

My Care My Home Limited

North West Branch

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

North West Branch provides care and support to people living in a supported living setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Not everyone using the service received a regulated activity. CQC only inspects the service received by people provided with 'personal care' help tasks related to personal hygiene and eating. Where they do, we will also take into account any wider social care provided. This was the first inspection of this service.

The service had a registered manager in place at the time of our inspection. 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 felt safe receiving a service. Staff were trained in safeguarding adults and understood how to protect people from abuse and recognised where people may be at risk of harm. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines safely. There were enough suitably trained staff to deliver safe and effective care to people. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to choose how they wanted to receive their support. Care plans and risk assessments contained relevant information to help staff provide the personalised care people required.

People had a small team of staff who provided their support and had caring relationships with them. Care was planned and reviewed with people and the provider ensured that people's choices were followed. People's privacy and dignity were respected and upheld by the staff who supported them.

People knew how to make a complaint if they needed to. People and staff were confident they could raise any concerns or issues with staff and the registered manager, knowing they would be listened to and acted on.

People were asked for their feedback on the quality of the service and their contribution supported the development of the service. Quality assurance systems were in place to identify where improvements could be made and the provider worked in conjunction with others to share ideas and to develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staffing was suitable to ensure that people received the support they needed at a time they needed it. Staff knew how to protect people from abuse and knew what to do if they suspected it had taken place. People received their medicines as prescribed and infection control standards were maintained. Recruitment systems were in place to ensure staff were suitable to work within the home.

Is the service effective?

Good ●

The service was effective.

People had capacity to make decisions about their care and staff sought people's consent when providing support. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people. People had responsibility for their health care and supported by staff where this was needed to attend appointments.

Is the service caring?

Good ●

The service was caring.

People felt well cared for, their privacy was respected, and they were treated with dignity and respect by kind and friendly staff. Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place to ensure people received care which was personalised to meet their needs. Where care needs changed, the support was reviewed to match what people wanted. Comments were monitored and complaints acted upon. Family members and friends continued to play an important role and people spent time with them.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess and monitor the quality of care and to identify where improvements could be made. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. The quality of service people received was regularly monitored through feedback from people.

North West Branch

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 service provides care and support to people living in a supported living setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Not everyone using the service received a regulated activity. CQC only inspects the service received by people provided with 'personal care' help tasks related to personal hygiene and eating. Where they do, we will also take into account any wider social care provided. People using the service lived in a one or two bedroom apartment within a purpose built building. There was a communal dining room, lounge and library for people to use.

The provider was given two days' notice so they could gain consent and arrange for us to visit people who used this service. The inspection visit took place on 13 December 2017 where we visited the office and spoke with the registered manager, the regional manager and two members of staff. We also visited five people to speak with them about the service they received. This was the first inspection of this service and was carried out by one inspector.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We looked at three people's care records to see if these were accurate and up to date. We also looked at records provided to people, including the statement of purpose and service user guide, a recent survey, safeguarding reports and records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People felt safe and they had no concerns about the conduct of the staff and their ability to provide their care safely. One person told us, "I am not worried about the conduct of staff. They are very efficient and know what they need to do." Staff had received safeguarding training and recognised what may identify that people could be at harm. They knew the local authority's safeguarding adults procedures, which aimed to make sure incidents were reported and investigated. There had been one recent safeguarding incident in relation to applying pain relief patches and the registered manager was working closely with the local authority safeguarding team, to ensure that the safeguarding process was followed. Although the investigation had not been concluded, the registered manager had reviewed medicines procedures to ensure a chart was now completed and staff recorded the site where the patch was applied. This demonstrated that the registered manager reviewed any potential errors to ensure lessons were learnt and practices were improved. There was also a whistleblowing policy, which told staff how they could raise concerns about any unsafe practice. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Staff told us that they were confident that the manager would deal appropriately with concerns, if any were raised.

People received care and support that was planned and delivered in a way that ensured people's safety and welfare. An environmental safety risk assessment had been completed. The plan included information about fire safety and the general environment. Infection control had been considered and how staff were to reduce the risk of cross infection and to wear personal protective clothing. The medication procedure also guided staff to wear the necessary protective equipment before administering any medication and how to dispose of this. This helped the staff to identify and minimise any potential risks in the people's home.

Risks associated with people's care and support was recognised and managed. One person told us, "The staff know what they are doing and help me where I need it. If I have any new equipment, they make sure they know what they are doing with it. I've never been worried." There were personalised support plans which included guidance for managing risks associated with people being supported to move or developing pressure area skin damage where they had limited mobility. Where people had a personal sling, there was information about the colour coded loops staff should use to make sure people were safe and comfortable. One person told us, "The staff are very careful. They make sure the straps are secure and I'm happy before they help me to move." The risk assessments had been reviewed to reflect any changes in people's needs.

