needs were met as individually as possible and that the transition was a success.

## Is the service caring?

### Our findings

People were very positive about the support provided by staff. All people told us they were well looked after by staff. Their comments included, "It's really good here", "Staff are brilliant", "Staff were really compassionate when I needed it", "I couldn't ask for better staff", "Staff treat me like an adult", "I feel listened to", "Staff are really good", "Staff are all kind" and "Staff are quite laid back, they are there if I need them."

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff received training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

There was a stable staff team with some staff having worked at the service for several years. Positive, caring relationships had been developed with people. Staff interacted with people in a kind, pleasant and friendly manner. Support plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support. The language used within people's care records was informative and respectful.

Staff had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. Detailed records were also available for new staff who were not familiar with people and the information gave them some insight into people's interests and likes and dislikes.

Staff supported people to be as independent as possible and to maintain some control in their day-to-day living. One person told us, "If I'm unwell I'll go to the doctors." Detailed information was in place that provided guidance for staff to enable the person and encourage their involvement whatever the level of need. People told us they were involved. They were asked their opinion at their regular meetings. Everyone was involved in household tasks such as cleaning, laundry and making their drinks and meals. One person commented, "I clean my bedroom every week."

People made choices about their day-to-day lives. They told us they were able to decide for example when to get up and go to bed, what to eat and what they might like to do. One person told us, "We are expected to be back to the house at 10.30pm but if you're out later you just let the staff know."

People were encouraged and supported to maintain and build relationships with their friends and family. People were able to visit their relatives and friends regularly. One person told us, "I visit my grandma every two weeks." Another person said, "I sometimes visit my friends." The clinical lead told us about the digital empowerment programme where people would have internet access and the use of IT, such as electronic tablets to keep in touch with family and friends.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of

the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

## Is the service responsive?

### Our findings

People were encouraged and supported to engage with activities and to be part of the local community. Their comments included, " I do volunteering, my goal is to get a job", "I like shopping", "I try to go out every day", "I do weight lifting", "I go to the gym two or three times a week", "I've been to Sea Houses and Edinburgh", "In summer we have trips out for the day", "I have a bus pass and it's free to travel", "Sometimes I go out with staff in the car" and "I like the football club."

Support plans were developed from assessments that were carried out when people moved to the service. They were up-to-date and showed they were regularly evaluated to ensure they reflected people's current care and support needs. They focused upon the person regaining their independence or becoming as independent as possible. People were involved in household skills, supported by staff such as for laundry, cooking, budgeting and other skills to help people be more independent and involved in their lives.

Records showed that when crises did occur, the service approached community and external professionals for support, particularly around mental health and well-being.

The clinical lead told us the service provided rehabilitation and it helped people learn or regain independent living skills. We saw care plans provided some instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need. They told us they helped people secure work or college placements or assisted people to develop their hobbies and maybe establish new interests.

People were empowered in their lives and received training and support to build their confidence and to be involved in decision making. They were involved in household meetings to discuss the running of the household. Individual meetings took place with people and their key worker. These meetings took place to review people's care and support needs and aspirations. Staff completed a daily diary for each person and recorded their daily routine and progress to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly.

The provider had a complaints procedure which was available to people, relatives and stakeholders. A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns. A complaints and compliments log was maintained and one complaint and six compliments had been received since the last inspection.

Some people had lived at the service for several years. We saw the compassionate tribute about a person who had died suddenly earlier in the year. Staff had provided support both before and after their death to the person's family and people who the person had lived with.

## Is the service well-led?

### Our findings

A registered manager was in place who had registered with the predecessor organisation before the Care Quality Commission. A registered manager is a person who has registered with the CQC 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.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The clinical lead and registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. They were open to working with us in a co-operative and transparent way.

We were told and observations showed the registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.

The culture promoted person-centred care, for each individual to receive care in the way they wanted. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was relaxed and friendly. Staff told us the registered manager was enthusiastic and had many ideas to promote the well-being of people who used the service. Staff and people we spoke with were very positive about their management and had respect for them. Staff said they felt well-supported. They said they could speak to the registered manager, if they had any issues or concerns.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included the environment, medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required

Feedback was sought from people through meetings and surveys. Feedback from staff was obtained in the same way, through regular staff meetings and surveys.