Midland Heart Limited

Southbank

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 20 November 2014, it was unannounced.

At our last inspection on 14 May 2014 we found the provider was in breach of four regulations. The shortfalls related to people's care not always being provided in a personalised and consistent way, systems to monitor and assess the quality of the service were not always being effective, there were at times insufficient staffing and staff did not always having the training and supervision they needed. At this inspection we found that enough improvement had been made to meet the relevant requirements but there were still areas for further development.

The home provides accommodation and personal care for up to 13 people who have a learning disability. One of the three adjoined bungalows that make up the care home provides respite care for up to five people. At the time of the inspection eight people were living at the service and one person was staying for respite care.

Summary of findings

It is a requirement that the home has a registered manager. There was a registered manager in post who was registered with us in March 2015. 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.

The registered manager had not always acted quickly enough to implement actions required under the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DOLS). People using the service felt safe and were relaxed in the home. Staff knew how to help people stay safe and protect them from harm and abuse.

People liked the staff and felt they treated them with dignity and respect, their relatives felt that the care given was good. People and their representatives were starting to become more involved in planning and reviewing the care arrangements. As a result support was being provided in a more personalised way. People had opportunities to take part in activities they enjoyed and access the community. Staff helped them stay in contact with their relatives

People were being supported by a sufficient number of staff who knew people well and had the skills. The background of new staff was checked before they were employed. Staff training had improved and staff now felt supported and part of a good team. How staff delivered the care was not closely monitored so this was not always delivered consistently.

People were supported to have a balanced diet which took account of their preferences. They were supported with their health care needs but people would benefit from the service working more closely with health and social care professionals such as occupational therapists. People had appropriate support with their medicines.

People's relatives said the leadership of the service was much improved with effective communication systems now in place. They felt they could raise concerns and these were listened to and addressed. We found that there were now clear management structures in place and the service was more organised. The level of monitoring of the service by the provider had increased and standards had improved as a result.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People felt safe and protected from avoidable harm and abuse. The staffing arrangements meet people's needs and staff knew how to help people stay safe. People's medicines were safely managed on their behalf.

Good

Is the service effective?
The service was not effective. Arrangement for establishing people's consent to care were in place but Deprivation of Liberty applications had not always been made in a timely manner.

People were supported to have the food and drink they needed and access health services. People were receiving care from staff who felt supported but there were some gaps in some areas of training.

Requires Improvement

Is the service caring?
The service was caring. People had good relationships with the staff who treated them with kindness and encouraged them to be independent. People and their families were involved in making decisions about their care.

Good

Is the service responsive?
The service was not responsive. People's care was being provided in a more personalised way but they would benefit from more joint working with health and social care professionals.

People had opportunities to take part in activities and community involvement. People were helped to stay in contact with their families and their relatives or advocates were asked to give their views and they felt that they were listened to.

Requires Improvement

Is the service well-led?
The service was well-led. People, relatives and staff felt there was an open culture and communication with senior staff was effective and the leadership arrangements were clear. The arrangements to monitor the quality of the service had led to improvements.

Good

Southbank

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.

The inspection took place on 20 November 2014 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form that we ask the provider to complete to give us key information about the home, what they do well and improvements they plan to make. This was returned on time and was detailed. We reviewed our last inspection report from May 2014 and the provider's action plan to improve the four areas where we found they were non-compliant. We looked at the statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with other agencies to ask their opinions of the service including the Local Authority and Healthwatch. We used this information to help us plan our inspection.

During our inspection we spoke with one person who lived at the home and one person who was staying for respite care. The other people we met could not tell us their views due to their communication needs. We could not speak to three people who lived in one of the adjoining bungalows as there was an outbreak of illness and access was restricted to essential care staff. We spoke with the registered manager, a team leader, a senior carer and six care staff. We spoke on the telephone with people's relatives. We had feedback from the community learning disability team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at a sample of records including two people's care plan, medicine administration charts, staffing rotas, staff training charts, two carer's recruitment records and records relating to the management of the home such as quality assurance audits.

Good

Is the service safe?

