Midway Care Ltd

Elmdon House

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

This inspection took place on 19 and 20 November 2015. The first day of our inspection was unannounced.

Elmdon House provides care and accommodation for up to six people with a diagnosis of a learning disability or autistic spectrum disorder. The communal areas of the home are on the ground floor, together with three bedrooms. The rest of the bedrooms are on the first floor. There were five people living in the home at the time of our visit.

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

There were sufficient staff to meet the needs of people both inside and outside the home. There were 'on-call' arrangements to ensure night staff received extra support if there was an emergency. Staff received regular training and new staff were provided with a thorough induction to

Summary of findings

help them understand people's needs and how to support people effectively. Additional training was provided when there was an identified change in people's needs.

Staff had received training in keeping people safe and understood their responsibility to report any observed or suspected abuse. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Staff were knowledgeable about each person's risks and need for support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Where people had been assessed as lacking capacity, the registered manager had obtained the services of an advocate or arranged best interest meetings. Where people were able to make their own decisions, staff respected the decisions they made. Where people's freedom was restricted, the provider had applied to have this authorised by the local authority.

Staff were kind and considerate to people, patient and attentive to their individual needs. Staff respected and understood people's need for privacy and promoted their dignity when providing personal care.

People received a balanced diet, and were involved in menu choices. People were referred to external healthcare professionals to ensure their health and wellbeing was maintained. Medicines were managed safely so that people received their medication as prescribed.

The leadership team had a good understanding of their roles and responsibilities, and provided good support to staff and the people who lived at the home. People, relatives, staff and visiting healthcare professionals were asked their opinions about the service and there were processes to monitor the quality of care provided. Action had been taken when a need for improvement had been identified.

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.

There were enough staff to support people safely and people were relaxed with staff. Staff were aware of the signs of abuse and understood their responsibility to report concerns. There were systems in place to identify and manage risks to people's health and wellbeing. People received their medicines safely and as prescribed.

Good

Is the service effective?
The service was effective.

New staff were well supported through an induction process and guidance from more experienced staff. Staff received training to meet the needs of people who lived in the home effectively. The registered manager had identified when there were restrictions on people's liberty and submitted DoLS applications as required by law. People were supported to eat a varied and healthy diet.

Good

Is the service caring?
The service was caring.

There were positive relationships between the people in the home and between people and the staff supporting them. Staff recognised the importance of people maintaining their independence where possible. People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

Support plans provided staff with the information they needed to meet people's care needs in a way they preferred. There were systems to ensure staff were aware of people's changing needs. People were involved in planning activities they enjoyed.

Good

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

There was clear leadership of the service in place. People, staff and visitors were asked for their opinions and views of the service. There were systems and processes to monitor the quality of the care provided.

Good

Elmdon House

Detailed findings

Background to this inspection

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

The inspection took place on 19 November 2015 and was unannounced. We then returned the following day on the 20 November 2015. The inspection was undertaken by two inspectors.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from external bodies and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority and asked if they had information or concerns about the service. They did not have any.

Some people had limited verbal communication so we spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We spoke with all five people living in the home.

We spoke with five staff, the registered manager and the operations manager. We reviewed two people's care plans to see how their support was planned and delivered. We looked at daily records, medication records and reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

The atmosphere at Elmdon House was relaxed and interactions between staff and the people who lived there were warm and friendly. We saw that people approached staff confidently and were at ease with them. This showed us they trusted the staff. One person told us , "The staff are nice and kind," and another person said, "I like the staff."

On both days of our visit there were three staff working in the home. All the staff we spoke with told us there were enough staff to meet people's needs. One staff member told us, "There are enough of us, staff turnover is low." During our visit we observed that staff were not rushed and had time to sit and talk with people and spend time with them. People's requests for support and assistance were responded to without delay. Where a need was identified, an extra member of staff was put on the rota. For example, one person attended a hospital appointment on the first day of our visit. An extra member of staff was on duty to accompany them to the appointment. Staff spoken with confirmed there were always enough staff to support people to attend all their appointments.

