Churches Housing Association Of Dudley and District Limited

Stickley Lane

Inspection report

8 Stickley Lane
Dudley
DY3 2JQ

Tel: 01902662076

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13 January 2022

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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

About the service
Stickley Lane is a residential care home providing personal care for up to six people with a learning disability or autistic spectrum disorder, a physical disability or a sensory impairment. At the time of inspection five people were living in the home with one vacancy.

Stickley Lane accommodates up to six people in one adapted building. There is a dedicated staff office located in a newly built conservatory and a 'sleep in' room located on the first floor. There are usually three staff on day shifts including a senior carer as well as the registered manager. Nights are covered by two staff, one of which stays awake and alerts the sleep in staff member in case of need.

People's experience of using this service and what we found
People felt safe and staff had good knowledge of safeguarding processes. Staff had been recruited safely.

There was a system in place to monitor staff contact with people in the form of daily logs. These helped shift change staff to know about any issues that may not have been verbally handed over such as amounts of food or fluid people had consumed. Care plans and risk assessments identified people's support needs and staff had a good understanding of the support people needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People felt well supported. People were listened to and could express their views. People's privacy and dignity was maintained.
People's and their relatives were involved in the review process. People's personal preferences were identified in their care plans. People were involved in decisions about their care.

People received person centred care. People, relatives and staff expressed confidence in the registered manager. People, relatives and staff were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

People, staff and relatives knew how to complain. The nominated individual understood their responsibilities under the duty of candour.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 02 July 2020 and this is the first inspection.

Why we inspected
This was a planned inspection because this service is unrated due to a change of provider. The last rating for the service under the previous provider was 'requires improvement', published on 21 January 2020.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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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 responsive.

Details are in our responsive findings below.

Stickley Lane

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
Stickley Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 nominated individual 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.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider completed a provider information return on 07 June 2021. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We also spoke with four members of staff including the registered manager, senior care worker and a care worker. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. The registered manager was self-isolating due to Covid 19 restrictions, so contact was over the telephone with them.

We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection at this service under the new provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People and their relatives told us they felt safe. One person told us they, "Always felt safe". A relative told us, "Staff and managers help us with (name of relative) wellbeing and keeping (them) safe." Staff referred to the home as, "Our second home, with people who are like family".
• Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "Any problems or issues I would report them to registered manager".
• Staff were able to describe risk situations and actions to take. Training records confirmed that safeguarding was a key priority in service provision as it was reviewed annually through refresher training.

Assessing risk, safety monitoring and management
• Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. Documentation was detailed and contained up to date information. Staff had a good understanding of people's needs and associated risks. One person would get distressed if they see anything such as the notice upon the wall and would try to take it off. Managers had identified and assessed this within their care plan and changed how information was displayed.
• Staff and the registered manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need and people and their relatives were involved in this process. One relative said, "(Manager) always asks me when things change and lets me know of even the smallest issues, I can't ask for more".
• The registered manager carried out detailed support planning including environmental hazards and concerns. This ensured the home was safe for the people and staff.
• Systems were in place for all accidents and incidents to be reviewed. The nominated individual identified any patterns and trends to ensure people were safe and any future risk was reduced.

Staffing and recruitment
• The management team had a system in place to monitor the support provided to people in the form of daily logs which were used at handover to ensure continuity of care. People told us that they always had their medication on time and that staff would ensure care takes place when they want it. One person said "I love (name of staff member), (they) always look after me, like my (name of family member) does".
• Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS)and work history checks and references.
• Some staff had been working at the service for over 20 years and told us that they stayed after the change of provider, "because the new providers were doing a lot to make the service great for our residents".

Using medicines safely
• Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training. Staff had their competency assessed to ensure they followed safe medicine practice.
• Records showed medicines were managed safely and relatives told us they their loved one's medicines were managed safely. We observed that medicines were kept locked in people's rooms so that staff could dispense medication in privacy. A staff member told us, "This gives (people using the service) dignity because everything's in private".
• Medication audits confirmed regular management of any irregularities with robust action plans. Audits are completed by senior carers and overseen by the registered manager who compiles action plans.

Preventing and controlling infection
• Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment was available to them. One staff member said, "We wash our hands, use the hand gel and wear aprons and gloves. We wear masks but sometimes the residents don't like it, but we explained why using simple language."
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was admitting people safely to the service.
• We were somewhat assured that the provider was using PPE effectively and safely. We found that there were no contaminated waste bins near the PPE stations. The nominated individual explained this was because of the risk of a person whose behaviours included rifling through bins. Upon reflection they accepted that bins could be placed in discreet places where the person would not have access. This was resolved on the day of inspection.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.
• We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
• Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.
• The registered manager told us that they had action plans which were time sensitive to make positive changes after incidents and that people and staff were consulted as required.
• One staff member told us, "The managers here really try to understand when something goes wrong so we don't have a repeat in the future. It really upsets us all if something goes wrong, so we try to learn".

