

Focus Birmingham

Millward Place

Inspection report

Monyhull Hall Road
Birmingham
West Midlands
B30 3QJ

Date of inspection visit:
26 February 2019

Date of publication:
26 March 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Millward Place provides care and support to people living in a 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection they were supporting nine people with a visual impairment who received the regulated activity of personal care.

People's experience of using this service:

- People told us they felt safe. People were protected from potential risk of harm because staff had an understanding of how to spot signs of abuse and how to report concerns within the organisation and externally.
- Risks to people were assessed and staff were aware of these risks and how to minimise them.
- People and their relatives told us there was enough staff to meet people's needs.
- Staff told us and records confirmed that the appropriate pre- employment checks had been completed before they started working at the service.
- Although people received their medicines as prescribed the systems in place for the management of medicines needed improvement.
- Staff told us they used protective equipment such as gloves and aprons for prevention and control of infection.
- People's needs and choices were assessed by the management team before they began to use the service.
- People told us they were supported by staff who had the relevant skills to meet their needs.
- People told us they were supported to eat and drink enough to maintain a balanced diet and were supported to access ongoing health support.
- People were assisted to have maximum choice and control over their lives.
- People told us they were cared for by staff who treated them with respect and dignity and encouraged them to maintain their independence.
- People described how they were able to express their views in making decisions about their lives.
- The service ensured the planning of care for people was personalised and responsive to people's individual needs.
- Complaints received had been investigated and resolved. People and their relatives knew who to contact if they had any complaints.
- The service had some effective systems and procedures in place to monitor and assess the quality of their service. However, some had not identified where improvement was needed.
- People who used the service, their relatives and staff members gave us positive feedback about the service and the management.
- One person told us, "The staff treat us all with genuine respect in care. They listen to what we ask of them and they support us in the manner that suits us too."

The service did not meet some of the characteristics of Good in one area and more information is in the detailed findings below.

Rating at last inspection: The service was rated Requires Improvement overall. Our last report was published on 11 November 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Millward Place

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts' area of expertise was sensory impairment.

Service and service type:

Millward Place provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to ensure someone would be available to assist us with our inspection. We visited the office location on 26 February 2019 to see the provider, registered manager and staff; and to review care records and policies and procedures. Inspection site visit activity ended on 26 February 2019.

What we did:

When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR), notifications received from the provider about deaths, safeguarding alerts and serious injuries, which they are required to send us by law. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also asked stakeholders, such as the local authority safeguarding team

and commissioners, for their views of the service.

During our inspection visit to the office, we met and spoke with five people who used the service to ask about their experience of care and support. The expert by experience contacted people and their relatives by telephone on the day of the inspection to seek their feedback on their experience of the service. In addition, we spoke with the nominated individual, the registered manager, one senior support worker and three support workers. We used this information to form part of our judgement.

We looked at two people's care records to see how their care and treatment was planned and delivered. Other records looked at included two recruitment files to check suitable staff members were recruited and received appropriate training. We also sampled records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Details are in the 'Key Questions' below

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse.

- People who used the service and their relatives told us that people felt safe using the service. One person told us, "I feel safe here, I wouldn't be here otherwise."
- Staff had a good understanding of how to spot signs of abuse and protect people from harm. A member of staff told us, "Any abuse I would record, report or contact CQC."
- The provider had safeguarding systems in place and had reported any concerns to the local safeguarding authority and taken appropriate action to ensure people's safety.

Assessing risk, safety monitoring and management

- People were involved in managing their risks. Risk assessments were person centred and any restrictions on people's freedom and choice was minimal. One person told us, "Staff encourage and support me to make my own drinks, which could be dangerous due to my visual impairment."
- Staff understood the risks relating to each person and what they should do to reduce them.
- Care plans recorded people's risks and were reviewed on a regular basis.

Staffing and recruitment

- People told us there were sufficient numbers of staff with the right skills to meet people's needs effectively and in a timely manner. One person told us, "We have alarm call buttons in several rooms in the flat. Staff are very quick to respond to the calls if we have any problems."
- Staff we spoke with told us they felt there were enough staff on duty to meet people's needs safely.
- During the inspection we noted that the registered manager organised staff rotas to meet people's individual needs.
- People using the service were protected by safe staff recruitment and selection processes.
- Records we sampled included all the necessary documents to demonstrate safe recruitment, including disclosure and barring checks (DBS) which ensured people did not have criminal convictions which may prevent them from working with vulnerable adults.

Using medicines safely

- Although staff knew how to safely administer PRN (as required medicines) there was no guidance in place for staff to follow in respect of the administration of PRN. A PRN protocol provides guidance for staff to ensure correct doses of medicines are administered in a safe and consistent manner.
- Staff we spoke with told us they had received medication training and that checks were carried out to ensure they were safe to perform this task. However, these observation checks were not recorded or completed on an annual basis.
- People that required support with taking their medicines were satisfied with the assistance provided by

staff. One person told us, "I have my tablets at 9am and 9pm at night. They [care staff] have never let me down."

- Staff told us they administered people's medicines in pairs to reduce the chances of errors occurring.
- Preventing and controlling infection
- Staff followed infection control practices and used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.

Learning lessons when things go wrong

- Staff we spoke with understood their responsibilities to raise concerns.
- Whilst there was an open approach to learning when things went wrong. The registered manager did not have a formal system in place to identify trends and patterns to prevent reoccurrence of incidents.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives told us people's care and support needs were assessed prior to joining the service to ensure their needs could be met.
- Reviews of care records were being completed and information contained in care files were up to date. One person told us, "The important things to me are in my care plan, like going for a walk and doing cooking."

