Mediline Supported Living Limited

Mediline Supported Living Swallow

Inspection report

20 Swallow Street
Longsight
Manchester
Lancashire
M12 4GH

Tel: 01613209060
Website: www.northwestcommunityservices.co.uk

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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

Mediline Supported Living Swallow Street (known to people as Swallow Street) 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. Swallow Street provides care and support for up to five adults with a learning disability/or a mental health problem. The house is a purpose-built bungalow within a residential area of Longsight, Manchester. Accommodation comprises of five single occupancy bedrooms and spacious communal areas including a lounge, kitchen and bathrooms. At the time of our inspection the house was fully occupied.

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.

At our last inspection the service was rated good overall with requires improvement in the caring domain. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. "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.'

Staff received training appropriate to their role and were supported through regular supervisions and annual appraisals.

Medicines were administered as prescribed. People's health and nutritional needs were met by the service. We have recommended that the service records the daily ambient room temperature, for the room in which the medication is stored (this was visually checked but not recorded).

A safe system for recruiting new staff was in place. The number of staff on duty varied depending on the needs of the people of the people.

At our last inspection we found that not everyone had a Personal Evacuation plan (PEEPS) in place. At this inspection all PEEPS were in place. The service was well maintained and clean throughout.

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

Person centred care plans and risk assessments were in place to guide staff on the support people needed and how to reduce any identified risks. For those who needed support with communication separate communication plans were in use.

At our last Inspection the service was rated requires improvement in caring. During this inspection we saw positive and caring interactions between staff and the people living at the service.

Information about people's preferences, culture, likes and dislikes was clearly documented.

The registered manager had a thorough auditing system in place to monitor the quality of the service. All incidents and accidents were recorded and reviewed if required. The provider, through the area manager, also undertook quality checks and audits at the service.

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 remained Safe	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service has improved to Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Mediline Supported Living Swallow

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 comprehensive inspection took place on the 5 and 6 of June 2018. The inspection team comprised of two adult social care inspectors on the first day and one inspector for the second day. Some of the inspection was completed at the providers head office where recruitment records, staff training and supervision records were held. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day and we needed to be sure that people who use the service would be in.

We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch board. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised about the Service provided by Mediline Swallow Street.

We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law .

As part of the inspection we spoke with, the registered manager, four members of staff, two people who were living in the home, the training manager and the recruitment manager. We observed staff interactions with people living in the home and spent time observing care in the communal lounge and used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

After our inspection visit we contacted two relatives of people using the service and three health care professionals who had been recently supporting people living at the home.

We looked at the care plans for three people and other documentation held by the service including: policies and procedures and a range of records the home kept in relation to governance.

Good

Is the service safe?

Our findings

At the last Inspection we found that the service was safe. We found that the service continued to be safe.

Two people living in the home said that they felt safe and commented that staff were always there if they needed them, one person said "Yes I feel very safe here." Another person said, "The staff are always around and that makes me feel safe."

The home had a clear safeguarding and whistleblowing policy in place which staff understood. Staff we spoke with had a clear understanding of what would be a safeguarding concern and how to respond to this. One member of staff said, "If I found someone had an injury and there was no record of it I would report this to the on- call manager. I would ring the Local Authority if I felt I needed to."

The home had sufficient staff on duty to ensure people's needs were met. At the time of inspection there were four staff on duty. The registered manager explained the staffing levels fluctuated to reflect the different needs of the people, activities and appointments people living in the home had. Staff we spoke with said they felt there was always enough staff to support people safely.

We visited the services local head office and checked three recruitment files. There was a clear recruitment and selection process in place and all staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

We noted that on two people's recruitment records the last employment reference was not present and no explanation was provided for this. We saw that attempts had been made to contact these previous references and that two other suitable references had been supplied. Both members of staff had been employed at the service for several years with access to regular supervision and training so we did not feel this impacted on the safety of the people living at Swallow Street. We discussed with the recruitment manager the benefits of recording this information and they understood the importance of recording this information. and Tthis will be followed up at the next inspection.

The home had a risk assessment and management policy in place. Care plans included risk assessments in relation to the specific risks the person needed support to manage, including; mobilising, managing medication, maintaining health and wellbeing and managing finances. Each identified risk had a management plan which was reviewed and updated regularly. Incidents and accidents had been recorded and there was evidence risk assessments had been updated in response to these. Staff signed to indicate they had read the risk assessments.

The home had a medication policy and procedures to ensure medication was managed safely. The home used a pre-dispensed medication system. Medicines were stored in locked cabinets which were further locked in a separate store room. Staff checked the daily temperature in the room, but had recently stopped recording this. We were re-assured by the registered manager that daily written recordings would be re-

introduced the following day. At the time of the Inspection the room temperature was 21 degrees below the recommended maximum temperature of 25 degrees.

