Midland Heart Limited

Southbank

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 April 2016. At the last inspection on 20 November 2014 the provider was rated as Requires Improvement.

The service provides accommodation and personal care to up to thirteen people with learning disabilities. One of the three bungalows that make up the service provides respite care for up to five people. There were 7 people living at the service on the day of the inspection. There was a registered manager in place. 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.

People were kept safe and free from potential harm as staff knew how to keep them safe. Staff knew what they would do to protect a person from the risk of harm and how to report any concerns. People got the assistance from staff who ensured they were available to help them when needed. Staff had time to support people when required and ensured that people's needs were met in a timely way. People's medicines were looked after by staff who recorded when they had received them.

People's care was provided by staff that had been trained to understand their needs and who were supported in their role. People's decisions about their care and treatment had been recorded and staff showed they listened and responded to people's choice.

People got to choose their meals and enjoyed the food. Support was provided where needed and alternative diets had been prepared to meet people's nutritional needs. People were supported to access health and social care professionals with regular appointments when needed and were supported by staff to attend these appointments.

People were comfortable around the staff that supported them were happy to spend time with them. People's individual care needs were known and respected by staff and their dignity and had been supported and maintained.

People got to enjoy the things they liked to do and chose how they spent their days in their home or time out and about on trips or activities. People were supported by staff who would raise comments or concerns and these were addressed. There were processes in place for handling and resolving complaints and guidance was available in alternative formats.

The registered manager was available, approachable and known by people and relatives. Staff also felt confident to raise any concerns of behalf of people. The provider ensured regular checks were completed to monitor the quality of the care delivered. The management team had kept their knowledge current and they led by example.

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.

The provider had protecting people's safety and well-being. People received their medicines where needed and were supported by enough staff.

Is the service effective?

Good

The service was effective.

People were supported to ensure their consent to care and support had been assessed correctly. People's dietary needs and preferences were supported by trained staff. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People received care that met their needs. Staff provided care whilst being respectful of people's privacy and dignity and took account of their individual preferences.

Is the service responsive?

Good

The service was responsive.

People were able to make choices and their views of care were listened to People were able to continue their personal interests and hobbies if they wanted. People were supported by staff or relatives to raise any comments or concerns with staff or management.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff were complimentary about the overall service and had their views listened to. Procedures were in place to identify and plan improvements.

Southbank

Detailed findings

Background to this inspection

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

This inspection took place on 28 April 2016 and was unannounced. This inspection was done to check that improvements had been made after our comprehensive inspection on 20 November 2014.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority for information as they are responsible for funding some people's care.

One inspector carried out this inspection. During our inspection we spoke with four people who used the service the registered manager, two senior care staff and five care staff.

We looked at two care records, medicine records, staff training certificates and quality audits. We spent time in the communal areas of the home to see how people were supported and how staff were with people.

Good

Is the service safe?

Our findings

People were comfortable in the company of staff and happily approached them to ask questions or chat. People who become upset were reassured and comforted by staff. Staff provided guidance to support the person and lower their anxiety. One member of staff told us they were aware of when people preferred company or to be on their own to prevent upset with others living at the home.

All staff that we spoke with knew the signs of abuse, how these may affect people and how they would respond to potential signs of abuse. For example, ensuring their finances were checked and looking for changes in a person's personality or unexplained marks. Where people needed support with medicines or physical support to keep them and other safe staff understood when this may be required.

Where people needed support to help reduce their risk of harm or injury these were known by all staff we spoke with. They told us they supported with their physical and emotional risks. These included supporting people with personal care and reassurance to allow people to manage their own risks. Plans were in people's care plans and staff told they would look at these if they needed to. These were also amended and updated as required or on monthly basis.

Where a person had an incident or accident each event had been recorded by staff and then reviewed by the registered manager. The registered manager would check that the correct action had been taken and if any actions could be taken to reduce a reoccurrence or if further support was required. For example, any trip hazards or changes to the person's care needs.