At night there was one member of staff awake from 9.30pm to 7.30am. The registered manager had identified that additional support was required at night as the health of one of the people in the home was deteriorating. They were liaising with social services who had completed an assessment with a view to funding the extra support that was needed. In the meantime, the registered manager and deputy manager were 'on-call' to attend the home if it was required. One member of staff who worked nights told us, "There is a 24 hour 'on-call' system, the manager and deputy manager. The staff all know if there is any problem at all, the deputy manager is five minutes away." Another told us, "At night time it would be better if there were two staff, but we know what to do if there are any problems."

The home did not use agency staff to cover any shifts. One staff member told us, "We all cover each others shifts when we need to." The registered manager explained, "The service users prefer familiar faces." This meant people received care from staff they knew and who understood their needs.

Staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. Staff were able to talk about the various forms of abuse and understood their responsibility to report any concerns. Staff told us they would not hesitate to take action if they felt someone was at risk of harm. One staff member said, "I would report it to the manager. I hope he would then get in touch with the social worker, safeguarding and possibly the police." Staff understood their responsibility to whistleblow if the manager did not act on the information given. When asked what they would do if they thought the manager had not taken appropriate action, one staff member responded, "I would go higher, to the operations manager. You have a duty of care if you think there is abuse happening. If they didn't do anything I would go to social services." Another staff member said they felt "confident to whistleblow".

There had recently been an incident in the home which could have been a safeguarding issue. This had not been identified as such by the management team and referred to the local authority as required. As a result, further safeguarding training had been arranged in recognising potential safeguarding issues. This training would ensure safeguarding processes were understood and appropriate action always taken.

There were recruitment procedures in place to make sure people were supported by staff with the appropriate experience and skills for their role. We looked at three staff files to ensure checks of suitability had been carried out before staff worked with people. Records showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. One staff member confirmed, "I had to wait for checks to be completed before I could start work."

Risk assessments were used to identify what action needed to be taken to reduce any risks to people's health and wellbeing. Risk assessments were detailed and provided staff with clear guidance on how to manage an identified risk. For example, one person at risk of choking required their drinks to be thickened to make them safer to swallow. The risk assessment detailed the amount of thickener the person needed and the risk to the person if their drinks were not thickened. We observed staff following the risk management plan.

Risk assessments were completed with the aim of keeping people safe whilst supporting them to still take part in

Good

Is the service safe?

activities around the home and in the community. Staff we spoke with were knowledgeable about each person's risks and need for support, which varied according to their abilities and preferred routines. The risk assessments and action plans ensured that people were encouraged to maintain as much independence as they wanted.

Staff told us if they identified new risks, they would tell the registered manager as the risk assessment would need to be updated. Risk assessments were reviewed frequently to ensure the information was correct and people remained safe.

The provider had taken measures to minimise the impact of unexpected events. We saw up to date fire risk assessments, and fire safety equipment was regularly tested. Each person had a personal emergency evacuation plan to ensure everyone's individual needs for support in an emergency were detailed. The procedure in the event of a fire was displayed in the hallway of the home. One person knew what to do if they heard the fire bell and said, "If the fire bell rings, don't panic. We go with the staff outside to keep safe."

There were regular safety checks and a programme of planned maintenance to ensure the environment and equipment was kept in good order and safe. One member of staff told us, "If anything needs fixing or repairing then we will either call or email the maintenance team. They usually come out and fix things quickly."

Systems were in place to ensure people's medicines were managed so they received them safely. Each person had their own medication storage in their bedrooms and medication folder. Administration records showed people received their medicines as prescribed. One person told us, "The staff give me my tablets every day."

Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these medicines to make sure they were given safely and consistently. Medicines were checked regularly to make sure they were managed safely and people received their prescribed medicines.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards. One member of night staff was not trained to give medicines. Although nobody required prescribed medicines after the start of the night shift, we were assured this member of staff would receive the appropriate training in case anybody needed an "as required" medicine.