Each person had their own medication file, which included a photograph of the person and a full description of the medication the person took and why. Some people needed to take medication on an 'as required' basis . There were clear protocols in place to describe when the person may need to take this. For example, if a person was experiencing intermittent pain they may be prescribed paracetamol to take 'as required'. There was additional communication information to support staff understand anyone unable to verbally communicate if they had pain such a how an individual may act or certain facial expressions they may use which indicate when they are in pain..

At the previous inspection one person was found not to have a Personal Emergency Evacuation Plan (PEEP), a PEEP describes the specific support a person needs to get out of the property in an emergency. At this inspection we found all five people had a detailed PEEP in place. There was an up to date fire risk assessment and fire evacuation plan. Fire safety equipment, including emergency lighting, fire activation points and fire exits were tested and maintained regularly and staff were aware of how to act in the event of the alarm sounding.

The home was clean throughout and there was a clear up to date rota of cleaning duties including monthly deep cleaning and the cleaning of equipment such as walking frames, wheelchairs and other required equipment.

Good

Is the service effective?

Our findings

The Service was previously rated good and continued to be so in the effective domain. We looked at how the service assessed people's needs and delivered care and support.

People's health and social care needs had been assessed and support plans developed to ensure their needs were met as they preferred .Assessments in people's care plans were detailed and provided clear information about how to provide support to the person. Information had been included from the person, their family and other involved professionals. This showed the home had a holistic assessment process in place to ensure they could meet people's needs in line with best practice.

Staff received training appropriate to their role. For example staff undertook training on medication competency, safeguarding adults, food hygiene, fire safety, mental capacity, epilepsy and autism awareness. One member of staff said, "I have had a lot of training including e-learning. We receive regular updates and refresher training when we need it. I have achieved my level three Diploma in care. I have found this interesting and useful."

Staff received supervision every eight weeks from the registered manager. Supervision is a one to one session between the staff member and the manager to discuss work related practices, individuals and development needs. One member of staff said, "I have supervision every other month and it's perfect for me, I can express myself with my manager and they listen to me."

We looked at how the home supported people to maintain good nutrition. Food preferences were recorded and any support a person needed when eating was detailed within their care plan. Some people needed supervision and occasional support when eating, this was provided by the staff. One person living at the home said, "I like the food it is alright." A relative told us "I have visited often at meal-times and the food always looks good and plentiful".

Each person had a menu file in the kitchen which included their known preferences and records of food eaten. People were supported to choose their meals each day through the use of visual aids for example staff showed different food types to those unable to communicate so that they could make a choice.

People's health care needs were identified through clear and detailed health action plans. The action plans detailed how to support individuals with their health. For example, one person had a plan in place to help manage their weight, which included having a healthy diet and slowly increasing exercise. We saw evidence that other professionals such as physiotherapists and speech and language therapists were consulted where necessary. This demonstrated that the service sought advice to ensure people received timely, co-ordinated and holistic care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a specific decision 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 specific 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 had made appropriate referrals for DoLS for all five people, however these had yet to be authorised by the Local Authority.

The building was adapted to meet the needs of the people using the service which helped promote people's independence. Track hoists were available in bedrooms and an adaptable bath was in situ. There was also a wet room should people prefer to shower. We toured the building including the communal areas, dining kitchen, three people's bedrooms and the bathrooms and toilets. All were clean and maintained to a high standard. The home was decorated to reflect people's choice and style. The bedrooms were personalised with soft furnishings and photographs, one person, who showed us their room, expressed pride in their room and the home. People had been involved in choosing how their rooms were decorated, for example one resident had chosen a wall mural with a 'Under the Sea' theme and another had chosen a feature wallpaper. We also saw that the home displayed art work completed by people who lived in the home.

Staff we spoke to were aware of the importance of gaining consent, we observed them asking people discreetly before providing care and support. One staff member told us, "If someone makes a choice they may change their mind, I give them time, go back to them later. If someone is declining personal care I try to persuade them, I try to do things to make them happy." Staff recognised that gaining consent for those unable to communicate required prior knowledge of the individual. Another staff member told us, "Everyone is different, we support people to make choices, I do this by getting to know them as a person, I learn how they communicate."

Good

Is the service caring?

Our findings

At our previous inspection we rated this domain as Required Improvement but at this inspection we found the service to be good. People looked well cared for, were clean, appropriately dressed and well groomed. We observed staff spoke quietly and treated people with kindness and respect. The atmosphere in the home was calm and relaxed. During our visit we saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. One staff member told us "I always knock on people's doors – even if they are just having a lie down as its their private space."

We spent time observing the caring interactions between staff and the people. Staff bent down to make good eye contact with people and presented them with choices by using physical objects where needed. For example, a variety of snacks were presented for people to choose from. We saw that staff encouraged people to take part in activities of their choosing and supported them where required. For example we saw staff singing and playing games with people depending on their preferences. Staff demonstrated that knew how best to communicate with each individual using gestures and signs where required to enhance effective communication.