When needed staff were available to people and people had been able to communicate their needs. The registered manager told us thought was given to allocating the number staff to work in each bungalow depending on the people's needs. Staff in the bungalow that provided respite care were able to work across the site if no one was using this facility. They also adjusted the staff levels to meet people's recreational needs. All staff we spoke with felt there were enough staff to support people with care and activities. One member of staff told us, "We use agency when needed, but try and use the same ones". They felt this supported people by having a consistent staff team.

People's medicines were stored securely in the bungalow they lived in. Staff had been trained in the administration and management of medicines and people received their medicines when needed. For instance when getting up in the morning as part of their personal care routine. Staff were competent through observation of their practice, refresher training and mentoring. Staff told us they followed the written guidance if a person required medicines 'when required'. People's medicines records were checked daily by staff to ensure people had their medicines as prescribed.

Good

Is the service effective?

Our findings

During the previous inspection on 20 November 2014 we found that this key question required improvement in staff knowledge of the Mental Capacity Act 2005 (MCA) and submitting Deprivation of liberty authorisations. At this inspection, we found that improvements had been made.

The 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 were asked for their consent by all staff who waited for a response before providing assistance. Staff told us how they looked for consent when people were not able to give this verbally, for example, through observing body language or facial expressions. They told us that they got to know people's preference and often referred to people's life history books or family members. They told us this helped them to understand people's previous decisions or choices and helped guide them.

People records of decisions about were included. However, people's individual assessment of capacity had not been recorded. The registered manager agreed this would be reflected in any future assessments.

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

The registered manager told us that a number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place. They told us that those people who they assessed as under constant supervision and who would be prevented from leaving the service if they attempted to do so had been referred to the local authority.

Staff told us the training they had was directed at how best to support people living at the home. Where we saw staff in the communal areas they demonstrated that they understood the needs of people they supported and had responded accordingly.

Care staff felt supported in their role and had regular meetings with the registered manager or senior care staff to talk about their role and responsibilities. During conversations with the registered manager they were keen to support staff and use training to enhance staff skills and knowledge.

We saw that people were involved in choosing their lunch and were seen to enjoy their meals. Lunch was sociable with people choosing to sit in the dining room with staff who spent time chatting with them while they ate. We saw staff assisted people with their meal in and caring and kind way and people were smiling

and talking with during the meal. The registered manager said they knew people's food preferences and dietary needs. They knew who required a softer diet or if there were any allergies to consider. We saw that staff referred to dietary advice when planning meals to ensure they were acceptable for people to have.

People had seen opticians, dentists and were also able to see the GP. The GP visited the home when required where people were concerned about their health. Other professionals had attended to support people with their care needs. For example, district nursing staff to help with particular concerns. All staff were able to tell us about how people were individually supported with their health conditions that needed external professional support. For example occupational therapy had been contacted for one person following a change in their health needs.

Good

Is the service caring?

Our findings

People were involved in their own care and treatment and made day to day choices. Throughout our inspection people were comfortable in the home and were supported by staff in a kind and considerate way. People used a variety of ways to make their wishes known to staff who understood them . Staff also looked for visual and emotional signs to understand a person's needs. Staff also referred to care plans if they needed information about the person and topics that may interest them.

All staff we spoke with felt it was easy to get to know the people they cared for as they spent lots of time with them. Staff we spoke with were clear about their role to provide care that was about people and not just the care task. One staff member told us, "Tasks can always wait, I make sure people are first". Staff listened to people's choices and decisions and offered encouragement for the person to be involved. Staff told us they encouraged people to be independent and learn tasks or continue to be self-caring.

Staff did not rush people and worked with them at their own pace. For example, providing prompts so people were able to be independent and make their own choices. Staff understood people's needs by reducing their concerns if a person became upset. We saw staff reassure and comfort people who became upset and this helped reduce their anxiety.

People's care had been reviewed daily and at monthly reviews. The registered manager also reviewed people's daily diary's which they used when looking at what had worked well and what may need changing. Where people expressed choices about their care the information had been detailed in their care records.