Our findings

At our last inspection in May 2014 we found there was not always sufficient staff to keep people safe and meet their assessed needs. This was a breach of the regulations. At this inspection we found the staffing arrangements had been improved. New staff had been recruited and the rota was being managed more effectively. People's relatives told us they felt staffing levels were suitable and that communication with staff had greatly improved. Staff told us that staffing levels were now appropriate and they worked flexibly across the three areas of the home to meet people's needs. Our observations showed that people were being supported by staff who were unrushed and could therefore respond to them when they needed support.

Systems were in place to help protect people from the risk of abuse. Two people we met told us that they felt safe. The relatives we spoke with felt that their family member was safe from abuse and they were confident that concerns would be picked up. One told us, "The team leader is very on the ball". The staff said they would report any abuse or neglect to the management team immediately and that they would be listened to. Staff said they had been trained on safeguarding and were able to tell us how to report concerns to the provider and the local authority safeguarding team. They also understood that they were protected by the provider's whistle blowing policy. The registered manager had taken safeguarding incidents and concerns seriously and had followed the local safeguarding procedures. Changes had been made to people's support arrangements following incidents which showed that these had been analysed so lessons could be learnt for the future.

We saw that there were systems for managing risks to people. We saw staff support people in a safe way. For example, staff supported a person to use a mobility aid making sure it did not move while the person got correctly positioned on the seat. Staff were able to explain how they kept people's risks to a minimum, for example how they prepared meals for people with swallowing difficulties. Risk assessments that formed part of each person's care plan had been reviewed recently. Those we sampled included clear information to guide staff on how they should reduce the risk. We saw examples of changes made to people's care arrangements as a result of risks being reviewed with input from professionals. Staff were aware of these changes and in some cases had been the ones who had requested the review of the person's care. The registered manager told us that incidents and accidents were recorded and monitored by the provider so that lessons could be learnt.

The registered manager told us that there were effective systems for monitoring health and safety hazards around the premises. We saw evidence of routine safety checks and servicing of equipment such as the fire alarm. An electronic record was kept which helped the registered manager ensure servicing was up to date. Risk assessments were in place for work related activities and we saw that these had been kept under review. Staff told us they felt their safety was considered and safe working systems were in place.

We looked at a sample of recent staff recruitment records. The process had included an interview and required background checks before applicants started work. This showed that the provider's recruitment procedures were helping to protect people.

We looked at the arrangements for supporting people with their medicines. Those we met were not able to give us their views about their medicines. Their relatives felt the arrangements were safe and that their family member received their medicines correctly. Staff told us that no one who lived at the home was able to look after their own medicines. We saw that there was suitable secure storage. The recent administration records we looked at received people had been given their medicines correctly. Staff told us that they attended training on medication administration. Their competencies were checked by senior staff observing them to make sure they were confident following the procedures. This meant that suitable arrangements were in place to protect people from the risks associated with medicines.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in May 2014 we found that staff were not always provided with the training, support and supervision they needed to carry out their work safely and in line with current best practice. This was a breach of the regulations. At this inspection we found the arrangements to ensure people received effective care from staff that had the right knowledge and skills had improved.

Staff told us that they now felt clearer about their responsibilities and where to get their support from. They said they had received regular one to one meetings, competency assessments and feedback on their work. They felt the improved support systems and more regular staff meetings had helped the care arrangements for people in the home become better coordinated. Records sampled confirmed that these staff support systems were in place.

Two people told us they liked the staff and the home. People's relatives felt confident that staff knew people well and were able to meet their needs. One relative said, "[Person's name] seems to be thriving and doing more things now than they have at other services". Another said, "Really good staff, now things are looking up".

A new worker told us that they were being supported to work through a formal induction process. They had been given time to get to know people before caring for them. Staff told us they felt they had received training that reflected the needs of the people they cared for. They were able to tell us how they applied the training in their roles. For example, they explained how they had applied techniques to help people stay calm when they became anxious. Training topics included; safeguarding people, moving and handling, infection control and positive approaches to people's behaviours. Training records showed that staff were up to date with most of the provider's essential training areas. The registered manager told us that courses were being arranged where required.

We saw that staff sought people's consent before they assisted them with their needs during the day. When people said or indicated with their gestures that they did not want support, staff respected this and left the person for a while.

