

# Midland Heart Limited

## School Court

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

School Court is an extra care housing scheme providing personal care to people living in their homes. At the time of the inspection most people using the service were aged 65 and over.

People using the service lived in flats within a community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider had not made sure the arrangements in place for the management and assessment of the quality of the service were always effective.

When shortfalls in the quality of the service had been identified changes had been implemented to bring about improvements.

People's needs had been assessed and planned for.

People received care that was responsive to their needs and were supported by kind and caring staff that knew them well.

People had the opportunity to give their views of the service and felt able to raise concerns.

Where needed people were supported with the preparation of meals and to access the support of health care professionals.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 11 April 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This service was registered with us on 26 March 2018 and this is the first inspection.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# School Court

## 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.

#### Inspection team

One inspector completed this inspection.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. There were 41 people using the service 20 of whom were in receiving personal care.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 5 June 2019 and ended on 14 June 2019. We visited the office location on both these dates.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with a group of ten people who used the service about their experience of the care provided. We also spoke with two of these people on an individual basis. We spoke with seven members of staff including the registered manager, senior care workers, care workers and an administration assistant.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff at the providers head office completed the checks to make sure staff were safe to work in care. However, on one occasion one staff member had started work before one of their security checks had been completed. Assurances were given there were systems in place to prevent his happening again.
- There were enough staff employed to meet people's needs.
- Staff arrived to support people on time and stayed for the full duration of the call. One person commented "They turn up on time no problems with the. If they are off sick then another one comes in to cover for them".

### Using medicines safely

- People received medicines from staff who were trained to administer them.
- There were systems in place for medication administration records to be checked and audited on a regular basis.
- Where errors had been identified action had been taken to address them.

### Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and assessed and regularly reviewed.
- People told us they felt safe at School Court.
- Each person had a personal emergency evacuation plan (PEEP) and most contained clear information about how people needed to be supported to leave the building.
- Staff were on hand 24 hours a day to provide support in case of an emergency.
- Care plans included details of how to keep people safe. For example, one persons care plan stated, 'Ensure I have my pendant on'.

### Preventing and controlling infection

- Staff completed training in the control and prevention of infection and understood their responsibilities in relation to this.
- People confirmed staff wore personal protective equipment, such as gloves and aprons, when necessary to protect people from the risks of infection.

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

- Safeguarding concerns had been referred to the local authority for them to consider.
- Staff had received training in how to protect people from the risk of abuse and regular training updates were provided.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any concerns that may need to be acted upon to reduce reoccurrence.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 confirmed their needs had been assessed before they started using the service.
- Assessments of people's care needs were completed in good detail and provided guidance for staff to support people based on their health needs, communication and interests.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work at the service.
- Staff felt supported in their role and received ongoing training as well as supervision meetings with their manager at which they could discuss their development and training needs.
- People felt staff were sufficiently trained to support their needs.

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

- Staff supported some people with the preparation of meals and drinks.
- Risks associated with people's eating and drinking were assessed and people's preferences had been recorded.

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

- Staff monitored people's health and knew to report any concerns to the registered manager.
- Where staff identified changes in people's needs, referrals to appropriate healthcare professionals were completed and any guidance provided was followed.
- Staff worked closely with all health professionals to ensure that people had their health and wellbeing promoted.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- People told us they made decisions for themselves.
- People had signed their care plans to consent to the care they received and told us staff sought consent before delivering care.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People told us staff were kind and caring. One person told us "Staff are kind and polite. There are no issues with the staff. We can come and go as we please. there is no one telling us what to do. This is our home. There are no rules. We can do what we want."
- People confirmed they were usually supported by regular carers that they knew well. When people's regular carers were not available, they were supported by staff they were familiar with.
- People said they were asked if they had any preferences in relation to the gender of the staff providing personal care to them.

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

- People made day to day decisions about their care and staff respected people's right to make unwise decisions.
- People were involved in discussing their care and support needs on an on-going basis and at reviews of their care to make sure the support provided continued to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated in a respectful and caring manner at all times.
- Staff knocked on people's front doors before entering and personal care was provided taking people's dignity and privacy into account.
- People were supported to maintain their appearance in line with their preferences.
- People's personal information was kept secure at all times.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's needs were met in a personalised way and people had choices about the way their care was provided.
- Staff knew people well and had a good understanding of their support needs.
- Staff recorded the care and support they provided in records including any changes in their health. This meant staff always had up to date information about people to provide the care people needed.

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 had the opportunity to participate in a range of group activities and meetings held at the service. Staff made sure people were aware of these events.
- Staff were aware of how people liked to spend their time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and their needs were included within their care plans.
- Staff had a good understanding of people's communication needs and whether people who needed spectacles and hearing aids required support to use them.
- The provider had a communications team that could complete care plans in braille and translators were available if needed.

Improving care quality in response to complaints or concerns

- People felt able to raise any concerns or make a complaint if necessary.
- There was a complaints procedure in place. Each person was given information advising them how they could make a complaint. When complaints had been made, they had been managed and responded to appropriately.
- One person told us "We have regular meetings and can have our say".

End of life care and support

- The service was not supporting anyone with end of life care. The registered manager told us they had

worked alongside healthcare professionals such as district nurses to provide this care in the past.

- Care and support plans demonstrated people were given the opportunity to discuss end of life wishes if they chose to. This information would be used to develop future care and support for people when required.

# 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 the last inspection this key question was rated as good. At this inspection this key question had deteriorated 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not ensured there were always arrangements in place for the effective management of the service.
- On 11 August 2018 the provider sent a notification to CQC to inform them the registered manager would be absent for eight weeks. The notification stated, 'Acting manager in post. Area manager and local registered manager covering two days a week also. Email and on call support provided daily'. The registered manager and staff told us some cover was provided two days a week but there had been no 'acting manager' deployed at the service during this time.
- The provider had systems in place to assess the quality of the service people received and bring about improvements. However, these systems were not always effective.
- The May 2019 audit of the Medications Administration Records (MAR) had failed to identify one person had been administered a medication that had been stopped in March 2019. Corrective action was taken on the day and the issue was reported to the local authority.
- The monthly audits of the MAR for April 2019 had not been completed. The April care plan audit had not identified that one persons care plan did not accurately reflect the number of calls they were receiving. Action was taken on the day to correct this.
- When audits had identified shortfalls, action plans had been implemented to bring about improvements.
- The provider had identified the need to focus on addressing the timeliness of staff supervision and plans were in place to address this. One staff member commented "Supervision slipped a bit last year but we are getting on track again now".
- The provider had notified CQC of incidents and events, as legally required to do so. The provider had their latest CQC rating on display in the office and on their website.

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

- Staff told us there had been an improvement in the way things were organised. They had benefited from regular meetings and an increase in supervision sessions. They understood the need to provide person centred care and support.
- All staff told us the registered manager was approachable and felt supported by them. They also felt any concerns or issues they may raise would be addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were positive about the registered manager and staff and felt the service was well-led. They knew the management team well and told us they could contact them at any time to discuss any issues.
- People's views about the service were sought at group and individual review meetings.
- Staff had developed links and worked in partnerships with external agencies, including social workers, district nurses and other health care professionals.

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

- Apologies had been given when thing went wrong.
- Where appropriate to do so, people's family members had been informed when accidents and incidents had occurred.