Middleway Care Limited

Middleway Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 21 January 2016. It was an announced because the location is a small care home for younger adults who are often out during the daytime; we needed to be sure that someone would be in.

Middleway Care provides care and accommodation for up to five people with a diagnosis of a learning disability or autistic spectrum disorder. The communal areas of the home are on the ground floor, together with two bedrooms. The rest of the bedrooms are on the first floor. Four people lived in the home at the time of our visit.

The manager had applied to become the 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.

There were enough suitably trained staff to keep people safe. They had received training in keeping people safe and understood their responsibility to report any observed or suspected abuse. Staff were knowledgeable about the risks associated with peoples care and support. Risk assessments and management plans were in place to manage the identified risks. Medicines were managed safely so people received their medication as prescribed.

New staff received an induction, and recruitment checks were carried out prior to staff starting work at the service to make sure they were suitable for employment.

The manager and staff understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. At the time of our visit DoLS had been approved for all of the people living at the home.

The home had a friendly and relaxed atmosphere. Staff told us they enjoyed working there. Staff were patient, attentive and treated people with kindness.

Staff respected and understood people's need for privacy and promoted their independence. People took part in daily activities in the home and their local community.

People were involved in menu planning and their nutritional needs were met. People were supported to maintain their health and well-being and staff knew when to refer to other health professionals.

People knew how to make a complaint. A system was in place to manage complaints received about the service.

The manager had a good understanding of their responsibilities and staff felt supported by the manager.

Effective systems to monitor the quality of the service were in place. A recent quality audit had highlighted areas in the home that required improvement. Action was being taken to make these improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of the signs of abuse and understood their responsibilities to report concerns. Medicines were stored safety and people received these as prescribed. Risks to people's health and wellbeing were managed well.
Staff were available at the times people needed them.

Is the service effective?

Good

The service was effective.

New and existing staff were supported to develop their knowledge and skills to meet people's individual needs.
Where restrictions on people's liberty had been identified applications had been made to the local authority under the Deprivation of Liberty Safeguards. People attended regular appointments with healthcare professionals to maintain their health and well-being.
People's nutritional needs were being met.

Is the service caring?

Good

The service was caring.

There were positive relationships between people who lived in the home and the staff supporting them.
Staff promoted people's independence and dignity.
People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who understood their needs and they were encouraged to make choices.
Care plans provided staff with information about how to meet people's changing care needs.
People were encouraged to persue their hobbies and interests.

Is the service well-led?

Good

The service was well-led.

There was clear leadership to drive improvement at the service. The manager was aware of their responsibilities to lead the staff team and supported staff to develop their skills.
Audits and checks were completed to ensure the quality of the service was under constant review and improvements were made.

Middleway Care

Detailed findings

Background to this inspection

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

This inspection took place on 21 January and was announced. The provider was given 24 hours notice because the location is a small care home for younger adults who are often out during the daytime. We needed to be sure that someone would be in. The visit was carried out by one inspector.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our inspection visit reflected the information contained within the PIR.

Before the inspection we spoke to the local authority commissioning team and asked if they had any information about the service. They made us aware they had last visited in August 2015. They observed positive interactions between the staff and the people who lived at the home. However, they found that not all staff had received training in safeguarding and requested the training be provided. This training has since been undertaken.

We reviewed the information we held about the service and the statutory notifications that the manager had sent to us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

During the inspection we spoke to four people who lived at the home and one person's relative. We also carried out a SOFI observation. SOFI is a 'Short Observational Framework for Inspection' tool that is used to capture the experiences of people who may not be able to tell us about the service they receive.

We spoke with the manager, a senior support worker and 3 support workers. We reviewed two people's care plans and daily records to see how their support was planned and delivered. We reviewed records of checks

the staff and management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

One person who lived at the home told us "I feel safe here, we have a nice house." One person's relative said"[Person] is safe, they receive good care." Most people who lived at Middleway Care were unable to tell us whether they felt safe as they had limited speech. To help us understand whether people felt safe we spent time observing the interactions between people and the staff. We saw people approached staff confidently and responded positively when staff approached them.

