

Mediline Supported Living Limited

# Mediline Supported Living Swallow

## Inspection report

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Date of inspection visit:

05 October 2022

11 October 2022

Date of publication:

03 January 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Mediline Supported Living Swallow is a residential care home that provides care and accommodation for up to five people with a learning disability, or with autism. It is part of the wider Mediline Supported Living Limited group, who have other care homes and supported living premises in and around the Greater Manchester area. At the time of the inspection four people were living at the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### People's experience of using this service and what we found

The quality and assurance systems in place to monitor the safety and quality of care provided had not identified the concerns we found. More robust levels of monitoring and oversight were required by the provider, so that the service improved for people living in the home.

Based on our review of the key questions; safe, effective, responsive and well led, we found the service was not able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

**Right support:** The service did not support people to have maximum choice, control and independence. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. Staffing levels were not always aligned with people's support needs, particularly during the night. There was no evidence of staff engaging people in meaningful activities when in the home, as staff were busy with other tasks during the inspection. One person had access to a mobility car, but no support staff were able to drive. People had exclusive use of their own bedrooms and living spaces and were able to personalise these accordingly.

**Right care:** People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood people's needs and provided appropriate care. Where appropriate, staff encouraged and enabled people to take positive risks. Staff understood how to protect people from potential abuse. The service worked well with other agencies. Staff had training on how to recognise and report abuse and they knew how to apply it.

**Right culture:** Staff knew most people well and were responsive to their care needs. Care was not always fully person-centred due to constraints within the service. People and those important to them were involved in planning their care. Staff communicated with families and other professionals. People had access to independent advocates to help represent their wishes. Best interest decisions were documented,

and people's dignity was respected. Staff felt supported in their roles and felt able to report concerns to management if they should arise.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 3 August 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mediline Supported Living Swallow on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Mediline Supported Living Swallow

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Mediline Supported Living Swallow is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 5 October and ended on 11 October 2022.

Inspectors were on site on 5, 6 and 11 October 2022.

#### What we did before inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and professionals who work with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. The provider completed a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We observed staff interactions with all 4 people who used the service over the 3 days of inspection. Some people were unable to communicate verbally; we spent time observing their body language during their interactions with care staff. We observed the care and support provided to people in the communal areas across different parts of the day. We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection.

We spoke with 4 staff members. This included the manager and 3 support workers. We reviewed a range of records. This included 3 people's care plans, 4 medicines records and 3 staff files in relation to recruitment and staff supervision. We also reviewed records related to the management of the service, which included policies and procedures, training records, quality assurance checks and a range of health and safety records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with 2 professionals who were currently involved with the service, 2 relatives of people living at the care home and 1 other member of staff over the telephone.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines reconciliation was not always managed safely when medicines were received into the service. One person was given more medicine than they were prescribed because staff had made an error when they booked in the medicines. No harm came to the person on this occasion.
- People were supported by staff who followed systems and processes to administer, record and store medicines but medicines were not always used safely.
- Records about medicines failed to ensure that staff could identify each medicine accurately before administering them or to ensure they were given at the correct times. Records also failed to show that medicines could be accounted for and had been given safely.
- Protocols for medicines taken 'as and when required' (PRN) were well written and staff found these to be useful.

We recommend record keeping is improved with regards to administration of medicines. The provider should adhere to NICE guidance SC1 with regards to record keeping around medicines management.

### Staffing and recruitment

- People were supported by a consistent staff team. In the event of any absences staff were able to cover and agency staff were not used in the home.
- Permanent staff were recruited safely with the appropriate checks completed before they started work. Any gaps in employment had been explored with the candidate at interview.
- Due to the model of care and staffing levels in the service, there weren't always enough staff on duty to support people to take part in activities away from the home.

### Assessing risk, safety monitoring and management

- Overall, risk assessments were in place to guide staff on how to recognise indicators of risk and take action to mitigate the risk.
- One person enjoyed cutting paper as an activity and used scissors independently. There was no specific risk assessment in place, however, after discussion with the manager, a new risk assessment was formulated.
- One person was new to the service. There had been a delay in formulating a care plan but there was paperwork from a previous placement; risks posed to the person were outlined and staff were provided with guidance.
- The provider carried out routine environmental checks and ensured essential equipment was maintained

and serviced appropriately.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm because staff had received training in how to recognise potential abuse and they knew how to apply it.
- The provider's safeguarding policies and procedures supported this.
- The service looked after people's personal monies appropriately. Any expenditures were recorded, receipts were kept and there were daily checks of monies by more than one member of staff.