People felt there was enough staff to support them safely. One person told us, "There's only a few staff here and we know them all. We've had some new staff start recently and they were introduced to us. It's about getting to know us and for us to get to know them; I'm very happy with the staff." Another person told us, "The staff are very good. If I want them to come, I only have to call them and they are there. I kept losing my call pendant so the staff have changed it so I now wear it on my wrist; that's so much better." People told us the staff arrived when they were expected and if there were any delays they would be notified by telephone and informed of the reason and when the staff were expected. One person told us, "If they are late, it's only ever for a few minutes and they still let us know." There was an effective system to manage the staff rotas and all the shifts were covered by staff from within the organisation. One member of staff told us, "It's really

important that people know and trust the staff. We couldn't do that if there was just agency working here."

When new staff started working in the service, recruitment checks were carried out to ensure they were suitable to work with people. We saw that staff's suitability for the role was ensured by obtaining references, having a police check and confirming the validity of their qualifications, including previous experience and training.

People received their medicines as prescribed. One person told us, "The staff visit me each day and they make sure I have my tablets. I usually remember them, but it's good that they remind me in case I forget." The medicines were stored within each person's home and where necessary a risk assessment recorded how these were stored and how to gain access to the storage area. Medicines were recorded in the support plan and these were dispensed within blister packs to support people to retain their independence where this was needed. Audits of medicines and records were completed regularly as part of the provider's quality monitoring processes and any issues identified were rectified promptly.

Is the service effective?

Our findings

People felt the staff had the right skills and knowledge to support them. People spoke positively about the staff that supported them and one person said, "The staff are excellent and I am confident they know what they are doing." Another person told us, "The staff are lovely and they definitely know what they are doing. I've been very pleased with the support they provide."

People were supported by staff who had undergone an induction programme which gave them the skills to care for people effectively. Staff told us their induction had been useful and enabled them to start to develop a relationship with people and to learn about the support needs people had. People benefitted from staff who had the skills and knowledge to meet their needs. Staff had opportunities to undertake on-going training which kept their practice and knowledge up to date. The registered manager confirmed that staff who were new to care completed the nationally recognised Care Certificate, which supports staff to gain the skills needed to work in a caring environment. These arrangements showed us staff were trained and supported to provide effective care in line with best practice.

Staff received the training they needed to do their job and their knowledge was checked to ensure they were competent. Staff were now receiving supervision to help them carry out their roles effectively. Through these meetings staff were provided opportunities to discuss work performance, issues or concerns and any learning and development needs they had. One member of staff told us, "It's good that supervisions have started again as it's a good way for us to talk about what's happening and what support we need." Spot checks were carried out as part of the supervision process and to ensure people were receiving the care they needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether applications had been made to the Court of Protection.

People who used the service had capacity to make decisions about their care and support. We saw people had signed their support plan and medicine consent form to demonstrate their agreement to this care. The registered manager and staff understood that where people were no longer able to make decisions for themselves, other people could help make this decision in their best interests.

Some people received support to prepare their meals. The staff were mainly required to warm and serve already cooked meals, and prepare drinks for people. One person told us, 'My family help me with the shopping so everything is here for me. I sometimes go to the dining room and have a meal with the others which is lovely. It's nice to be with others and the food is delicious.' Records identified whether people needed specialist diets and how food should be prepared. One person told us, "The staff know what I can

and can't eat and if I go to the restaurant here, there's always something for me to choose to have." We saw any advice from health professionals in relation to people's eating and drinking was recorded and had been acted on by staff.

People were supported to access a range of health care professionals in the community including GPs, dentists, opticians and podiatrists. Information relating to people's health was recorded and one member of staff told us, "We are very lucky to be on the same site as the local doctors and health team. We have a good relationship with them and they are very responsive if people need an appointment and are unwell." Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. These included people being supported to attend appointments with their consultants when their health needs were reviewed if needed. One person told us. "The staff are very helpful. If I need to go to any appointment all I have to do is ask."

Is the service caring?

Our findings

People felt that staff were respectful and polite and we saw when staff visited people in their home, they knocked on the door and greeted people on entering. One person told us, "What I like is that I can leave my front door open and see what's going on. It doesn't matter if it's open or closed; the staff still knock and ask if they can come in."

People confirmed they were happy with how they were supported by staff and they respected their privacy and dignity. One person said, "The staff respect that this is our home. I have the best of both worlds here. I have my own home and can also be with others and feel safe here. That's a wonderful feeling." Another person told us, "The staff will do anything for us. The other night before I went to sleep, I realised I didn't have any milk. They just went and got me some. They didn't have to but they did. That about sums them up, they go above and beyond what they should do."

People felt that staff provided care in a way that respected their dignity and privacy. One member of staff told us, "We are very careful when using the slings people use in their hoists. The care plan records which coloured loop we should use so it fits properly and how it's used so we can protect people's dignity."