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. The MCA legislation sets out the requirements that ensure decisions are made in people's best interests when they are unable to give consent and make decisions for themselves. The registered manager showed us that she had forms for recording mental capacity assessments and best interest decisions. She had only recently started using these but felt better informed about the procedures to follow when someone lack capacity to make a decision for themselves. Not all staff had attended training on the MCA and some felt they would benefit from this.

The registered manager had made Deprivation of Liberty Safeguards (DoLS) applications for people where restrictions were in place with the aim of keeping people safe, for example, people only leaving the home with staff support. We found that one person's circumstances had changed recently and to protect others the person was being closely monitored. The registered manager had not submitted an urgent referral for DoLS to get this restrictive practice approved. She did this the day after the inspection. The provider had a policy and procedure in place but they had not ensured that this was followed in a timely manner.

We saw that people received drinks and meals throughout the day in line with their needs and wishes. People were not able to cook meals for themselves but staff told us that some were able to get involved. Two people we spoke with told us they were happy with the food and drink. We saw one person tell staff what they wanted for their evening meal and then go with them to buy the ingredients. Staff were able to tell us what people liked and any dietary needs they had. They told us how they helped people make choices about their food. For example, selecting their breakfast cereal. This meant that people were supported to have meals they wanted and enjoyed. Staff said they enjoyed cooking for people in the home and aimed to provide fresh, tasty and balanced meals of restaurant quality.

People's relatives felt confident about the support given to meet people's health needs. We found that people could access health support whenever they needed it. For example, we saw that people had been to see their doctor or consultant when unwell and attend routine preventative health checks. Professionals visited the home for dental and eye checks. People's weights were regularly monitored. To make this easier for people with mobility difficulties a seated scale had been purchased since the last inspection.

Good

Is the service caring?

Our findings

The two people we spoke with told us they liked the staff. One told us the names of staff they were particularly fond of. People mainly expressed their needs through their actions and by vocalising. We spent time in two communal areas of the home and watched the care provided. We saw that people generally looked happy and relaxed, some often laughed and smiled.

People were confident and at ease when receiving support from staff and some sought staff out choosing to sit near to or hug. We saw that staff engaged with people in a friendly and kind way and were patient with them. When someone's mood changed and they became unhappy or agitated staff noticed and used their knowledge of the person to find out what they wanted.

People's relatives told us they felt staff provided good personalised care. One told us, "[Person's name] is always well turned out". Another said "I can't fault the care now". Another told us that staff respected their family member's age but still encouraged them to get out and try new things. Another told us that when their family member had been unwell recently the staff had been very caring. The registered manager had arranged extra staffing during this time.

Everyone living in the home needed a lot of support with making decisions about their lives and their care. A new approach of holding meetings with people and their representatives had been introduced to make care planning more inclusive. Meetings had been held for some people and booked for the others. The relatives who had attended a meeting told us it had been helpful and they wanted to continue being closely involved in this way. One told us, "The communication has greatly improved, [person's name] has a new specialist bed now that is much better for them and I was kept fully informed in the assessment process".

Staff told us the involvement of relatives had helped them to learn more about people's background and the independence skills people previously had. Staff gave examples of how this had led to changes in the support provided. For example, one person's dignity had been increased by them no longer using a small plate for their main meal. This had been recommended in the past by a professional with the aim of encouraging the person to eat more slowly. We saw interactions where people's independence was promoted. For example, staff supported two people to make their own hot drinks.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in May 2014 we found that people's care was not always provided in a personalised and consistent way. There was a lack of opportunity for people to take part in activities they enjoyed and benefited from. The effectiveness of the care provided was not effectively planned and evaluated. This was a breach of the regulations. At this inspection we found the arrangements had been improved and as a result they were starting to benefit. Care and the pastimes offered were being arranged in a more personalised way. The registered manager told us they knew further improvements were needed.

We found that people's needs were not always being assessed and planned for with the appropriate involvement of specialist advice. For example, we saw that the communal lounge furniture in one bungalow was not suitable. When people sat on this they were reclined with no postural support. They also struggled to move forward and get up. The registered manager told us they had not sought advice from the community occupational therapist about what seating would be suitable for people. A visiting professional told us they had been involved to help staff develop the skills needed to enable people with limited mobility get involved in daily living tasks. After staff being enthusiastic at the first meeting follow up meetings were cancelled without alternative dates being offering. The professional therefore had not been able to follow up on the progress and see if the person was benefiting.