Preventing and controlling infection

- People lived in a care home which was clean and well maintained. There were mechanisms in place to ensure any repairs to the home were reported and addressed.
- Arrangements were in place to admit people safely to the service, in line with infection control guidance.
- We were assured that staff were using personal protective equipment (PPE) effectively and safely. The manager carried out observations on staff twice a month to check this.

Visiting in care homes

There were no restrictions placed on visitors to the home. Visitor numbers to the service were low, but we were assured the provider ensured visitors entered the service safely. The appropriate checks were in place in relation to COVID-19 and mechanisms were in place to prevent any visitors from catching and spreading infections

Learning lessons when things go wrong

- There was an on-call system in operation to support staff in the event of any accidents and incidents.
- The manager demonstrated what actions had been taken following a recent medication error. Staff had been booked onto additional medication training, supervisions had taken place with staff and competency checks were planned.
- Staff we spoke with were aware of their responsibilities. They would ensure people were safe and information would be recorded with appropriate actions taken.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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's needs were assessed, and risk assessments were in place.
- Care plans in place contained the most up-to-date information and people's needs were reviewed at regular intervals.
- Staff asked people for their consent and involved people in making choices in their daily lives, such as what they wanted to eat and drink.
- Care records included information about people's communication and sensory needs.

Staff support: induction, training, skills and experience

- Staff completed a full induction when they commenced employment, including completion of the Care Certificate if they were new to care.
- We identified 1 member of staff needed practical refresher training in moving and handling as this had recently expired. The manager arranged for this to take place.
- Staff we spoke with said they received the right training for the role. Observations carried out by management ensured they were competent.
- Staff described managers and other colleagues as supportive and said communication within the team was good.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People's preferences were recorded in care plans and staff knew where to access information about people's food and drink requirements. Staff ensured people had access to regular snacks and drinks.
- Records were kept relating to people's meals and what they had eaten. People ate different meals depending on their choices and preferences.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. Mealtimes were relaxed occasions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend appointments for their medicines to be reviewed and for physical health checks, including an annual health check with their GP.
- One person had recently been hospitalised. The service worked with medical and health professionals to ensure they received an assessment from a physiotherapist before being discharged safely back to the

home.

- People had been supported to have COVID-19 and flu vaccinations if this was in their best interests.
- There were regular visits to hospital appointments and dental check-ups with staff support. Opticians came to the home to carry out eye tests.

Adapting service, design, decoration to meet people's needs

- People had lived at the home for a number of years.
- People had personalised their rooms according to their taste, if this was their wish.
- The manager told us of the on-going programme of improvement for the decoration of people's rooms and how people had been involved in this.
- People were able to spend time privately in their rooms, and in communal areas of the home. The home was well-decorated and clean.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity, they had access to independent mental capacity advocates (IMCAs) to help ensure that their interests were represented.
- Staff received training on the MCA as part of their mandatory training. Staff understood and worked within the principles of the MCA.
- Some restrictive practices were in place to help ensure people's safety. DoLS authorisations had been submitted appropriately.
- When people needed to make important decisions, and there was doubt about their capacity to do so, there was evidence decisions had been made in their best interests. Appropriate professionals, staff and people's representatives were involved in decision-making processes.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always able to access activities they had previously enjoyed. Support plans did not always detail what activities people did and did not want to do during their day.
- Since the pandemic some community groups had not restarted. There was little evidence to demonstrate staff had looked for alternative activities people might enjoy doing.
- Staff told they tried to encourage people to go out into the community, but they chose not to. People's reluctance to do new things was not formally documented.
- People were left to their own devices either in the bedroom or watching television. As there was no internet in the home, people were limited as to what was on offer for them to watch on the television. We saw little evidence of people being prompted or encouraged to take part in other activities during our inspection.
- One person had a mobility car, but this could not be used as no support staff on the team were able to drive. As the person was not able to use public transport they relied on the use of taxis when going out.