Procedures were in place to protect people from harm. Easy read information was on display in the home to inform people of what to do if they felt unsafe. One person we spoke with knew what to do and told us, "I would tell the manager or my keyworker if people were being nasty to me." Staff we spoke with had a good understanding of how to keep people safe and records showed they had received safeguarding training. Staff knew what to do if they suspected abuse. One staff member told us, "We have to be vigilant. I tell the manager if I have any concerns or worries." Another explained, "I report everything straight away; we have to make sure people are safe."

The manager understood their responsibility to protect people and to report potential safeguarding incidents. Records showed appropriate and timely referrals had been made to the local authority as required. Staff confirmed there was a whistle blowing policy in place and they were confident to raise any concerns they had.

Staff we spoke with told us there were enough staff to meet people's needs. One staff member said, "Staff turnover is low, shifts are always covered." On the day of the visit four staff were on duty. We observed staff were not rushed and had time to sit and talk with people. We saw enough staff were on duty to provide the support people needed to keep them safe at home and when they went out. For example, one person had poor eye sight and was at risk of falling over and hurting themselves when walking on uneven ground outside of the home. We asked staff about this and they told us they always encouraged the person to link their arm when walking so they didn't fall and they offered them reassurance when walking up and down steps.

There were detailed risk assessments and management plans in place for staff to follow to reduce any identified risks to people's health and wellbeing. For example, an epilepsy management plan was in place for one person. Staff knew how to support the person if they had an epileptic seizure and when they needed to call for an ambulance. One staff member said "I follow the epilepsy plan. I feel confident and know exactly what to do if [person] has a seizure."

Risk assessments were reviewed monthly to ensure the information was correct .Staff explained if new risks were identified the manager updated the person's risk assessment to keep people as safe as possible.

Recruitment procedures were in place to minimise the risk to people's safety. The manager told us all prospective staff had an interview and people were recruited based on their experience. Prior to staff starting work at the home the provider checked they were suitable to work with people who lived there. One

member of staff said "I had to wait for my references and DBS check before I could start." The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions by providing information about a person's criminal record. The manager told us there were no staff vacancies and agency staff were rarely used. This meant that people were supported by experienced staff who knew them well.

One person told us," They [staff] help me with my tablets every morning". We checked if people's medicines were being managed safely. Each person's medication was stored in their bedroom along with a medication folder which included a list of their medicines and possible side effects the medicines could cause.
Some people required medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines. Staff told us these medicines were for pain relief. We asked staff how they knew if a person was in pain if the person could not speak to them. One staff member told us "We know if [person] is in pain by their facial expressions and the sounds they make. Another person will rub the part of their body that is causing them pain."

Only trained competent staff administered people's medicines. Staff we spoke with confirmed they received training. The manager told us they had begun to observe staff handling medicines to ensure they were competent to do so. Administration records showed people had received their medicines as prescribed. Medicines were checked regularly to make sure they were managed safely and people received their medicines prescribed by their GP.

Accidents and incident records were up to date. Analysis of incidents had last taken place in January 2016 and action had been taken to reduce the likelihood of the incidents happening again.

We saw people were comfortable in the environment. Regular checks were carried out to ensure the building and the equipment were safe for people to use. For example, all electrical equipment had been safety tested in June 2015.

The home had plans in place to minimise the impact of unexpected events. We saw the homes fire evacuation policy on display and people had a personal fire evacuation plan. This meant in an emergency people could be assisted to evacuate the building safely. Staff confirmed they knew what to do in an emergency. One staff member said "If a fire broke out I would call the fire brigade. We have practice fire drills to remind us what to do."

Good

Is the service effective?

Our findings

Some people were unable to use speech to communicate. Staff used communication books to help them understand what the person's needs, preferences and choices were. For example, by using the communication book staff knew if one person felt hungry, they would rub their stomach with their hand. Staff told us the books were really helpful. One staff member said "[Person] can become frustrated if we can't understand what they are trying to tell us. The communication books help us to understand and the person becomes calmer". This meant staff were able to communicate with people effectively.

