

Midland Heart Limited

Pear Tree Lane

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

This unannounced inspection took place on 17 May 2016. At our last inspection during August 2014, the provider was meeting the regulations we looked at. Pear Tree Lane provides accommodation and personal care for up to 13 people with learning disabilities. At the time of our inspection there were 13 people living at the home.

There was a registered manager in post. 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.

People told us they felt safe living at the home. Staff knew what they would do to protect a person from the risk of harm and how to respond to any concerns. Staff were aware of risks to people's health and well-being and these were appropriately managed. There were enough staff to meet and respond to people's needs. Recruitment processes were in place which ensured staff had the appropriate checks and skills before they began working in the home.

People received their medicines as prescribed and these were managed safely. People had access to healthcare professionals as required to maintain their health. People were asked for their consent in ways they understood. People's care and support was planned in a way that did not restrict their rights and freedom. People were supported to have enough food and drink and were offered meals that were suitable for their individual nutritional needs.

People were cared for by staff who knew them well. Staff were attentive and caring towards people. Staff used people's preferred communication to ensure their individual choices were respected. Staff respected people's dignity and privacy at all times. People were supported to follow their own interests and hobbies. Relatives felt comfortable in raising any concerns and felt confident these would be addressed appropriately. Staff were aware how they could support people to communicate their feeling if they were unhappy about something.

People and staff spoke positively about the approachable nature of the registered manager. The registered manager was aware of their responsibilities and had developed systems to monitor the quality of the service people received. There was evidence from learning from incidents and changes put in place. There were audits to monitor the quality of the home which included regular checks of people's medicines and care plans.

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.

People told us they felt safe and staff understood their responsibilities to protect people from the risk of abuse. Risks to people had been identified and assessments were in place to support people safely. There were sufficient numbers of staff to meet people's needs who were recruited safely. Medicines were stored, administered and managed safely.

Is the service effective?

Good ●

The service was effective.

People were looked after by staff that were trained and supported to meet people's individual needs. People were asked for their consent in ways they understood. People were supported to have enough food and drink and staff understood people's health and nutritional needs.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were extremely kind and caring and treated people with respect at all times. Staff supported people to make choices and maintain their independence for as long as possible.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning their care and support. Staff knew people well and understood their likes, dislikes and preferences. People were supported to maintain relationships that were important to them. People were supported to choose how they spent their time and were supported by staff to pursue their interests. People and their relatives concerns were listened to and responded to promptly.

Is the service well-led?

Good ●

The service was well- led.

The registered manager's vision and values were shared by all the staff, which resulted in a culture where the focus was the people living at the home. The management team were open and transparent in the running of the home. Staff had a good understanding of their roles and responsibilities. There were systems in place to measure the quality of the service provided and lessons learn were put in place to improve the service for everyone.

Pear Tree Lane

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 17 May 2016 and was unannounced. The inspection was conducted by two inspectors.

We reviewed the information we held about the service before the inspection, this included notifications received from the provider about safeguarding alerts, accidents and incidents which they are required to send us by law. We also contacted the local authority who purchase care on behalf of people to ask them for information about the home. We considered this information when we planned our inspection.

During our inspection we spoke with two people who lived at the home, three relatives, five staff and the registered manager. We reviewed the care records for three people, to see how their care was planned and looked at three people's medicine records. We also looked at staff records and records to monitor the quality and management of the home. We observed how staff interacted with a number of people who used the service throughout the inspection.

Is the service safe?

Our findings

We saw people were confident to approach members of staff and the registered manager if anything concerned them. We saw staff spent time with people to reassure them if they were worried about anything. However one person said "Yes" when asked if they felt safe. Relatives we spoke with said they felt confident their family members were safe and free from the risk of harm at the home. One relative told us, "It's very safe, I don't have any concerns [person's name] is looked after. The home is safe." Another relative said, "Yes its safe, any issues are dealt with straight away."

People were protected from the risk of abuse because members of staff we spoke with were able to recognise the different types of abuse and told us how they would respond to protect people from the risk of harm. One member of staff said, "Had safeguarding training and if I saw anything I would report it in the first instance to the manager if it involved the manager I would report it to their line manager. I would contact the police or local authority if I felt I needed to." And "Safeguarding is about protecting [people] and about staff as well." Staff told us they were confident the registered manager would take action if any concerns were raised. The registered manager had a good understanding of their responsibilities in maintaining people's safety; and records we looked at indicated the registered manager understood their responsibility to refer any allegations of harm or abuse to the local authority safeguarding team This demonstrated that people were protected from the risk of harm or abuse as the provider had appropriate systems in place.

