Midland Heart Limited

Midland Heart Supported Living Service

Inspection report

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Ratings

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

Overall summary

We inspected the service on 17 December 2014 and also made some visits to people in their own homes after this date. The inspection was announced. The service was registered in December 2013 after it moved from another location. This was the first inspection of the new location. Our findings from this inspection confirmed that the provider was not in breach of any regulations.

The service provides care and support to people living in their own flats or shared accommodation within supported living schemes. It specialises in providing care to people who have a learning disability. We were informed that 44 people were receiving support from the service.

People and their relatives told us they felt safe and that staff supported them to keep safe in their own homes

Summary of findings

and out in the community. Suitable arrangements were in place to ensure people who used the service provided were safeguarded against the risk of abuse. The relatives of people told us they had found the management team approachable and told us they would raise any complaints or concerns should they need to.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. People were involved in deciding how their care was provided and their movements were not restricted unnecessarily because the service supported people in line with the Mental Capacity Act 2005 Code of Practice.

Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work for the service. Care staff were appropriately trained and they demonstrated a good understanding of their roles and responsibilities.

People and their relatives described the staff as being kind and caring and our observations of support being provided confirmed this. We saw that interactions between staff and the people who used the service were positive in that staff were kind, polite and helpful to people.

People's health and social care needs were assessed to ensure that the support from the service was suitable for them and could meet their needs. People were involved in the assessment process and development of their care plan which were centred on the individual. This provided staff with guidance on how the person wanted to be supported.

People were able to plan their own meals and staff supported people to go shopping and prepare meals. Staff supported people to make healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

There was a registered manager at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us that the management team were very approachable and always willing to listen to their concerns or how the quality of people's care could be improved. We found that the provider had a system in place to monitor accidents and incidents across all of the provider's services. The registered manager was unable to demonstrate that a system was in place to monitor accidents and incidents specific to this service. This meant that there were no opportunities to identify any trends or patterns which could affect the quality of the service being provided by the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Systems were in place to ensure people were protected from abuse and the risks related to the individual delivery of their care.

Individual risks had been assessed and identified as part of the support and care planning process. People received their medication as prescribed.

Staff were recruited safely and there were sufficient staff to support people safely in their homes.

Good

Is the service effective?
The service was effective.

Staff were supported to be effective in their role through training and regular opportunities to discuss their practice and personal development.

People were involved in deciding how their care was provided and their rights were not restricted unnecessarily because the service supported people in line with the Mental Capacity Act 2005 Code of Practice.

Where staff were involved with supporting people with meals they ensured that nutritional needs were met. People had access to health care professionals to meet their specific needs.

Good

Is the service caring?
The service was caring.

People who used the service and their relatives spoke positively about the staff and the care they received in their homes.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

People's care was delivered in a way that took account of their individual needs and the support they required to live their lives independently in their own homes.

Good

Is the service responsive?
The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw evidence that people were regularly supported to comment about the service they received. People were given information on how to make a complaint, however we were told no complaints had been received in the last 12 months.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There was a system used by the provider to monitor accidents and incidents however it was a general system that collected such information across a number of services. Opportunities to identify any trends or patterns of risks specific to the service being provided had not yet been put in place.

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

Midland Heart Supported Living Service

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.

We inspected the service on 17 December 2014 and made some home visits to people using the service after this date. The inspection was announced. The provider was given 48 hours' notice because we needed to ensure the registered manager was available at the office for us to speak to them.

Before our inspection we reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We also received information from a local authority who had purchased services from the provider. The provider had submitted 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. We used this information to plan what areas we were going to focus on during our inspection.

The inspection was carried out by one inspector. With their permission, we visited five people who used the service in their homes and spoke with four relatives to gather their views of the service. We spoke with four care workers, two team leaders and the registered manager. We also looked at care records for four people and records relating to staff training and recruitment and the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and were happy with the support they received. One person told us, "I'm not frightened of any of the staff." Another person told us, "I feel safe. I'm not frightened of anyone. I would tell the staff if I was not happy." A relative told us, "I have nothing but praise. I have peace of mind about the care [person's name] gets."

Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Records confirmed that staff had received training in how to safeguard adults from abuse and refresher training so they were aware of any changes in safeguarding practices. We saw evidence that the provider responded appropriately to protect people and informed the local authority when they received information alleging people who used the service were at risk of abuse. This meant that people were kept safe because staff knew the appropriate actions to take when they thought abuse was happening or if people were at risk of abuse.

We saw that risks to people's health and wellbeing had been identified for areas such as their environment and access to the community and measures were put in place when risks had been identified. This meant that people were safeguarded from potential hazards.

People told us they had regular staff who worked with them and did not raise any concerns about staffing arrangements. All of the people we spoke with confirmed that staff never missed calls and were always on time. One person told us, "I know all the staff who come to help me."

Relatives of people told us that people received support from a consistent team of staff who knew the person well. One relative told us, "There is a settled group of staff." Another relative told us, "There was a time when [person's name] was getting lots of different staff but this has settled."

One staff told us, "There is not lots of different staff working with people." Another member of staff told us, "We have a rota so we know who we are allocated to work with. If staff phone in sick it always gets covered."

The registered manager told us that there were some staff vacancies and that these were currently being recruited to and two new staff were due to commence in January 2015. A team leader informed us that they would not be taking on any new care packages until the additional staff were in post.

There was some use of agency staff. One person told us, "I had an agency staff yesterday as my usual staff was sick. She was very nice." A care staff told us, "We use regular agency staff. One staff that we use has been supporting people at Midland Heart since 2009." The registered manager told us that the staffing agency used was owned by Midland Heart and that usually the same agency staff supported people to provide consistency. A team leader told us that all staff completed an induction and worked alongside permanent staff before working on their own with people. Therefore there were enough staff to meet people's care needs and keep them safe from the risk of harm.

The registered manager told us that all new employees were checked through robust recruitment processes. This included obtaining character references, confirming identification and checking people with the Disclosure and Barring Service. We looked at the records of two recently recruited staff. This showed that all of the necessary checks had been completed before they had commenced working with people. This helps to reduce the risk of unsuitable staff being employed by the service.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. One person told us, "I take my own medication but the staff always check I have taken it." Another person told us, "Staff come and do my medication, they have had training."

The registered manager told us that all staff who administered medication had been trained to do so. This was confirmed by the staff we spoke with. Each person had a specific plan detailing how their medicines should be given and the reasons the medication had been prescribed. We looked at the medication records for four people, these indicated people received their medication as prescribed. We were shown that a new quality tool had been developed to assess staff competency to administer medication. This meant there were systems in place to help make sure people received their medication safely.

Good

Is the service effective?

Our findings

People told us they were happy with the care they received. One person told us, "I get staff from Midland heart, I know them." Another person told us, "Midland Heart do a very good job."

All the staff we spoke with were able to explain how people wanted to be supported. A member of staff told us, "They match staff with people, depending on how they get on together." Staff were able to tell us about people's likes, dislikes, care routines, dietary needs and medication. What staff told us matched the information in people's care plans. This showed that people were supported by staff who had the necessary knowledge about the needs of people they supported.

The staff were trained to provide the care and support that people required. Staff received training in areas that helped them to meet people's needs, for example in moving and handling, emergency aid and equality and diversity. Methods of training included a mix of both E-Learning on the computer and face to face training. Staff told us that they felt the training they received enabled them to meet people's care needs. One member of staff told us, "I get really good training, if you ask for any additional training it will get arranged." The provider had a system that monitored staff training. This information was held centrally and was available to the registered manager so that they could monitor the training staff had undertaken and what training was required to be booked.

Staff received one to one meetings with their line managers and annual appraisals to help them reflect on their development, roles and responsibilities. Staff told us they had supervision every month and that they were also able to speak with the team leader and managers if an issue arose before their next supervision meeting. This meant that staff had opportunities to discuss their training needs and develop in their roles. We were informed by the registered manager that the majority of care staff were currently undertaking a level two diploma in learning disability practice. This meant that staff had opportunities for additional training to enable them to improve their knowledge and understanding about health and social care.