Relatives told us they were pleased with the standard of care. One told us, "The care is excellent". Another said, "Yes they are taking [person's name] out more, there was a recent trip to Bristol".

The registered manager told us that each person's care plan had been reviewed and updated. The two that we sampled confirmed this. We saw that people were being supported by staff in line with their care plan. Staff were able to tell us about people's preferred routines and needs. The daily care records were not being monitored by senior staff. This meant they were not checking the staff were following the care plan which ensured there were good outcomes for people. The registered manager told us this was going to start now all the care plans had been updated.

We saw people taking part in activities during our inspection that had been arranged because they enjoyed them. For example, three people were taking part in a session with a guitarist who visited twice a week. The care staff encouraged people to join in which created a lively atmosphere. Staff told us that planning meetings were now held each week to ensure the staffing rota matched the planned outings and therapy sessions. As a result people were benefiting from more regular routines and attendance at activities they enjoyed.

The registered manager told us the review meetings being held gave people and their representatives an opportunity to air their views about the care and other matters. Following these meetings those who had attended were being asked to complete a feedback form so the effectiveness of the meetings could be assessed.

The registered manager told us that a system was in place to record and monitor complaints but that none had been received since our last inspection. One complaint raised prior to our last inspection had not yet been settled, however meetings were being held to try to resolve the situation to the relative's satisfaction. This meant that people's views were listened to and their concerns taken seriously.

Following a recent survey and in response to comments receive, copies of the complaints procedure had been sent out to all relatives.

Good

Is the service well-led?

Our findings

At our last inspection in May 2014 we found that the systems to monitor and assess the quality of the service were not always effective. This was a breach of the regulations. At this inspection we found that improvements had been made and the service was being better led and more closely monitored by the provider. The registered manager told us that some of the provider's action plan points were still being worked on but they felt positive about the progress made so far. The areas still being developed were staff training, systems to evaluate the care outcomes for people and the expansion of audits to further drive improvement.

The registered manager was also responsible for the supported living service run from the same site. Since our last inspection the senior team supporting the registered manager on the residential service had been increased to three. Relatives were very positive about the new arrangement. Comments included, "Things are looking up" and "The team leader has been wonderful, a lovely lady who listened to any concerns" and "The place has had the good shake up it needed".

People, their representatives and staff were now more involved in developing the service through care reviews, staff meetings and feedback surveys. Care reviews had not yet been held for everyone but dates had been booked. Relatives told us that these meetings were very helpful and they wanted this level of involvement to continue. Residents meetings had been held but these had not been recorded to show what had been discussed and agreed. The registered manager told us this would be done for all future meetings. They gave examples of things that had been discussed such as joint activities and holidays.

The operations manager had increased their level of monitoring of the service. They visited every two weeks and these visits had resulted in a report for the registered manager with action points. The registered manager was addressing these. Unannounced monitoring visits had been carried out at night and appropriate action taken as a result of these visits . The registered manager had operated openly in reporting concerns and incidents through the safeguarding procedures and notifying us.

Staff felt the culture was more open and their ideas were taken notice of. A staff suggestion box had been set up and weekly 'catch up' meetings were being held to keep staff informed about issues in the home and people's changing needs. Some staff had taken on additional roles such as arranging activity opportunities for people in the home. Staff told us this helped to ensure people's social needs were met.

A survey had been sent to people's relatives in August 2014 and the results collated. The findings had been analysed. There was positive feedback on many areas. The findings had been put in a report and shared with people using the service and their relatives. Specific comments from the survey had not been included in the report and no action plan had been developed to show how areas could be improved. For example, 25 % of the relatives had indicated they were not always kept up to date with what was happening with their relative. The registered manager told us they would produce an action from any future surveys.

The registered manager had been registered with us in March 2014. She was aware of her legal responsibilities to report notifiable incidents to us and had done this. There were systems in place to audit the service such as medication and health and safety. The registered manager told us they would be looking to expand audits to ensure all areas of the service were covered. We saw that appropriate action was taken during the inspection to report an outbreak of sickness to the infection control specialist nursing team and to seek advice from them.