We saw from staff interactions with people that they knew them well including their routine, and their likes and dislikes. We spoke to a relative who told us "We have attended some great birthday parties and events over the years, the lengths the staff go to, to make sure people have a good time is amazing." We saw photos displayed in the hallway which reflected these comments. People were frequently supported to access the community to engage in activities such as attending local cafes, shops, swimming pool and the secure garden.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in the staff office. This was to ensure information about people was accessible to staff but kept confidential.

A discussion with the registered manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. Independent advocates are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them. We saw that the manager had recently involved an advocate to support three people in their annual care review with the Local Authority.

Good

Is the service responsive?

Our findings

The Service was previously rated good in responsive and we found they continued to be so at this inspection.

The Registered Manager and staff told us, they were guided by people's wishes and preferences when it came to arranging activities. Staff had a good, detailed understanding of people's needs. For example, one person living in the home said, "I like being able to go out most days, I have been shopping for clothes." Daily activity logs were kept and these demonstrated the different activities people took part in. The registered manager told us, "We recently supported [person's name] to try a new sensory room, but they didn't enjoy it so we will be going back to the old one next week." This meant that the service was happy to support people to try new activities, but were guided by people as to what they enjoyed.

All staff had input into creating and updating people's care plans and it was considered a key way of getting to know people. Care plans included individual's history and lifestyles and reflected their views in a person-centred way. They included symbols and pictures to make them easier to read for the people they belonged to. Care plans were regularly reviewed and updated. We saw from staff meetings (which people living at the service could attend if they chose to) that people's goals and desired outcomes were at the forefront of the team discussions. Each resident had monthly one to one meetings with their keyworker where they could raise any concerns or issues and re-visit the goals they had set. This helped ensure those with communication difficulties had been able to express their views and feedback on the service was regularly sought this way. We saw that people's goals were achieved within the timescales allocated.

One person living at the home had required a period of hospitalisation after a fall after, which they required a period of physiotherapy to improve their mobility after a hospital stay. We spoke with a physiotherapist who had been involved and they told us the staff had followed any instructions left and were 'keen to learn and get it right'. This meant staff promoted people's independence where possible. Care plans and risk assessments were immediately updated to reflect these changes.

People and relatives told us the staff helped them organise holidays as they wished. We saw that one person's goal was to go to Blackpool on holiday and that staff had supported this individual to book it and plan activities for when they were there. People were supported to maintain friendships by regularly visiting other Mediline run services locally and by staff supporting them to visit their relatives. One person's relative told us "Staff once supported my relative to go to Spain where [person's name] was able to see their brother." Another relative said "My Mum has not been well enough to visit the home, so the carers brought (person's name) to us. I thought that was very thoughtful and was good for them both."

A complaints policy was in place and information on how to complain was displayed in the hallway. This was also available in Easy read format. However, none of the people or relatives spoken with had had cause to raise concerns and were happy with the service provided. The registered manager confirmed any concerns or complaints were taken seriously and would be explored and responded to. The complaints folder showed since the previous inspection there had been no formal complaints made against the service.

One person told us that they knew what to do if they had a complaint "I would tell [manager's name] if I wasn't happy about anything." The people were confident that the manager would sort out any issues or concerns.

The home did not routinely provide end of life care, however staff understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so. Some staff had applied for additional training in this area to improve their skills and knowledge.

Each person had a hospital passport which included a traffic light rating system should they need to go to hospital. This focused on three areas – what you must know about me (red); what is important to me (amber); and what you need to know about me (green). In addition to medical information the hospital passport included sections which described what was important to the person, about how to communicate effectively with the person and support them to feel calm and accept treatment. This showed the home had ensured transitions between the home and anyone requiring urgent medical treatment services would be as smooth and person-centred as possible for the person.

Good

Is the service well-led?

Our findings

From our discussions held with the registered manager we were confident that they were clear about the aims and objectives of the service. This was to ensure that the service was run in a way that supported the need for people to be cared for safely and in accordance with their wishes.

We saw there was a system of audits and quality checks made by the registered manager. A weekly manager's check was made to check all weekly tasks such as cleaning rotas, health and safety checks and paperwork had been completed. Monthly medication audits were also completed. The area manager completed an additional audit every two to three months. Any issues were noted along with the action taken. This meant the registered manager had a system in place to monitor and improve the service and the provider, through the area manager, had oversight of the service.

The staff we spoke with were positive about their role and said the registered manager was approachable. Staff spoke consistently about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. Comments included, "I love working here" and "I can't even tell you how supportive and caring the manager is.

We saw that the service held regular staff meetings and the minutes showed that staff were able to contribute. Staff we spoke to told us that they felt valued and able to have an input into how the service could improve outcomes for the people who lived there.

Where people had relatives we saw that they were invited to attend reviews . Where no relatives were available we saw that the manager had referred to advocacy services to support people to contribute. A relative we spoke to told us "The manager is a lovely lady – she always keeps us informed of anything we might need to know. I have total confidence in her."

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked our records and looked at records during the inspection and found that all events had been notified to us as required.

We saw that the service had good links with other services in the community. These included specialist centres such as day centres, other care homes as well as none specialist community settings which people were supported to access.