Staff told us that they had undertaken training on the Mental Capacity Act 2005. They demonstrated a good knowledge about protecting people's rights and safety. This helped to ensure people's human rights were properly recognised, respected and promoted. The registered manager told us they were aware of the recent Supreme Court ruling in regard to the possibility of people being deprived of their liberty whilst in supported living environments or receiving care in their own home. They told us that people who used the service would only be deprived of their liberty when this had been authorised by the court of protection. One person using the service currently had an authorisation in place. The registered manager told us they were also in discussion with the local authority about applying to the court of protection regarding another person. This meant that people were safe from having their rights restricted inappropriately.

People told us that they were supported by staff to have enough to eat and drink. One person told us, "Staff help me to buy my food and do the cooking." Another person told us, "Staff help me do a list for food shopping and then help me go shopping." One member of staff told us that two people they supported had a tendency to skip meals and so they monitored each person to make sure they had their meals and stayed healthy. Care plans we looked at provided staff with information they needed to support people to have a healthy diet. We brought to the registered manager's attention that the records for one person contained some gaps regarding the food they had eaten. The gaps in records meant it would be difficult to establish if the person was having a healthy diet.

Staff made appropriate referrals to health services and helped people attend health appointments when needed. One person told us, "Staff take me to the dentist and doctors. If I was poorly I would telephone the team leader and she would help me." Another person told us, "Staff help me to go to the doctors when I need it." We spoke with one member of staff who supported a person with a specific health condition. They were aware of the person's needs and knew how to respond in an emergency. This showed that people were supported to maintain good health.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person told us, "Staff are nice and kind", another person told us, "I like all the staff." One person told us that when they had been unwell and in hospital that staff had visited them. A relative of another person also told us that staff had visited in their own time when the person was in hospital. They told us "Staff treat her like family."

During our home visits we observed staff interacting in a warm and relaxed manner with people. Care staff clearly knew people well and had developed a warm and engaging relationship with them. People received support to undertake activities that were important to them so they led fulfilling lives. One person told us, "I have fun with the staff." Another person was regularly supported by staff to attend their chosen place of worship.

Relatives we spoke with told us that they felt that staff knew them and their needs well. Staff were able to explain people's individual preferences and how they liked to be supported. Records that we looked at had information about people's lives, family, likes and dislikes. This provided staff with the information they needed about people's preferences and histories to give them some understanding of their needs. All staff we spoke with were able to give a good account of people's individual needs and preferences This showed that staff knew the importance of providing personalised care to people to ensure that they were cared for appropriately and in the way they wanted to be.

People were supported to express their views about their care. One person told us, "I have a key worker who regularly asks me how things are going." A member of staff told us, "Every month we sit with people and ask if they want any changes to their care, where appropriate we involve their family." A relative told us, "I am fully involved in discussions about care needs." When a person recently started using the service a team leader had met with them to check that they were happy with the service they had received so far. The record of the discussion showed that the person was satisfied and wanted the support to continue.

Staff told us they did not enter people's flats without permission. One person told us, "I always use my intercom so I can see who is coming in." Some people had a key safe but we were informed that staff would only use this method of entry in an emergency. Another person told us, "Staff always knock on my door and wait until I say they can come in." During a visit to a person's home we observed a person open the door to their flat when they were not fully dressed. A member of staff offered advice to the person in order to help them maintain their dignity. Staff received training to ensure they understood how to respect people's privacy, dignity and rights. This showed that people who used the service were supported by staff who were kind, caring and respectful of their right to privacy.

Good

Is the service responsive?

Our findings

People told us that they received care when they needed it. One person told us, “They always turn up.”

People’s care plans contained details of how people wanted to be cared for and what they liked to do. We brought to the registered manager’s attention that some plans would benefit from more detail as some sections of the plans recorded that people needed ‘assistance’ but did not detail the type of assistance required. One person had been assessed as at risk of falls. A risk assessment had been completed and we saw this had been updated when falls occurred. We saw that for one person a concern had been received about the effectiveness of their hearing aid. We saw this was responded to quickly and action had been taken to support the person to obtain a new hearing aid. Therefore people received appropriate care when they needed it because the provider had procedures to respond effectively when people’s needs changed.