Staff we spoke with demonstrated an understanding of how to support risks to individual people. Risks to people's individual health and wellbeing were assessed by the registered manager or a member of their management team. Where risks were identified people's records detailed guidance and the action to be taken by staff to minimise the risks. For example, we looked at care records for some people who were at risk of seizures. There was detailed information and instruction for staff to follow including emergency protocols for staff to use should they have a seizure. Staff we spoke with told us they considered people's safety constantly when they were providing care or support to people to ensure they were safe. For example, when supporting people to mobilise around the home using appropriate aids. Staff said they would report and record any concerns they had to about risks to people for action or review. One relative told us about a specific piece of equipment used to keep their relative safe. They said something was noticed by staff about the equipment being used and it was dealt with straight away. This reduced the risk of injury to the person. This showed risk to people was identified and staff were aware of the actions they should take to minimise risk to people.

Staff recorded incidents and accidents appropriately so that information shared during hand-overs ensured all staff were aware of the action to take to minimise the risks of a re-occurrence. Incident reports identified the probable cause of for example accidents and the action taken, such as referring to healthcare professionals for advice.

Everyone we spoke with felt there were sufficient numbers of staff available to meet people's needs. One relative commented, "There are enough staff." One member of staff said, "There are enough staff to meet people's needs." Staff we spoke with said that the registered manager knew people and their needs well and

ensured that there were enough staff on shift to support people safely. Staff commented they had time to engage with people individually and support them to participate in various activities whether in the home or the community. Staff told us they covered absences with existing staff or used bank or agency staff who were known to people. During our inspection, we saw there were sufficient numbers of staff on duty to support people and when people required assistance staff were available to support them quickly.

A new member of staff confirmed they had completed a range of employment checks before starting in their job role for example, employment reference checks and Disclosure and Barring checks (DBS). DBS checks include criminal and barring checks to help employers reduce the risk of employing unsuitable staff. They said, "I had an interview, reference and other checks before I started to work [at the home]." The registered manager told us they checked staff were of good character before they were employed. They showed us staff member's files and we saw appropriate checks had been obtained before staff started work at the home.

People received their medicines safely and as prescribed. We observed staff supporting people to take their medicines safely. We checked three people's Medicine Administration Records (MAR) and saw these were completed appropriately. We found where people required medicine on an 'as required' basis (PRN) such as for pain relief there were individual PRN protocols in place for staff to refer to. Where people used homely remedies such as cold treatments we saw records were kept detailing medicine's people could take for minor ailments. These had been agreed by the person's doctor. Medicines were stored appropriately to keep them safe and maintain their effectiveness. Staff that gave medicines told us they had received appropriate training and their competency to administer medicines was checked by the registered manager. One staff member said, "The training involves role play and the policy means everything is done in two's they are very strict on medicine administration." The registered manager told us training was annual with competency checks carried out for those administering medicine regularly.

Is the service effective?

Our findings

People and their relatives were all complimentary about the staff. They said that they thought that staff were well trained and knowledgeable about how to support people's needs. One relative told us, "Staff are very good, they can read [person's name] and know exactly what [they] want and they understand [person's name] needs very well." Another relative said, "[Staff] are very knowledgeable they know [person's name] very well." We saw staff knew people well and supported them appropriately with their physical and social needs. We saw staff engaged and communicated with people in a sensitive way observing people's individual communication methods. Staff we spoke with explained how people expressed themselves. For example, these included descriptions of sounds and body language that people used to request personal care or support.