New staff members were provided with effective support when they first started working at the home. They completed an induction so they were aware of their roles and responsibilities. Staff told us they had received an employee handbook which helped them to understand the provider's policies and procedures and had spent time reading people's care plans to get to know them. They had worked alongside experienced staff and observed how people preferred to be supported before they worked independently.

Staff confirmed they had regular one-one supervision meetings with their manager. Supervision provides staff with the opportunity to discuss their work practices and discuss any training or developmental needs.

Staff received relevant health and social care training to meet the needs of people who lived at the home. A training schedule showed when training had been completed and when it was next due. This helped the manager plan and prioritise staff training. Staff told us the training was good and helped them to do their jobs effectively. One staff member told us, "I had a lot of training when I started and I have frequent refresher sessions to keep me up to date." Another said, "I go to head office for training and complete some courses online. I have recently completed safeguarding and mental capacity training."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Act requires that where possible people make their own decisions and are helped to do so when needed. When people lack capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within these principles and whether any conditions on authorisations to deprive a person of their liberty were being met. Capacity assessments had been completed and meetings had taken place with health professionals and those closest to the person to make decisions. The provider had submitted applications for each person who lived in the home to the local authority for approval because their freedom of movement had been restricted in their best interest. The manager understood their responsibility to comply with these requirements. This meant the rights of people who were unable to make important decisions were protected.

It was clearly documented within peoples care plans whether or not they had consented to their care. One person said, "Staff do ask if I need any help but I can do a lot of things for myself." During our visit we saw people verbally consented to their care and staff respected the decisions people made. Staff told us they

would always ask people before they provide any care or support as people had the right to refuse.

People had a choice of food and drink that met their dietary needs. Snacks and drinks were available in the kitchen and we saw people go and make themselves a drink or get a piece of fresh fruit. One person told us, "The food is nice, I can have whatever I want, I sometimes go out shopping to buy nice food." Staff assisted people each week to put together a weekly menu plan that contained foods they liked that were nutritionally good for them. A pictorial menu was displayed on the kitchen wall which peoples could understand. Staff had good knowledge of what people enjoyed and frequently went food shopping to make sure the foods people liked were available.

We asked staff about menu planning and they told us the menu was flexible and people could choose each day what they would like to eat. We saw this happen on the day of our visit. At lunchtime a staff member asked people what they would like to eat. One person said "Pasta" and they put their thumb up in the air and smiled.

One person who had difficulty swallowing food, was helped by a member of staff to eat their lunch. This was carried out at a pace to suit the person. Guidelines implemented by the speech and language team were followed. The staff member told us "I take my time when helping [person] as they have difficulty swallowing. [Person] will touch my arm if I am helping them too slowly and push their meal away when they have had enough to eat".

People's weights were being effectively monitored and staff we spoke with knew what action to take if people were gaining or losing weight. One member of staff told us "Previously we have consulted the GP who referred [person] to a dietician as they had gained weight."
We looked at this persons care plan and saw staff had sought and followed guidance from a dietician. The person had been supported to choose healthier food options and get more exercise. This lifestyle change had resulted in weight loss.

People had 'hospital passports'. These were documents which included important information about the person that hospital staff would need to know if the person was admitted to hospital. For example, any allergies they had and what foods they liked to eat .This meant people who could not communicate verbally would not be disadvantaged when visiting hospital because health care professionals would have information to help them meet their needs.

Records showed people had regular health checks with their GP throughout the year and were referred to other professionals where appropriate. Two people had been to a chiropody appointment on the day of the visit. One person's relative told us the home's staff always let them know if [person] had attended an appointment or had been unwell. They further explained the home was very good at contacting the GP if [person] was unwell.

Good

Is the service caring?

Our findings

We asked people what they thought about the staff, and one person told us, "I like all the staff, they are kind to me, and we all have a good laugh together." One person's relative was complimentary towards the staff and said, "The staff are really caring and always try to do their best."

We spent time in the communal lounge where the atmosphere was calm and relaxed. We saw people were supported by a staff team who knew people's abilities, support needs, habits, and preferred routines. We saw people and staff chatting and watching a film together. Staff were very caring towards people and treated people with kindness. We asked staff about the home. Comments included "Its s a lovely homely environment". I am really happy working here" and "It's fabulous, there is never a miserable day."

