

Midway Care Ltd

Bell Lane

Inspection report

34 Bell Lane
Kitts Green
Birmingham
West Midlands
B33 0HT

Tel: 01217069902

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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

About the service:

Bell Lane is a residential care home that provides accommodation for nursing or personal care to three younger adults with learning disabilities and associated conditions at the time of the inspection. Nursing care was not provided.

People's experience of using this service:

Some of the people who used the service had complex needs and they did not express their views verbally. During the time we spent with people we saw they appeared comfortable with staff. Other people told us they felt safe with staff support.

Staffing levels were sufficient to meet people's needs safely and flexibly. Staff knew about safeguarding procedures. Appropriate checks were carried out before staff began to work with people. People received suitable support to take their prescribed medicines.

Risks were assessed and managed. Positive risk taking was encouraged as people were supported to take acceptable risks to help promote their independence.

We have made a recommendation that best practice guidance is followed with regard to the use of aids, adaptations and electronic equipment for people who are registered blind. In order to further promote their independence.

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed and regular supervision and support. People were supported to access health care professionals when required.

People were involved in decisions about their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Information was accessible to involve people in decision making about their lives.

Staff knew the people they were supporting well. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff had developed good relationships with people, were caring in their approach and treated people with respect.

People had food and drink to meet their needs. There were opportunities for people to follow their interests and hobbies. They were supported to be part of the local community.

Staff were well-supported due to regular supervision, annual appraisals and an induction programme, which developed their understanding of people and their routines. Staff also received specialised training to ensure they could support people safely and carry out their roles effectively.

There were opportunities for people, relatives and staff to give their views about the service. Staff said the new manager was approachable. The provider undertook a range of audits to check on the quality of care provided.

More information is in the full report: www.cqc.org.uk

Why we inspected: This was the first inspection of the service since it was registered in November 2017.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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 well-led.

Details are in our Well-Led findings below.

Good 

Bell Lane

Detailed findings

Background to this 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 an inspector.

The service had a manager who had applied to become 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.

Service and service type:

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

What we did:

Before the inspection, we had received a completed Provider Information Return (PIR) in May 2018. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners and other professionals to gather their views about the service. We received no

concerns about the service.

During inspection:

We spoke with the manager, the project manager, three people who used the service, four support workers and one visiting health care professional. We carried out general observations in the communal dining/lounge. We reviewed a range of records. This included three people's care records and one person's medicines records. We also looked at recruitment checks for two staff and the staff training matrix. We reviewed records relating to the management of the service, this included accidents and incident data, quality monitoring reports and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

The service was not always safe.

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

- Due to some people's complex communication needs they did not communicate verbally with us. Staff were aware of their needs and they appeared happy and comfortable as staff supported them. Other people told us they were safe living at the home.
- The manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. A safeguarding allegation had been made to CQC in November 2018 about people's care. The provider had investigated the allegation but at the time of report writing CQC were waiting for the investigation report and the outcome of the investigation to ensure appropriate action was taken if needed. We discussed this with the new manager who was aware of the correct procedures when carrying out an investigation.
- Staff had received safeguarding training and were aware of the provider's whistle blowing policy.

Staffing and recruitment

- There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.
- Staff worked on a one-to-one basis with some people they supported during the day.
- Systems were in place to ensure only suitable people were employed.

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks due to the health and support needs of the person such as moving and assisting, epilepsy and distressed behaviour.
- Risk assessments and care plans detailed measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge others.
- Staff were knowledgeable about how to support people effectively and could describe how they would de-escalate a situation, to calm and reassure a person if they were distressed.
- Detailed information was available and staff had received training in the use of an Epi-pen if a person had a severe reaction because of an allergy and needed emergency treatment.

Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on. De-briefings took place with staff and reflective practice to analyse any incidents.
- Safety issues were discussed at meetings to raise staff awareness of complying with standards and safe working practices

Using medicines safely

- People received their prescribed medicines in a safe way.
- People's medicines were managed consistently and safely by trained staff. Staff received regular medicines training and their competencies were assessed six monthly.

Preventing and controlling infection.

- Measures were in place to reduce the spread of infection. Staff received training about infection control and regular infection control audits were carried out.
- Staff were observed to use aprons and disposable gloves appropriately to reduce the spread of infection.

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.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- People were supported by staff who received ongoing training that included training in safe working practices and any specialist support needs.
- Staff were given opportunities to review their individual work and development needs in supervision sessions. Staff member's comments included, "I get regular supervision", "There are training opportunities" and "I did safeguarding training during my induction."

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

- Detailed assessments were carried out to identify people's support needs. They included information about their medical conditions, dietary requirements and other aspects of their daily lives.
- Care included support for all areas of assessed need. People's care plans were personalised and they had been reviewed and updated regularly to ensure staff gave consistent care.