People were supported to express their views and be actively involved in making decisions about their care and support. People told us that family could support them to express their preferences if they wanted them to be involved. The staff understood the importance of promoting equality and diversity. They recognised the importance of supporting people's individual lifestyle choices including for people who choose gay, lesbian, bisexual and transgender lifestyles and for people to have opportunities to express their views. The staff had developed links with local services including the local village church. One person told us, "It's a home from home but better and it's in such a wonderful place too. It means we can go to church which is important to us."

Information was provided to people in a format they could understand to enable them to make informed choices and decisions. The current literature met the needs of the people who currently received the service. Where needed, people could have information in braille, recorded and the provider had access to interpreting services where people spoke or understood a different language. This demonstrated the registered manager was meeting the Accessible Information Standard. The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand.

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. People had a copy of their care records in their home and could choose who to share these with. One person told us, "I keep my folder on the table. The staff write everything down and I can look through it if I want. They talked with me about what I want and it's all written down in there."

Is the service responsive?

Our findings

People were involved in making decisions about their care and support needs. A care plan had been developed which took account of their individual choices and preferences. There was clear guidance about what was important to people and how to provide the support they wanted. People's diversity and sexuality was considered in the care records and identified people's personal preferences and how they wanted to be supported. Where people had chosen to disclose their sexual orientation, this had been recorded in a non-discriminatory manner and records referred to people's spouse or partner. There was information about how to provide support, what the person liked, disliked and their preferences. Where people's care had changed, the staff reviewed their care with them to make sure it reflected their needs.

People were introduced to new staff before they assisted them with personal care. One member of staff said they had visited a person a number of times before they assisted them with personal care. One person told us, "It's lovely that we get to meet new staff. There have been a few new ones started recently and we met them first. We have been very happy with them." Staff told us that as a small service, they had got to know everyone's needs very well because they regularly supported everyone. This enabled them to provide consistent care that people required.

People were able to raise concerns or make a complaint if something was not right. People told us that they would be confident in speaking with the registered manager or a member of staff and one person said, "If there is anything bothering us then it's important that we talk about it. This is our home and we need to make sure everything is how we want it." Where any complaint was received, this was investigated. The registered manager told us, "We respond to all concerns and if people aren't happy then we would also offer an apology." One member of staff told us, "We try and get everything right but sometimes things go wrong and we do what we have to put it right. We are only a small service and we have close relationships with everyone so we all want to get it right."

People were supported to pursue activities and interests that were important to them. The service also provided activities for people to be involved with. People told us a range of activities including, tai chi, arts and craft and social events were organised. There were painting and ceramics on display that people had participated with. One person told us, "We had a lovely party yesterday to celebrate our tenth anniversary. Family and friends were invited and we had a lovely time. The food was wonderful too. We also had a Christmas party and one of us turns on the Christmas lights. It was quite an event." People were also helped with their cleaning or staff accompanied people when out; for example when shopping and going to a local pub. During these support visits, personal care was not provided and therefore this support is not regulated by us.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

There was a registered manager in post. People and their relatives all knew who the registered manager was and they told us that she was approachable. One person said, "We see them most weeks and they help the staff out when this is needed. They always have a smile and a welcome for all of us." The registered manager understood the responsibilities of their registration with us. They understood the need to report significant events to us, such as safety incidents, in accordance with the requirements of their registration.

The registered manager worked in partnership with people and their relatives, as well as managers from within the organisation; they took collective action to review how the service was managed and any developments. They also met with staff from other departments within the supported living environment to ensure continuity of support. This included meeting with the concierge and receiving information about any incidents or accidents between each care visit. Staff also liaised with health professionals where any treatment was provided. One member of staff told us, "It pays to have a good relationship with people. We all want what is best for people and know what's going on then we work together to get everything right."

People's views were sought through an annual questionnaire for them to comment on their experience of using the service and at resident meetings. Where people had identified where improvements could be made these were recorded and actions put in place to address these. One person told us, "If something needs doing then they do it. They don't wait around." We saw at the last residents meeting, people learnt about the new staff that would be starting in the service, any planned events and were given opportunities to discuss their views and areas of interest. One person told us, "I like the meetings; it's good to meet up with everyone and hear what's happening."

Staff were encouraged to contribute to the development of the service through staff meetings. They told us this meant they had up to date information that enabled them to provide care that met people's needs safely and effectively. Staff were able to speak with managers through this meeting or where support was needed. One member of staff told us, "The manager is based here so if we need to talk to them about anything, then there's someone around."

The registered manager regularly checked to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed as prescribed and staff had the knowledge and skills they needed. Checks were carried out on the equipment and certificates were kept to demonstrate areas were safe and equipment fit for use. The environment and fire safety equipment was also checked to make sure that it remained in good working order.

The registered manager was supported by a regional manager and they worked together to oversee staff training, quality management and development of the service. The regional manager completed a review of the quality of the service and we saw where they identified improvements, action was taken. For example, they identified that staff had not been receiving regular supervision; this was addressed and they were now taking place. They also contributed towards a business plan for the service to ensure the service was

promoted and organised to confirm it remained viable.