Staff were aware of people's right to privacy and provided support in a dignified way. We saw staff discreetly checked that people were okay when people chose to spend time in their bedrooms. One person told us "I go up to my bedroom when I want to, I can lock my bedroom door from the inside."

Staff respected that Middleway care was the home of the people who lived there. A member of staff said, "I always ring the doorbell when I arrive and I make sure I knock people's bedroom doors before I go in."

One person showed us their bedroom. The person's preferences had been taken into consideration in how the room was decorated. Their family photographs were on display and we saw they had lots of personal belongings.

Staff recognised the importance of promoting people's independence. They told us one person responded really well when they spoke to them in an 'upbeat and jolly tone'. They explained this approach worked really well when they were trying to encourage the person to complete daily tasks such as vacuuming. One person told us, "I bring my washing down and the staff help me to put it into the washing machine. I do as much as I can for myself."
There were no restrictions on visiting times and people were encouraged to maintain relationships with people who were important to them. People told us they often visited their families. Staff confirmed all of the people who lived at the home had frequent family contact and chose to spend time with their families.

People who lived at the home had formed good relationships with each other. Staff explained two people had a really strong friendship and really enjoyed each other's company. We saw these people had chosen to go out for lunch together on the day of the visit and sat together in the communal lounge when they returned home.

Information about a local advocacy service was on display in the home. Nobody living at the home at the time of the visit needed advocate as their families supported them to make important decisions and choices. An advocate is an independent person who is appointed to support people to express their wishes and then helps them to make informed choices and decisions about their life. We discussed this with the

manager and they knew how to make a referral if advocacy services were required.

Confidential information regarding people was kept in the manager's office so people were assured their personal information was not viewed by others.

Good

Is the service responsive?

Our findings

One person told us "If I need anything staff will always help me." We observed staff approach people in a friendly and respectful way. Staff quickly recognised when people wanted something and took positive steps to engage with them.

We saw staff responded promptly when people requested assistance. For example, one person was struggling to carry a hot drink from the kitchen into the lounge and asked for help. A staff member saw them struggling and carried the persons drink into the lounge so it didn't spill on the floor.

Prior to people moving into the home a pre-assessment had been carried out to ensure the home could meet their needs. People had also been invited for lunch to get to know the other people who lived at the home.

Everyone living at the home had a care plan which had been reviewed monthly. This ensured the information was correct and people's needs continued to be met. We looked at two people's care plans and both were written in a personalised way. The manager explained that not all people had been able to contribute to their care plan. Care plans for these people had been written with input from their relatives and the health professionals involved in their care. A relative we spoke with confirmed they had been involved with care planning. They said "I always know what is going on, staff know [person] really well and I am able to get involved with making decisions for [person]."

Information included people's likes and dislikes, things that were important to them and their preferred daily routines. Care plans gave staff guidance on how people preferred to lives their lives. For example, one person enjoyed having a bath twice a day. Staff we spoke with knew this and explained in detail how they supported the person to bathe.
All of the staff we spoke with had worked at the home for several years and had good knowledge of people's individual preferences. We asked staff how they offered people choices. One staff member told us "If we give [person] too many choices they can't always make a decision. I give them three choices". They explained how they held up three different jumpers and the person chose which one they want to wear. This meant staff supported people to make choices in a way they understood.

We asked staff how they know if a person's need had changed. They told us messages are often passed on verbally and a communication book was in use. One staff member told us "Whenever people's care plans or risk assessments are updated we sign to say we have read and understood the changes." This meant staff had up to date information about people's emotional or physical health.

People were involved in planning activities and this meant they were encouraged to persue their interests. One person told us "I go out for a coffee, to a local social club and shopping." One person's relative confirmed [person] enjoys going out most days to different places including going to the gym and swimming. On the day of the visit two people went out for lunch and another person chose to go for a walk to a local bakery to buy cakes. People who chose to remain at home enjoyed watching films and doing

jigsaw puzzles. Photographs of previous social events that had taken place which included trips to the theatre and parties were on display.