People and their relatives told us they would feel comfortable about complaining if something was not right and they were confident that their concerns would be taken seriously. One person told us, I’ve never had to raise a complaint. I did have a concern about another person and things are better now.” Another relative told us, “I ring them if I get anxious about something, they listen and take action.” A relative told us about a concern they had raised with one of the team leaders. They told us that their concern had been listened to and that action had been taken to resolve the issue. Therefore the provider took action in response to people’s concerns.

We found that the provider did an initial assessment of people’s care and welfare needs before they joined the service. We saw evidence that social workers and advocates were also included with these assessments to ensure that people were supported to express their views. This ensured that the provider could identify if they had the resources and skills to respond to people’s needs.

People were supported to engage in hobbies and interests they wanted to do. One person told us that staff had supported them to attend a ballet and that they had already planned to attend another show. Another person told us, “Staff help me to choose what I want to do.” We looked at the care records for one person. This showed they had been supported to participate in activities they enjoyed, this included going to the cinema and bowling alley.

People were regularly supported to comment about the service they received. We saw that an audit completed by the provider’s quality assurance officer had included seeking feedback from people who used the service. Feedback was also obtained through surveys and individual meetings with people and their link worker. A recent survey had been completed with eight people who lived at the same supported living project and showed that people were very satisfied with the care they received.

The registered manager had endeavoured to make the complaints procedure available in formats that people could understand. An easy to read version had been produced and people had signed to confirm they had received a copy. There was also an audio version available, should people need this. The registered manager told us that whilst they had not received any complaints regarding people’s care, concerns and complaints were welcomed and would be addressed to ensure improvements were made if necessary. The provider had a formal process to ensure that complaints would be responded to fully and in a timely manner.

Good

Is the service well-led?

Our findings

All the people we spoke with said they felt the service was well led but not everyone was aware who the registered manager was. One person who used the service told us, "[Team leader's name] comes and makes sure staff are doing their job." One person using the service had not heard the name of the registered manager and told us that one of the team leaders was "The boss." Another person told us, "I have met [registered manager's name] at the office, he's the boss over everyone."

The provider had taken action to ensure that managerial support was provided to lead the service. A manager was in post and was registered with us as is the legal requirement. They were supported on a day to day basis by several team leaders. Team leaders undertook quality checks to monitor staff's performance. A member of staff told us, "The team leader comes and does checks, they look at things including the care records."

Staff told us that the management team were very approachable and always willing to listen to their concerns or how the quality of people's care could be improved. One member of staff told us, "I have never felt I had to manage a problem on my own." Another member of staff told us, "I get all the support I need. I can approach either my team leader or the manager. If you raise things it gets done." Care staff told us that they had regular contact with team leaders. One staff told us they rarely saw the registered manager but felt able to contact them if required.

We saw that staff meetings were held regularly. Minutes of staff meetings detailed that areas such as supporting people, training, health and safety, operational changes and development of the service were discussed. This ensured staff were provided with up to date information about the service.

The provided usually maintained accurate and up to date records to ensure that people were protected against the risk of unsafe or inappropriate care however we found some instances where the quality of recording could be improved. This included the level of detail in some care plans, gaps in food monitoring records and the review of some risk assessments to make sure the information was still current.

Records of people's meetings with their link workers gave an over view of people's wellbeing however we found that some records lacked detail about people's views and satisfaction with the care and support they had received.

We found that the provider had a system in place to monitor accidents and incidents that people experienced when receiving care and support. However this information was collated across all of the provider's services. The registered manager was unable to demonstrate that a system was in place to specifically monitor accidents and incidents specific to the support this service provided. We asked how many medication errors had occurred as this information had not been included in the provider information return. The registered manager was unable to provide this information and we were told that the system in use did not distinguish between the types of incidents that occurred. This meant that there were missed opportunities to identify any trends or patterns specific to the service.

Quality assurance and monitoring of the quality of the service resulted in some improvements being made. We saw that a recent audit had been completed by the provider's quality assurance officer. This had identified that staff would benefit from refresher training in protecting people from abuse and the administration of medication. We saw that the identified training had taken place. However the audit had not identified that some records needed to be improved and that systems to monitor accidents and incidents needed improvement.