Good

Is the service effective?

Our findings

We observed staff had the right skills and knowledge to provide effective care to people. Staff had a good understanding of the needs of the people they were supporting and they communicated effectively and openly with them and with one another.

New staff received induction and training that met people's needs when they started work at the home. The induction was linked to the new Care Certificate which provides staff with the fundamental skills they need to provide quality care. As part of the induction, new staff shadowed more experienced staff. The registered manager explained, "They would shadow for at least a week, depending on how confident they feel after that week." New staff then worked alongside other staff so they could further familiarise themselves with the people who lived in the home. One member of staff confirmed, "I shadowed shifts for about a week. I was supernumerary (extra member of staff) on the rota so I had time to get to know people and read their care plans."

Staff told us they received regular training to keep their knowledge up to date. One staff member told us, "The manager is very up on the training." Another told us they had "completed computer based e-learning courses and sometimes go to head office for group training."

Records showed that training included epilepsy, dementia and supporting people with Downs Syndrome, as these were all relevant to the health and welfare needs of people in the home. We also saw that training was provided when there was an identified change in people's needs. For example, one person had been diagnosed with cataracts. Staff had received training which involved wearing special glasses so they had an understanding of what the person could actually see and the limitations on their sight. Staff had also received training in end of life care so they could support people to stay at the home for as long as possible when their health deteriorated.

Staff told us they had regular meetings with the registered manager which provided them with support in carrying out their role and responsibilities. They also gave them opportunities to talk about their practice and personal development. The registered manager explained, "It is a chance to talk one to one with staff to get their ideas and talk about any concerns. If there is something wrong, how can we deal with it?" One staff member told us, "The manager supervises us and we have spot checks of how we handle people's medicines." Another said, "I have regular supervisions, it's a time to discuss everything and I can ask for any training that I think I need."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The registered manager understood their responsibility to comply with the requirements of the MCA if a person was not able to make a decision. For complex decisions, the registered manager had obtained the services of an advocate or arranged meetings with healthcare professionals and those closest to the person to ensure any decisions made were in the person's best interests. An advocate is an independent person who is appointed to support people to express their wishes and then helps them to make informed choices and decisions about their life. Where people were able to make their own decisions, staff respected the decisions they made.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted applications for each person who lived in the home to the local authority for approval because their freedom of movement had been restricted in their best interest.

The Provider Information Return (PIR) stated: "The people who live at the home lead on the food they wish to eat, as well as develop the menu and the shopping lists and do the shopping assisted by staff. Any dietary and nutritional needs are met by detailing in their support plan what support is required." What we saw during our visit confirmed what we had been told in the PIR. People were able to choose what they ate at weekly planning meetings,

Good

Is the service effective?

and those with limited communication were supported to choose with the use of pictures and photographs. Staff assisted people to put together a weekly menu plan that contained foods they liked that were nutritionally good for them. A pictorial menu was displayed on the dining room wall.

One person had problems swallowing and chewing food. They had been referred to the speech and language team (SALT) for support. At lunch time we saw the person was given their meal which had been prepared in accordance with the guidelines prepared by SALT. This person required support to eat. A staff member sat with them and supported them appropriately. People were weighed on a weekly basis and a system was in place to ensure that people received adequate fluids and food. Staff told us they had to prompt some people to eat, and by monitoring their intake they could take immediate action if weight loss was identified.

Each person had a health plan and a hospital passport. Health plans identified the support people required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. The hospital passport contained important information about the person that hospital staff would need to know if they were admitted to hospital. For example, how they communicated and what they liked to eat and drink.

Records showed people had regular health checks with their GP throughout the year and were referred to other healthcare professionals when a change in their health was identified. People had received care and treatment from health care professionals such as psychiatrists, psychologists, GP and speech and language therapists. One person told us they went to get their eyes checked and also went to the dentist. Records of appointments were maintained and information was shared at handover meetings between shifts to make sure all the staff were aware of any changes in people's health.