New opportunities for people had not been fully explored or promoted. Opportunities people might have had to participate in activities or go on outings in the community were not fully documented in support plans. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Staff knew people well and had a good understanding of their needs, but care was not always fully person-centred.
- One person was new to the service. Whilst staff had access to paperwork from a previous placement about the person's needs, risks and preferences, a full care plan had not yet been set up.
- A member of staff was on sleep-in duty overnight. One person needed 2 staff for safe transfers. Their bedtime and waking routines were, therefore, dependent on when 2 staff were on duty. In the event of an emergency the provider had a dedicated 3-tier on-call emergency system available 24/7.
- We spoke with the person's relative who told us this did not currently have a negative impact on the individual. They told us an early bedtime routine had been their preference prior to moving into the home.
- There was good communication within the staff team, and staff shared information about people's needs at shift handovers.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service assessed people's communication needs as part of the admission process.
- Staff told us if people needed access to aids and equipment for their specific communication needs, these would be sourced.

#### Improving care quality in response to complaints or concerns

- The service had a policy and process for managing complaints, which they followed.
- Managers told us there were no complaints at the time of the inspection. Staff checked for any complaints or concerns and formally notified head office on a weekly basis.
- People and their relatives told us they knew how to complain and would feel comfortable doing so. One relative we spoke with had never made a complaint and told us, "I couldn't fault them [the staff]."
- A second relative we spoke with was complimentary of the staff. They told us about how staff had greeted their relative when returning to the home and said, "They made her feel special; I feel so much happier."

#### End of life care and support

- Whilst the service was not providing end of life care at the time of inspection, other health professionals would help with this when needed.
- Staff were committed to supporting people to remain at the home when approaching the end of their lives, if this was their wish.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits were carried out by the Manager and registered Managers of other services in the group. These had not identified the gaps and inaccuracies we found, or if they had, appropriate action had not been taken.
- All the concerns we found on the inspection, in relation to the lack of meaningful activities for people, the delay in formulating a care plan, the deployment of staff and administration of medicines were not identified through the provider's own quality monitoring systems.
- Staff members who had left, had been designated drivers of a person's mobility car. The provider had not ensured new staff recruited to the service had the necessary skills so this could continue.
- The manager was new in post. As there was no access to the internet at the home they were limited as to what could be done on site. All electronic paperwork had to be completed at head office.

We were not assured the provider had clear oversight and governance of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was not always person-centred, open, inclusive and empowering for people, partly due to the way staff were deployed.
- Staff felt supported in their role, but some felt staffing levels could be improved.
- Staff spoke positively about the home, said they enjoyed their work and described it as being like part of a family.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.

Continuous learning and improving care

- The new manager had identified aspects of the service that could be improved and was making plans to implement changes.
- The new manager had improved record-keeping systems at the service since being appointed to the role. Prior to their appointment record-keeping in the service had been poor.
- Learning on site was hampered due to the lack of access to a laptop and the internet.

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

- There was good communication with family members.
- Staff kept in touch with families and discussed matters important to people who used the service.
- Staff meetings were held to share any relevant information with the staff team. Staff not on shift could join on Zoom and participate in meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider shared information with people and their relatives when things had occasionally gone wrong. The manager ensured people's relatives were notified about any issues and incidents.
- We spoke with a relative who told us they had been informed about a recent medication error. The service had apologised and the relative was satisfied with the action they had taken.
- The provider had made all necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there may be potential risks which need to be addressed.

Working in partnership with others

- The service had well-established partnership working with health and social care professionals which helped to improve and maintain people's wellbeing.
- The manager had good links with external health agencies. An external healthcare professional had recently become involved with the service. They were complimentary of the staff and the service. Another external health professional considered the manager to be proactive and told us staff had been receptive to the training they had delivered.
- This partnership working helped ensure people received the health care support they needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
	Regulation 9 HSCA RA Regulations 2014 Person-centred care
	Care was not fully person-centred. There were limited opportunities for people to go on outings and engage in groups and activities. New opportunities for people had not been fully explored.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 HSCA RA Regulations 2014 Good governance
	Quality and assurance systems in place were not robust enough to demonstrate good management and oversight of the service. The provider failed to ensure that these systems were fully effective in driving improvements within the service.