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection at this service under the new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
• There was one person who required thickened fluids due to swallowing difficulties. The nominated individual was able to demonstrate their knowledge around how care plans should reflect this. They gave an example of how much thickener to use should be displayed clearly in the kitchen and that staff should measure out the thickener as required. We saw a folder in the kitchen which had an assessment and included instructions and guidance for kitchen staff. We saw that kitchen staff referred to the guidance whilst preparing food.
• Two people were on soft diets due to difficulties swallowing and were at risk of choking. Staff were able to demonstrate how they supported people with meals that were easy to chew and that they ensured people at risk of choking were always supported during mealtimes. Records confirmed that risk assessments were in place.
• People were supported to eat, drink and prepare meals where this was identified as a need in their care plan.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We checked whether the service was working within the principles of the MCA
• The managers and staff were working within the principles of the Act, and best interests assessments. These assessments were updated as required, and the registered manager was arranging best interests' meetings where needed. An example would be that we saw a staff member ask a person "is it ok for me to take you to the toilet".
• People's relatives told us that staff worked within the principles of the mental capacity act by always seeking consent from the person they were supporting. One relative told us ,"Everything they do they tell them (their family member) and say what they're doing at every step of the way".

• People told us, "(staff) are always lovely when they help me shower, they listen to me and check the water is not too hot or cold".
• Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.
• The nominated individual told us that three people had Court of Protection Orders due to their inability to make decisions for themselves. This was evidenced in case files with appropriate reviews and risk assessments. Staff were able to tell us who had a Court of Protection Order.
• People and their loved ones told us they were able to make choices about their day to day care. A person told us that, "They always try to include me into things and always ask".
• Where people had a lasting power of attorney (LPA) in place, correct documentation was in their care plan to evidence who could make decisions on their behalf. An LPA is a legal document that lets a person appoint someone to help make decisions or to make decisions on their behalf.
• Staff had received training in mental capacity and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA. They knew that they would need to ensure any decisions taken are risk assessed and in line with care plan objectives. Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's physical, mental and social needs were assessed and documented in their care plans and risk assessments.
• People's needs were assessed prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
People's needs, and preferences were met by staff who knew them well. A person said, "The staff are excellent."

Staff support: induction, training, skills and experience
●People and relatives told us that staff had the right skills and knowledge to care for them well. One relative told us, "My relative is well looked after as staff can judge their mood and provide the support they need at that time. Even when (relative) is upset, staff are so patient with (them)".
●The provider ensured staff had support to develop their skills through a flexible and robust approach to training. COVID-19 had caused challenges in delivering training, where this was usually face-to-face. With the loosening of restrictions, the provider was increasing their face-to-face training and provider had a dedicated Human Resources team in post to support the registered manager to coordinate this. Staff told us that specialist knowledge such as Hoist usage was always face to face with a manager guiding usage and assessing competency.
●Staff told us they had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. They told us training was engaging and kept them interested. One staff member said, "When I came here, I understood the training far better than at my old place [of work]".
●Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the management team or their relative where appropriate.
●Staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.

●We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection at this service under the new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People felt well supported and relatives felt their loved ones were treated with kindness and compassion. A person said, "They [staff] are my mates. I love them." A relative told us, "Staff are very friendly, kind and take time to have conversations. They engage with relatives and residents, especially during Covid." Another relative said, "It's like family the way the staff treat people."
• People and their relatives felt staff listened to them and they could talk to staff. A person told us, "They are very friendly, very caring and they listen to me."
• People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.
• We saw that the registered manager had completed end of life plans for people. These plans were detailed and used simple language and pictures ensure that people understood what choices they had.

Supporting people to express their views and be involved in making decisions about their care
• People and their relatives were able to express their views and make decisions about their care. One person said, "They [staff] always listen. We were bored as we couldn't go out so they helped us make work in the garden. I grow Roses and the staff help me."
• House meetings are a regular occurrence and staff used different communication methods to try to engage people. We saw picture boards as well as staff using basic language.
• People's views and preferences about how they wanted their care to be provided were incorporated into person-centred care plans

Respecting and promoting people's privacy, dignity and independence
• Staff maintained people's dignity. A person told us, "The staff are very careful when undressing or dressing me."
• People and their relatives felt staff encouraged them with independence. A person said, "Whatever I can do myself I do, but the staff encourage me. I try to do my flowers myself and they don't take over."
• People told us staff took their time and did not rush them. A staff member said, "It's better to make (people) happy by taking time rather than issues later."
• Staff spoke passionately about their roles and were committed to empowering people and providing the best quality care possible. We heard multiple examples how staff supported people to increase their confidence and independence, many of whom had communication barriers.
• Staff received care planning training and knew people's needs well.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection at this service under the new provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

●People received personalised care that was responsive to their needs. One relative told us, "All I have to do is ring the office or email and straight away they will change things. (Name of person) has been living there for over 20 years, and even now if there is a problem all I have to do is ring the manager and they sort it."