Good

Is the service caring?

Our findings

People had positive views about the home. One person told us, "Everything is fine, I like it here," and, "Everybody is nice." Another person told us the staff were, "Kind and take me out shopping, out for meals and to a local disco". Another person put their thumb up and smiled when we asked them about the staff and the home.

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. Care staff were patient and attentive to people's individual needs. People were relaxed with staff and staff were caring and spoke affectionately to people. Staff had a good understanding of people's different communication needs and supported us to talk with people who had limited communication. One staff member told us, "We use picture cards to communicate with one person and we ask another person questions that they can answer yes or no to, to make daily choices."

People were supported by a consistent staff team who knew people's abilities, support needs, habits, preferred routines and social preferences. One staff member told us that one person living in the home could become unsettled if their daily routine changed. They described in detail how they reassured that person if any changes were going to happen.

We saw staff were interested in how people were and what they wanted to say. For example, a staff member came on duty and greeted people individually and asked if they were having a good day.

People who lived at the home had lived together for several years and formed good relationships with each other. One person went on a shopping trip and when they returned, the other people welcomed them back and asked if they had a good time.

Care staff respected the fact that Elmdon House was the home of the people who lived there. People were encouraged to open the front door with support from staff when visitors arrived at the home.

People's need for privacy was respected. One person chose to go to their bedroom after lunch to watch television. Staff supported the person to walk to their bedroom and explained, "[Person] likes their own space." One person received a letter through the post. A member of staff discreetly read the letter to the person and checked they understood the contents.

Two people showed us their bedrooms which were individually decorated. They were very happy with their private space and showed us how they had decorated it with their personal belongings.

Care staff provided personal care in a dignified way. They waited outside bathroom doors until people told them they were ready for help. People were asked if they were happy to receive personal care from both male and female staff and their decisions were recorded in their care plans.

Staff supported and encouraged people to be independent and complete every day household tasks in the home. One person told us, "I change my bed every Wednesday" and went on to say, "I have my jobs to do." At lunchtime we saw one person was involved in helping prepare the meal for everyone else. People and staff all sat together to eat lunch and it was a communal mealtime experience. One person needed assistance to eat and they were supported before everyone else had their meals. We raised this with the registered manager who assured us this was a one off occurrence and people normally all ate together. After lunch one person dried up and put away the used plates and cutlery.

People were encouraged to maintain relationships with family and friends. One person told us their relative visited them regularly and that they talked to them on the telephone if they wanted to. Another person was supported to visit the grave of a relative who had been very important to them and recently passed away.

Good

Is the service responsive?

Our findings

People received care and support that was responsive and individual to their needs.

Prior to people coming to live at the home pre-assessments had been completed to ensure the home would be able to meet their needs. People had also been invited for visits to get to know the other people already living there

Everyone living at the home had a care plan. We looked at two care plans and both had been written in a personalised way. Information included people's life history, their likes and dislikes and an example of what their perfect day looked like. The information in the care plans provided staff with clear guidance on how to support people in the way they preferred. For example, "I like to have a shower each morning". Staff we spoke with knew people and their preferred routines well. They told us what people enjoyed doing, for example one person enjoyed watching the soaps on television and having a cup of tea every night before they went to bed.

One person had a catheter. Whilst district nurses had overall responsibility for managing the catheter, staff in the home provided every day care and assistance. There was no care plan in place informing staff how to provide that daily assistance. However, it was clear from records they had responded promptly and appropriately when any issues had been identified. The registered manager told us they would put a care plan in place immediately.

The registered manager told us they were currently reviewing all the care plans to make sure that the information was correct and up to date. People and their families had been involved in the planning and reviewing of their care and people had signed their care plans.

A keyworker system was in place, so people were supported by a named worker and this provided consistency for them. Keyworkers ensured people were supported individually with any issues they had. Three people told us who their key worker was. One person told us, "I like my keyworker, she takes me to buy new clothes," and "We have meetings." Records of keyworker meetings were in an 'easy read' (pictorial) format and evidenced that regular discussions had taken place with people about their daily life choices and things they would like to change.