Staff support: induction, training, skills and experience

- People who used the service praised the skills and knowledge of the staff team. One relative told us, "The staff are well trained to meet the needs of people who have limited sight or who are completely blind."
- New staff received induction training to the service. One staff member told us, "We have a good induction and have 12 weeks to complete the care certificate." The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff we spoke with told us they received regular supervision to discuss any concerns or development needs. Everyone we spoke with told us they felt well supported to do their jobs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and had a choice of what they wanted. One person told us, "We organise a menu for Mondays to Thursdays to cover lunch and tea. We try to have one fully cooked meal each day that includes fresh ingredients bought locally, including vegetables and fruits."
- Staff had a good understanding of people's dietary needs, including their preferences, cultural and religious needs. This information was recorded in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's health care needs and informed relatives and healthcare professionals if there was any change in individuals' health needs.

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

- People were supported to access healthcare professionals when required. One person told us, "GP is called if I need them."
- A relative said, "The staff carefully monitor what my relative eats because of their diabetes. They check their sugar levels and make sure they limit sugar intake."
- Records we looked at showed the service supported people to access healthcare services such as GP's as and when required.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- All the people using the service at the time of our inspection had capacity to make their own decisions. One person told us, "All the decisions I make the staff here respect them."
- Staff understood the importance of achieving consent from people prior to providing care and support. One staff member told us, "People have the right to make their own choices and decisions."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People who used the service spoke positively about the staff who provided them with care and support. One person told us, "Staff are kind and supportive."
- Staff explained people's individual needs and the things they knew that made them reassured and happy. Staff told us that they were committed to enabling people to achieve a good quality of life.

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

- People told us they were supported to make choices about their care. One person told us, "I'm able to make my own choices, staff suggest and advise but don't take over."
- The information contained in people's care records showed that their histories and backgrounds were covered. It also showed, where appropriate, that relatives had been consulted with as part of the support provided to people.
- At the time of our inspection the registered manager advised us that no-one required advocacy support. Advocates are trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy was respected. One person told us, "The staff are very respectful when they help me to have a shower. There are always towels available to protect my dignity. I do as much for myself as I can and the carers dry my legs and feet."
- Staff we spoke described how they promoted people's dignity. One member of staff said, "[name of person] prefers female care staff to support them with their personal care needs."
- People's right to confidentiality was respected and protected appropriately. The providers PIR stated that staff use a small meeting room to handover during a shift change to ensure confidentiality.
- Staff explained how they supported people to prepare their own meals to help them to develop or maintain independent living skills.
- Care records we sampled directed staff to give people choices when supporting them.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was responsive to their needs. One person told us, "I really appreciate the fact that people try to accommodate my wishes. If I have an appointment to attend at hospital the carers will give me my breakfast at an earlier time and then go with me to the hospital."
- Staff told us when people identified as being Lesbian, Gay, Bisexual or Transgender (LGBT) they were supported to be open within their environment and protected from any form of discrimination.
- The provider was aware of the accessible information standard and information was available in different formats that met people's needs. This included for example audio care plans and documents available in braille.
- People's care plans were person-centred. They gave staff vital information about the individual including their strengths, abilities and where they needed additional support to develop or maintain independent living skills.
- People actively contributed and were involved in the regular reviewing of their care plans. One person said, "I'm involved in all review meetings about my care plan."
- People were supported to participate in a wide range of hobbies and interests which reflected their interests.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt comfortable to make a complaint and that it would be taken seriously
- The complaints procedure was accessible to meet people's preferred communication style.
- We saw there was a complaints policy in place and where complaints had been raised, action had been taken appropriately.

End of life care and support

- There was no-one at the end of their life at the time of this inspection. We saw care plans contained some information in relation to people's individual wishes regarding their end of life care and some were in progress.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager was implementing a quality audit system to identify any shortfalls in the quality of the service provided to people. However, the systems had not always identified where improvements were needed.
- There were no systems in place to check that homely remedies were safe to take with prescribed medicines.
- There were no PRN guidance recorded in people's care plans.
- Medicine audits had not identified that some PRN medicines had been administered but how many had not been recorded. There was a risk that if robust records were not in place, this could impact on people's health, safety and well-being. The registered manager addressed this immediately during our inspection.
- Whilst staff told us they were observed in practice, there were no formal systems or evidence this had been completed. Medicine competency observations had been undertaken informally and not recorded.
- The registered manager had introduced a new system to protect people with the management of their personal belongings.
- Any notifications that the registered manager and provider were obliged to make such as those alleging abuse, had been made to the CQC and local authority with the exception of one.
- The latest CQC inspection report rating was on display in the reception area of the service and on their website. The display of the rating is a legal requirement, to inform people, and those seeking information about the service and visitors of our judgments.

Continuous learning and improving care

- Records of complaints, accidents and incidents were not analysed to find trends or themes, such as the staff involved or the cause. This would enable the registered manager to take action where needed and reduce re-occurrence.
- The registered manager had developed an improvement plan to improve the quality of care provided. This also included the areas identified for improvement at the previous inspection.

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

- People and relatives told us they knew who the registered manager was and felt they were approachable and that the service was well-led. One person told us, "You won't believe how much better things are here now that [name of registered manager] has taken over. She is really lovely, always finds the time to chat with me."

- One relative told us, "[name of registered manager] has transformed Millward Place into a well led and happy place."
- People told us that they received the care they wanted at the time they needed it.
- We found the provider had been open in their approach with us during the inspection in line with the Duty of Candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views about the service were continually sought through daily interaction with staff, in care planning and reviews. This provided people with the opportunity to feed back about their care.
- Staff members we spoke with were complementary about the registered manager and felt involved in the running of the service.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. This included other health and social care professionals to support care provision and development. This helped to ensure they were up to date with changes in legislation and best practice.