Some staff had worked at the home for a number of years. This had helped people build stable and consistent relationships with staff members. Staff told us they felt supported by the management team and encouraged to develop their skills to meet people's individual needs. For example, in epilepsy and sensory awareness. They said that they received regular one to one meetings which provided an opportunity to discuss their own personal development and also attended regular staff meetings. A member of staff said, "I feel really supported by the managers." Staff said they understood their roles and responsibilities and felt they could approach the management team if they had any concerns. Staff told us they received regular training in areas that were appropriate to the people they cared for. One member of staff told us, "Training is good here and the manager allows time for training to be completed." We spoke with one member of staff who had recently started work at the home; they described their induction which included shadowing more experienced members of staff. A staff member commented, "I feel totally supported in my role, I had a four day induction and shadowed staff. I was also observed by the manager in the role. Only when I felt confident enough did I do tasks on my own." Staff records we looked at identified areas of individual development and training for staff and included one to one meetings and annual appraisals. We saw the registered manager had implemented the Care Certificate for staff to enhance their knowledge. The Care Certificate is a set of core standards which provide staff with the knowledge they need to provide people's care. We also saw staff were trained and had the skills to communicate with people in different ways including the use of Makaton. Makaton is a system of signs and hand signals. This demonstrated staff had the relevant skills and knowledge to support the people living at the home.

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. We checked whether the home was working within the principles of the MCA and found that it was. Staff we spoke with demonstrated a clear understanding of the principles of the MCA. We saw staff consistently asking for consent before giving care and support. Staff told us where people cannot communicate verbally they look for positive sounds to confirm or deny consent to care and support. Staff understood where people had restrictions to their liberty, for example, one staff member told us, "Lap belts in wheelchairs are used when moving and are released when stationary to limit the restriction." This showed

people's consent was sought.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application 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 told us everyone living in the home had authorised DoLS in place. We checked three people's records and found there were effective assessments in place to demonstrate the application for the DoLS was required and a system was in place to identify when a further application were needed. Records of best interest decisions were documented for those people who lacked capacity to make a decision and consultation with relevant people took place. For example, a best interest meeting took place with family members for one person who required the use of a sound monitor in their room to keep them safe. This showed that systems were in place to protect people when their liberty may be restricted.

People were supported to eat and drink enough and to maintain a balanced diet. One person confirmed they enjoyed the food. One relative commented, "[Person's name] enjoys the meals, they like the food." We saw throughout the day hot and cold drinks were offered to people. We saw one person who was reluctant to eat or drink; staff regularly sat with them offering encouragement to take small amounts of fluids. We observed mealtime and saw the support people received at mealtimes was dependent on their individual needs. Where people required assistance; staff sat with people offering encouragement or support when required. We saw people were offered a choice of where they would like to eat their meal, for example on the day of the inspection people were enjoying sitting outside in the garden to eat their lunchtime meal. People were not rushed and ate their meals at a pace that suited them. Staff we spoke with told us about people's individual preferences, and when people who had specific dietary requirements, how those needs were met.

People were supported to see the doctor and other healthcare professionals when required. One relative said, "I am always told about any appointments and go with staff and [person's name] to these. I am kept well informed." We looked at people's individual healthcare records and saw referrals were made where required when concerns had been identified. Guidance given by healthcare professionals such as speech and language team (SALT) were recorded in people's records for staff to refer to. We saw that staff worked with health and social care professionals to ensure people's needs were being met. Staff we spoke with said when they noticed any change in a person's health or support needs they would speak with the registered manager or senior staff who would contact the relevant healthcare professional. For example, the registered manager told us of one person who food was being monitored. They said they were going to share the information with the speech and language team (SALT) to support a diagnosis of the person's need.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One relative told us, "Staff are very kind. I can't fault anything." Another relative said, "Staff are very caring [person's name] is so very content it is a very happy home." Throughout the inspection we saw people were supported by all the staff, including the registered manager in a very kind and compassionate way. We saw staff looking for non-verbal cues to gauge people's moods or feelings. For example, we saw a member of staff support a person who was anxious. We observed them support the person and eliminate one by one potential causes of distress. We saw that they observed the person's body language and sounds to confirm what the person required. We saw the member of staff talk kindly and respectfully with the person watching their movements closely until they determined what the person required. We saw another person was not feeling well; staff kept checking on the person speaking kindly and gently touching the person to offer comfort. Staff were observant to how the person was sitting and spent time making sure they were comfortable, throughout the day staff spent time with the person offering fluids and reporting any issues to the registered manager.