A system was in place for staff to share information. Staff told us they had a handover at the beginning of each shift. One staff member told us, "We always have handover to share information about how people are." This ensured that staff coming on duty had up to date information about any changes in people's emotional or physical health. This meant staff were able to respond to how people were feeling on that day.

People were involved in planning activities that they were interested in and enjoyed. People told us they could go out when they wanted to and took part in a variety of activities which included shopping, going out on the minibus and going out for a coffee. One person told us they had recently been to Blackpool for a day trip and explained, "We saw the illuminations and had fish and chips."

Easy read information on how to raise a complaint was on display in the hallway of the home for people and visitors. The registered manager told us there had been no recent complaints. One person in the home told us they would "tell the manager if they were unhappy or upset about something". Staff were observant of people who could not communicate to identify if they had any concerns. One staff member told us, "We use Makaton with one person and they will put their thumb up or down to questions that we ask. We know if they are happy by their facial expressions. If they are not happy they won't smile." Makaton uses signs and symbols to help people communicate.

Good

Is the service well-led?

Our findings

There was a registered manager in post and they were supported by a deputy manager. The registered manager and deputy manager understood their roles and responsibilities.

All the staff we spoke with were positive about the support they received from the registered manager and deputy manager. They told us they felt able to approach them with any concerns. One told us, "Anything we need to talk about we can go to [deputy manager] and [registered manager] any time. I would say they are very approachable. The door is always open." They went on to say, "He (registered manager) is fine and fair. No problems at all." Another said, "The manager always listens to me if I have a problem." We saw good communication between staff and the management team on the day of our visit.

Staff had regular meetings and felt confident to make suggestions. Staff were involved in contributing items to be included on the agenda. The minutes of meetings showed that discussions were focused on meeting the needs of people who lived at the home.

Staff were encouraged to attend training to improve their care practice and knowledge and the registered manager was keen to see staff take on further responsibility. Staff were given the opportunity to lead some shifts under supervision so if a senior positon became available, they could apply for the position as they had relevant experience.

Staff all spoke positively about working in the home and the staff team. One staff member told us, "They are lovely people we are working with. It is a nice home, and a nice environment. We all get on. We are one big happy family. Everyone gets on well and the staff all get on well." Another told us, "All the staff are friendly". The registered manager was keen to recognise the commitment of staff and said, "I've got a great team of staff here."

People, relatives, staff and visiting healthcare professionals were asked their opinions about the service through questionnaires and satisfaction surveys. Most of the responses were positive about the quality of care provided and the ethos of the home. One visitor had written, "The staff are friendly and warm hearted." Another had written, "The carers make an effort to keep me up to date." We saw that three staff had raised concerns about people not going out enough. Since the completion of the questionnaire, the provider had bought a minibus and people were able to go on trips further afield. This demonstrated the provider responded to the feedback they received to improve the quality of care provided.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. For example, regular checks of medicines management and care plans. The provider also carried out periodic audits throughout the year from which action plans had been generated where a need for improvement had been identified. For example, the audit in October 2015 had identified that people's wishes for end of life needed to be updated and improved. During our inspection we saw this piece of work was being undertaken with people and those closest to them. These checks ensured the service continuously improved.

There were also checks by other external organisations. A recent infection control visit by the local clinical commissioning group had resulted in a score of 97%. Action had been taken to address the few issues identified.

The registered manager had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection. The registered manager had submitted most of the notifications we require by law about important events in the home. However, they had failed to notify us when applications to deprive people of their liberty had been authorised. The registered manager assured us they would submit these notifications in the future.

We asked the registered manager what they were most proud of with the service. They responded, "I'm proud of everything, how we have turned things around to be more person centred. Each person is an individual and we have built a team up and when there is a need for everyone to pull together, I have a great team who do."