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

- Records showed that there were care plans in place to promote and support people's health and wellbeing. Some people had a condition which needed intensive support.
- Records also showed that people attended a range of healthcare appointments with consultants, GPs, occupational therapists, chiropodists and dentists. People were supported by staff and/or family to attend these appointments.

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

- Care records showed people were referred for any specialist advice and support from different health professionals in a timely way.
- Staff followed their advice to ensure people's care and treatment needs were met.
- During the inspection a speech and language therapist assessed a person who had some specialist nutritional needs. They advised a staff member as the person was assisted to eat.

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

- People enjoyed a varied diet. Their care records included nutrition care plans and these identified requirements such as the need for a weight reducing or healthy diet.
- People required different levels of support.
- Some people received support from staff to help them plan the weekly menu. Other people required full support.

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

- People's bedrooms were personalised. They had belongings that reflected their interests.
- The home was an accessible, well-maintained bungalow and provided care to some people who were registered blind. The lay out of the rooms supported them to move around independently.
- We discussed with the manager the need to ensure aids and equipment were available for people who were registered blind to further promote people's independence. They told us that this would be addressed.
- We have made a recommendation that best practice guidance is researched with regard to the use of aids, adaptations and electronic equipment for people who are registered blind, in order to further promote their independence.

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 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The manager had submitted DoLS authorisations appropriately.

- Records showed where a relative had been made a court appointed deputy by the Court of Protection. This is a legal process to make a relative responsible for decisions with regard to the person's care and welfare and finances where the person does not have mental capacity.

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; respecting equality and diversity.

- Not all people could comment verbally about the support they received from staff. We saw they appeared comfortable and relaxed with staff. One person said, "Staff listen to me, they are kind to me." Another person said, "I trust the staff, I like living here."
- Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. They spent time chatting with them and supporting them to engage.
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Care plans detailed people's likes, dislikes and preferences including how they wished to be supported. Staff understood their role in providing people with effective, caring and compassionate care and support.

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

- Guidance was available in people's support plans which documented how people communicated.
- Information was accessible and was made available in a way to promote the involvement of the person. For example, by use of pictures, symbols or audio for people who did not read or use verbal communication.
- Records gave guidance about people's routines if they could not tell staff themselves. Examples included, when to get up and go to bed, what to eat, what to wear and what people might like to do.

Respecting and promoting people's privacy, dignity and independence.

- Support plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support, that respected people's privacy and dignity.
- Staff supported people to be independent. People were encouraged to do as much as they could for themselves.

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

- Care and support was personalised and responsive to people's individual needs and interests. It was delivered by a team of staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- People took part in a range of activities and were supported to try out new experiences based on their interests. These included baking, walking, listening to music, sensory lights, hydrotherapy, listening to stories and watching television.
- Staff provided support to go out in the community. Some people attended college, went for picnics, visited parks, grocery shopping, discotheques, music and story telling sessions, theatre trips and going out for drinks and meals. One person told us, "I'm going to college today, I'm doing animal and land management." We were told that people were being consulted about ideas for holidays and day trips.
- Systems were in place to ensure people were involved and listened to. One person was the home representative at a service user forum run by the provider. A staff member told us, "I'm supporting [Name] at a service user forum today. We'll take a sandwich as we are there until 3pm."
- Individual meetings took place with people to discuss their care and support needs which also included discussion about their plans for the future and their aspirations. One person said, "I would like to do some voluntary work."
- People were encouraged and supported to see and visit their family. One person told me excitedly, "I'm seeing my Mum and Dad tomorrow and going to the café for American pop [Coca Cola]."

Improving care quality in response to complaints or concerns

- A complaints procedure was available and people were asked at their weekly meetings if they had any concerns or complaints. No complaints had been received.

End of life care and support

- At the time of the inspection no one was receiving end-of-life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Strong arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. Observations and discussions with staff confirmed this. One staff member said, "My job is to help people become as independent as possible."
- The manager, who was registered with the CQC for another location spent part of the working week at both services. The project [deputy] manager, was responsible for the running of the service in their absence.
- The management team understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. The manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour,

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

- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, and quarterly checks. They included medicines, health and safety, accidents and incidents, safeguardings, complaints, personnel documentation and care documentation.
- There was a positive culture where staff and management took pride in the care and support that they provided.
- The manager worked well to ensure the effective day-to-day running of the service and had arrangements in place to cover any staff absences.

Working in partnership with others

- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.

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

characteristics.

- The manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to and it was a good place to work. Their comments included, "The new manager has made improvements", "It's a better place to work, staff morale has improved" and "We have no staff vacancies now."
- Relatives and people were involved in decisions about care. People were encouraged to be involved in the running of the service. One staff member told us, "There is a weekly meeting with people to discuss menus for the week and activities."

Continuous learning and improving care

- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. There was a comprehensive programme of staff training to ensure staff were skilled and competent.