Staff we spoke with and the registered manager made it clear that it was 'people's home' and their role was to support them as much as possible to live the lives they wanted to. Staff we spoke with all confirmed the registered manager put people first and empowered staff to deliver a high quality of care that focused on people's needs. Staff told us they were able to make suggestions about the care and support people received so that it was delivered in a way that took in account people's individual preferences. For example, how people preferred their personal care delivered. We saw that the people were the focal point of the home and all staff endeavoured to treat people in a way that they would expect a member of their own family to be treated. A member of staff commented, "People here are supported as individuals and we promote this, and with staff too, we promote what they do well."

People were involved in their own care planning and staff enabled people to make as many day to day choices as they could. We observed people smiling and engaging with staff through different communication methods such as facial expressions, sounds and movements in response to questions asked. Staff used technology such as I-pads to convey information to people which enabled people to make specific choices such as what they would like to eat or activities they wanted to undertake. Staff were not hurried in their approach with people and spent time understanding people's choices. Staff told us they encouraged people to make as many choices as they could from what clothes they wore to how their rooms were decorated and furnished. People were asked by staff if we could see their bedrooms. We looked at three people's rooms and saw that they were decorated to each person's personal taste with accessories and personal belongings which were important to them. The communal areas of the home had photographs of people displayed on the walls to create a warm and welcoming atmosphere in the home.

Staff encouraged people to be as independent as possible. For example we saw at meal times people had appropriate cutlery and aids to promote their independence such as plate guards. We also saw one member of staff sitting next to a person guiding and helping a person to eat independently by occasionally supporting them to control their spoon. Another person was supported to go to the local shop with staff. Staff told us how the person was encouraged over a period of time to mobilise in their wheelchair while staff

walked with them to keep them safe. Another person went out to an activity and used a taxi service. They communicated with staff by mobile phone to confirm they were safe and they kept staff informed when they were returning to the home. Other people were supported to do their laundry and tasks while another person put the clothes that they wanted to wear out on the bed ready to change into. We saw staff encouraged people at every opportunity to be as independent as they could be.

Staff provided care that took into account people's individual needs and helped maintain people's dignity. Staff were discreet when supporting people with their care needs, speaking to people at eye level and ensuring people's understanding. For example, we saw a member of staff asking people if it was okay to use protective clothing to avoid spillages on clothes when they were eating their meals. The member of staff waited for a response before putting the protective clothing on the person. A relative commented, "Staff promote [person's name] dignity and are always very respectful." A member of staff commented, "When we provide personal care it is always in people's bedrooms. We are discreet if there is more than one person about. We always get the room ready first making sure everything we need is there and the curtains are closed." This demonstrated that staff understood and respected people's privacy and dignity.

Is the service responsive?

Our findings

Relatives we spoke with told us people received the care and support they needed in the right way and at the right time to meet their individual needs. Relatives commented that staff were flexible and responsive to people's individual needs. One relative explained a recent incident where a person required medical attention and said, "Staff are very responsive any issues or problems are dealt with straight away. It gives you peace of mind."

People and their relatives said they planned their care with the staff at the home. One relative told us, "Involved in everything, I go to the [care] reviews and we go through everything." Another relative commented, "Very much involved in the care planning and invited to any meetings. Kept informed of everything." Care records we looked at celebrated people's successes and provided detail of how to empower people to have as much control as possible of their lives and decisions. Other information included personal histories, preferences and people who were important in people's lives. Staff told us the records provided them with the appropriate information to care for people in a personalised way. Staff said records were updated when people's needs changed and changes were discussed with people and their families. Staff also used technology such as I-pads to record people's progress or chart new things to discuss with healthcare professionals or show families. We saw where required healthcare professionals had contributed to the care plans and staff were able to tell us detailed information about how they supported people's needs. We saw people's needs were reviewed and recorded frequently throughout the day. Any changes, updates or information about a person's well-being was shared amongst staff when their shift started. This included information about people's well-being and changes to care or support needs. This showed people were involved in planning their care in a number of different ways.

People were supported to participate in interests that they enjoyed doing. Pear Tree had a purpose built activities building in the gardens of the home. We saw people enjoyed spending time in the building undertaking a range of different activities. Activities focussed on people's individual interests and included pottery, writing and cooking. We saw people had the opportunity to listen to music, play interactive games on a large screen or spend time in the separate sensory room. Other interests people enjoyed were attending college and visiting local attractions. We saw people were supported to maintain links with the wider community and attend events or activities that interested them. For example, staff told us people had access to community groups which enabled them to explore their culture in terms of food, language and clothing. One person showed us their 'life book' which was a photographic diary of the different things they had done. Pictures from these were used to create calendars for people's individual families at Christmas time.