●People were supported to achieve the goals that were important to them. For example, one person was supported to grow Roses in the garden as this gave them mental stimulus and satisfaction. The person said, "I just had to say that I love roses and they helped me grow beautiful ones".

●Care plans were person-centred and considered people's preferences, likes and dislikes. Risk management and mitigation formed a part of care planning to support independence and personalised support.

●People and their relatives were involved in the development and ongoing review of their care. Care plans were reviewed regularly or as and when their needs changed. One family member told us "They always ask me at review times. For example, they wanted to support him (person) decorate his room, and they wanted my opinion".

●Staff were kept informed about changes in people's care and support needs by the registered manager. Staff told us "the manager always tells us directly about any changes and writes it in the daily log".

●People were cared for by a small, consistent team of staff. This promoted continuity of care and ensured- as far as possible- that they had support from staff who knew and understood their needs and preferences. We saw from records that most staff had been employed at the service for several years. This meant that they knew people and their preferences well. Staff told us "the new managers and nominated Individual treat us well and respect our opinions. That's why so many have stayed when the new provider took over in 2020".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●Some people using the service were able to communicate verbally with staff. However, only one person could also read and understand information given to them by the service. Relatives, staff and people told us that staff used various methods of communication such as basic signing and picture cards to help communicate with people. They also read out letters and documents so that those who could not read, were able to hear what was written about them.

●Where people's communication abilities were limited, they had communication care plans in place to support staff to know how best to interact with them. We saw, and communications plans confirmed, that

one person would get upset if posters were placed on walls, so the manager and staff had relocated information posters, to an area that reduced the persons anxiety about 'things on walls'.

●The nominated individual told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or using translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

●People and their relatives were aware of how to raise concerns or complaints with the provider.

●Complaints were recorded in an action plan which enabled the provider to review and analyse themes and patterns of concerns raised and use this information to make improvements to the service.

●The provider investigated and responded to complaints appropriately and in line with their policy.

End of life care and support

●When the inspection was carried out the service was not supporting people at the end of their lives. However, the registered manager was completing end of life planning with people who wanted to plan for the future. The plans were in accessible format so people could understand what was recorded and effectively take part in the discussion.

●Where people had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT form) these were held in their files.

●The nominated individual confirmed that when they supported people at the end of their lives, their care plan was amended to reflect changes to the care required to meet their needs. The registered manager worked collaboratively with other health and social care professionals to support the person appropriately, whilst ensuring that families were kept informed in decisions.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection at this service under the new provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The staff and registered manager demonstrated a person-centred approach for the people they supported. People and families told us they had choice and control and were involved in day to day decisions.
• Staff felt well supported and staff, people and relatives expressed confidence in the management team. A staff member said, "The registered manager is very good. He is very easy to talk to and explains things to us."
• Staff practice, culture and attitudes were monitored. We saw from audit documentation that the registered manager undertook spot checks and competency assessments on the staff team. This enabled the registered manager to monitor the staff team and ensure the delivery of good care.
• Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The nominated individual told us, and records confirmed, audits had taken place and action plans had been created that identified areas of improvement. When actions were achieved, this had been recorded on the audit.
• We saw an extensive training matrix which included mandatory and non-mandatory training where staff competencies were monitored by the providers Human Resources department and training organised externally.
• Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. We saw schedules that reflected this. This gave staff the opportunity for learning and development.
• The registered manager had notified CQC of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the service. However, as one person had a risk assessment completed which showed that they get anxious if 'things are on walls', the registered manager had displayed this in the staff office which was not accessible to visitors.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• People, their relatives and staff were given the opportunity to give feedback via discussions. This gave them the chance to express their views and opinions. This feedback showed positive comments which included, "I do not worry about my family member as much now as I know they are in capable hands", "I have noticed a

huge difference in the quality of life of my family member" and, "The support workers here really care and know not to treat us (family member and person), like children".
• Where people requested, the staff would communicate with external professionals on their behalf. Support plans evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

Continuous learning and improving care
• The nominated individual told us that since the new provider has taken over in 2020, they have made various improvement upon the service. There are quality audits that look at patterns of complaints and incidents and that the training of staff and managers has been taken over by a dedicated Human Resources team which means that the manager is better informed of competencies.
• The registered manager told us that they ensured that reviews included staff after feedback from staff and families. This helped to continue best practice as staff were better informed of any changes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The registered manager and nominated individual understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement. They did this by ensuring that their policies around whistleblowing were well communicated and understood by staff and families, and that staff were aware of Safeguarding requirements.