A keyworker system was in place.This meant people were supported by named staff who knew them well. One person said "I have meetings with my keyworker and we talk about me!" One person's relative confirmed meetings do take place monthly and they were invited to attend. Records of these meetings were in an 'easy read' (pictorial) format and showed that regular discussions had taken place with people about their daily life choices and things they would like to change.

People were aware of how to make a complaint. One person told us "I would tell the manager but I haven't got anything to complain about." Easy read information on how to raise a complaint was on display in the hallway of the home for people and visitors. One person's relative was confident to raise a complaint and explained there were rarely any problems. Issues they had previously raised had been quickly resolved by the manager.

A system was in place to manage complaints about the service provided. Four complaints about the home had been received in the last six months. Complaints had been recorded and written responses had been given. One complaint had been about the poor attitude of staff. We saw a response to this and the actions taken as a result of this to make improvements to the service provided.

Good

Is the service well-led?

Our findings

We spoke with people, their relatives and staff about the management team at Patricia House. One person told us "The manager is friendly and happy." A relative explained lots of different managers had been employed over the last few years but usually everything is fine as the senior management team had remained the same.
Staff spoke positively about the manager and the deputy manager. Comments included "She [manager] is approachable," and "They [managers] were open to new suggestions that could improve the service. "One staff member said "Usually morale is good and I feel motivated to do the best I can."

Staff explained communication between them and the senior management team could be improved. For example, they didn't always feel fully informed when changes were going to happen at the home. We spoke to the manager about this who agreed to discuss this further with the staff team to resolve the issue.

At the time of the visit the manager had worked at the home for 4 months. They had submitted their application to become the registered manager. They were supported by a deputy manager and were aware are of their responsibilities. Senior care workers were responsible for the running of the home when a manager was not on duty.
We asked the manager if they felt supported in their role. They told us, "Yes, I have supervisions and meetings with the operations manager, the meetings are really helpful".

The manager was keen to support the staff to attend training and develop their skills. For example, a senior care worker was responsible for completing the staff rota and another was responsible for ordering people's medicines. We asked staff about this and they confirmed opportunities for them to develop were available if they wanted to do so.

The managers completed daily 'walk arounds' of the home. This ensured they had an overview of how staff were providing care and support to people. We saw good team work and communication between the staff team and the manager during the visit. Processes we looked at included handover records and communication books. This showed us that staff could pass on information and receive important messages from the management team.

Staff told us they were confident to raise any concerns with the manager. Team meetings took place occasionally and they were able to contribute items for discussion. One staff member said "We have meetings now and again." The manager told us staff meetings should take place monthly but this had not always happened. They planned to increase the frequency of team meetings immediately.

A 24 hour on-call system was in place. This meant that staff could always contact a member of the management team. One staff member told us "I phoned the on-call telephone number when someone was unwell and a manager advised me what to do." They explained this made them feel supported and listened to and assured them they could seek guidance when they needed it.

We asked the manager what they thought the home did well and what areas could be further developed. They explained staff knew people really well which meant people received good care. They said "The team work and the attitudes of staff are excellent". They told us how people's views on the service were gathered to continually improve the service. They had plans to work in partnership with the speech and language therapy team in the next few months to revise how people's views on the service were gathered in a format they understood to continually improve the service.

People and their relatives were asked their opinions about the service through satisfaction surveys but this had not happened in recent months. The manager explained this was due to other work taking priority. We saw internal audits and checks were completed to ensure the quality of service was under constant review. This was to ensure the home ran well in line with the provider's policies and procedures. A quality audit of the home was competed by a senior manager in October 2015. This had highlighted areas that required improvement and an improvement action plan had been implemented. We spoke to the manager about this. They told us good progress had been made. For example, competency checks for staff administering medicines had not been happening. We saw these checks had recently taken place.

There were also checks by other external organisations. On the day of the visit the fire alarm system was safety tested. A recent infection control visit by the local clinical commissioning group had resulted in a score of 88%. Best practice recommendations had been made and action had been taken to make improvements.

The manager understood their legal responsibility for submitting statutory notifications to us. This included information about incidents that affected people who lived at the home or changes to how the service operated. It is important we receive all necessary notifications so we can monitor the service and take action when required.