Relatives told us they were always welcomed at the home and visited as often as they liked. One relative said, "It's a lovely and wonderful place, you are welcomed at any-time and I have a great rapport with the staff with lots of banter." Another relative commented, "Just like one big family you are always welcomed."

Relatives told us they had opportunity to provide feedback to the provider. They also said that they were encouraged to express any concerns or complaints they might have. One relative said, "If you have any

complaints [registered manager] will always feedback outcome. I am very happy with the service and with the care [person's name] receives. The registered manager is very easy to talk to." Another relative commented, "Any issues are dealt with straight away and you are always kept informed. [Registered Manager] is very responsive and deals with any problems and sorts it." Another relative said, "I know how to complain should I need to. But I am happy. I would speak to the staff or [registered manager]." Some people at the home would be unlikely to make a complaint due to their understanding or communication needs. Staff were able to tell us how people would communicate if they were unhappy about something. For example using gesture or their body language. We saw pictures were also used to communicate people's feelings. All the staff we spoke with understood the provider's complaints procedure and said if people raised any concerns they would contact the registered manager straight away. Staff said that they felt confident any issues would be addressed appropriately by the registered manager and provider. We found the complaints procedure was readily available in the home and in an easy read format. We saw that the home had a complaints procedure and any concerns were dealt with quickly and were appropriately recorded.

Is the service well-led?

Our findings

People, relatives and staff we spoke with were very complimentary about the registered manager and the management team and how the home was managed. One relative said, "It is very well managed. A lovely home." Staff we spoke with said the registered manager supported them in their roles. One member of staff said, "It's good a place to work, I am very happy to approach the management team, things get sorted. It is very well managed." Another member of staff said, "[Registered manager] is fantastic personally and professionally. They are approachable and have an excellent knowledge of [people] and staff. [Registered manager] puts people first anything you are unsure about [registered manager] gets sorted."

People and relatives we spoke with told us they were very happy with the quality of the service and their views were listened to. One relative commented, "You get feedback on everything [registered manager] is very easy to talk to." People and their relatives were also encouraged to share their views informally via suggestion boxes within the home. The provider ensured people, relatives and staff views were listened to through meetings and surveys. Information was fed back to everyone in response to any issues raised and actions taken.

The management structure within the home was clear and everyone knew who to go to if they had any concerns. The registered manager had been in the post for some time and provided continuity and leadership within the home. We observed they provided staff with guidance, supervision and monitored practices to ensure people received good quality care. They were at the home on a daily basis and knew everyone very well and interacted with everyone on a regular basis throughout the day. Staff told us they felt confident to approach the management team to discuss any issues or make suggestions to improve the quality of service provided. Staff told us the main focus of the home was the people and their role was to support people to live their lives the way they wished as far as was possible. Staff said they knew what their roles and responsibilities were and felt fully supported by the registered manager and their team. One member of staff said, "I am happy here, I love my job and the registered manager is a good leader who supports all the staff and has a wealth of knowledge." They said that they had regular staff meetings and one to ones and were provided with any updates to ensure they were confident in caring for people. We saw that staff were motivated, received appropriate training to meet people's needs and worked well as a team. Staff were aware of the whistle-blowing procedures and how to report any concerns with external agencies if required. Whistle-blowing means raising a concern about a wrong doing within an organisation. The registered manager explained how they kept up to date with current legislation such as attending information events and they demonstrated a good knowledge of their responsibilities as a registered manager. We reviewed the information we had about the provider and saw that they had notified us of things they are required to do by law.

The registered manager told us and we saw the systems in place ensured the home functioned smoothly and effectively. During a recent absence from the service the registered manager said the staff were able to follow the processes to ensure everything was completed at the right time and in the right way. We saw regular audit checks were completed and information was analysed to see if any trend or patterns were developing. Information was used to develop plans to improve the quality of service provided to people.

Staff we spoke with told us they were kept informed of any improvements or actions they needed to address as a result of the auditing process. We saw that all the checks and records relating to the running of the home such as medicines, care planning and infection control were accurate and up to date.