We saw that the staff team supported people in ways that took account of their individual needs and helped maintained their dignity. We saw that staff were discreet when supporting people with their personal care needs. When we were speaking with care staff they were respectful about people who lived at the home and showed a genuine interest and compassion about their lives. People's individual emotional needs were respected and people chose to spend time privately in their bedrooms, or in the dining room with staff.

The provider was aware of the need to maintain confidentiality in relation to people's personal information. We saw that personal files were stored securely. All staff were careful when discussing people's needs with each other. Whilst reviewing records we saw people had expressed choices about their care or information had been obtained from relatives or staff who knew the person well. Relatives were also asked for their opinions in support of people's care.

Good

Is the service responsive?

Our findings

During the previous inspection on 20 November 2014 we found that this key question required improvement in personal activities, reviewing daily records and accessing professional assessments. At this inspection we found that improvements had been made.

Staff knew and understood each person well, they had information about their families and past and were able to use this to help provide care that supported the person. Staff were able to tell us about the level of support people required. For example, staff knew where people required regular checks or when other appointments were needed to maintain and monitor people's health.

Two staff told us that they knew people well so they were able to recognise changes in people's health or social needs. The registered manager and the staff group were also looking at ways to continue to support people as their needs changed as they became older. For example, working with occupational therapist to support loss of physical ability.

We looked at two people's care records which had been updated regularly to reflect people's current care needs. Staff told us they used the records to find out the way in which people preferred to receive their care and how to support the individual. For example, how staff would understand people's responses and how they preferred things done in certain way. Where information or advice from an external source had been sought this had been recorded when updating care records.

All staff we spoke with told us the care plans were available and used to as a reminder of what worked well for people. When the records had been reviewed or updated they reflected people's comments or experiences of their care which staff had recorded. Changes or updates were shared among staff when their shift started. These included people's emotional experiences and changes to care needs.

People were supported to achieve their chosen activities with staff if needed. All staff spent individual time with people in the home or out on trips with people. All staff told us they spent most afternoons with people chatting and socialising with them. One staff member said, "There is lots of activities for people, it's their choice".

Throughout the day staff listened to people with interest and answered questions or gave supportive advice and guidance. Staff were patient and made sure people were happy with the response. There was a complaint procedure in place and available in an easy read format, although no complaints had been received. Staff we spoke with told us they were happy to raise concerns on people's behalf and that the registered manager would listen.

Good

Is the service well-led?

Our findings

People were supported by a consistent staff team that understood people's care needs. People were listened to and had been involved in reviews of their care. Staff at the home helped people by answering their questions at any time. People had been asked for their views and opinions about the home and had the opportunity to attend monthly meetings so they could discus life at the home. For example, people's views had been used to decide on colours when the communal areas were being redecorated.

All staff we spoke with told us that the registered manager was approachable, accessible and felt they were listened to. The provider had a clear management structure in place and the registered manager had access to information and support. The registered manager spoke highly of their staffing team and felt they all worked well together to ensure people were treated as individuals living in their own homes. The staff were clear about the standard of care they were expected to provide.

Staff had the opportunity to raise concerns or comments about people's care at team meetings. These were held to discuss how staff felt about their role, staffing arrangements, any changes and topics around care. Staff at all levels we spoke with felt that they were a caring team and the management team recognised that their staff worked well together. We saw that registered manager and team leader spent time with people and working alongside staff.

We saw the provider had systems to monitor the quality of care. They had their own internal quality monitoring team which undertook their own inspections in the home. We saw any gaps identified from these inspections were recorded and passed to the registered manager for action. In addition, the registered manager provided their own monthly report that included when and how they had made the improvements. However, staff told us they felt that repairs to people's belongings or their home took time to action. For example repairs to external windows and doors. The registered manager confirmed that the external property was managed and maintained by the local authority and were in progress to make the necessary improvements.

The registered managers' skills and knowledge were supported by their regional manager and other professional involved in people's care. For example, advice from consultants and therapist for each person to help ensure the care continued to meet their needs. They felt this support led them to recognise and deliver high quality care to people in line with current best practice.

They also received news briefings, face to face meetings and updates that related to best practice guidance. The manager told us they felt this supported them to be aware of changes and information that was up to date and relevant.