

MADeBA Care Ltd

Miles House - 4 Hentland Close

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

About the service

Miles House- 4 Hentland Close is a residential care home providing accommodation and personal care to up to five people with a diagnosis of learning disability, autistic spectrum condition or a physical disability. There were five people living at the home at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People felt safe. Systems protected people from the risk of abuse and harm. Medicines were managed safely. Staff had the experience, training and knowledge to meet people's healthcare needs.

People were treated with dignity and respect and were encouraged to maintain their independence. Staff showed warm and caring attitudes to the people that they supported.

The care and support people received reflected their personal needs and preferences. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access appropriate professionals and services to ensure care remained responsive to their individual needs.

Processes were in place to monitor and improve the quality of the service, there was a culture of openness and of reflection and learning from any reported incidents.

We had concerns which we expressed to the manager about the understanding of the mental capacity act and how best interest decisions were applied. The residential manager contacted the best interest assessor who was going to review best interest documentation following the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 25 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Miles House - 4 Hentland Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Miles House - 4 Hentland Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and observed interactions within the communal areas. We spoke with five members of staff including support workers, team leaders and the residential manager who was covering management duties in the absence of the registered manager. We also spoke with a visiting healthcare professional who regularly visited the service.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe. One person told us, "Staff are great. I feel very, very safe here."
- The Manager and staff understood their responsibilities to safeguard people from abuse and harm. Staff understood what to look for and what to do if they suspected abuse. Staff told us who they would contact and felt confident that any concerns would be immediately acted upon.
- The provider's systems and processes ensured people received a service that protected them from the risk of harm or abuse.

Assessing risk, safety monitoring and management

- People had risk assessments in their care records. They contained the relevant information to manage risks such as epilepsy, behaviour management and moving and handling. However, some risks were not always detailed. For example, there were aspects of personal care where on occasions it was considered necessary by staff to lightly restrict a person's movements to keep them safe from injury. We were told by staff that this was done by placing a hand on the person's limbs while carrying out close intimate care. We could see that there were care plans detailing this, but risk assessments did not adequately detail the actions needed to reduce the risk of injury. We discussed this with staff and the manager. The manager took immediate steps to get the risk assessment reviewed.
- One social care professional said, "I have been here a number of times, and from what I see people are safe."

Staffing and recruitment

- There were enough staff to safely meet and support people with their physical and emotional needs.
- Additional staff were also available to support people to access the community or where they required more support with particular activities
- Records showed the provider had a robust recruitment process which ensured new staff had the relevant checks to ensure they were suitable to work with vulnerable people.

Using medicines safely

- The provider had robust systems and procedures to ensure that medicines were ordered, stored, administered and disposed of appropriately.
- People received their medicines in line with their individual prescription's. Staff that had the training and knowledge to do this safely.
- Medicine records were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to disposable gloves and aprons. Staff understood the importance of good infection control and what measures needed to be taken to reduce infection such as effective hand washing. All staff had training in infection control from the provider.

Learning lessons when things go wrong

- The providers systems meant all incident and safeguarding reports were reviewed by the registered manager to identify points of learning to further improve the management of risk.
- The residential manager had taken immediate steps to address any concerns that were raised during the inspection and ensured this was communicated to all staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.. We found the service was working within the principles of the act.

- Where people had been assessed as having capacity, records showed people had consented to their care and support plans. However, where people had been assessed as lacking capacity to make a particular decision and a best interest decision was required, the documentation did not always show the process taken to arrive at the decision. When we raised this with the residential manager, they took immediate steps to contact the best interest's assessor who works for the local authority and request a review of this documentation.
- Staff promoted people's choices and sought consent each time they supported people with personal care.
- Staff received training in the Mental Capacity Act 2005 and understood the underlying principles of choice and of how to make best interests' decisions if people lacked capacity.

Staff support: induction, training, skills and experience

- The provider had ensured all staff had received comprehensive training relevant to their roles. Training included moving and handling, medicines, safeguarding and the mental capacity act.
- All new staff had a period of induction training which included working alongside more experienced staff to learn about people's individual needs, preferences and routines.
- Staff felt well supported and had access to support from management at any time they needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had detailed assessments of their health and social care needs prior to the start of their care. This ensured the provider and staff understood what care and support needs were to be met.
- Where people had more complex needs, the provider liaised with other health and social care professionals such as nurses and doctors. Staff followed advice and guidance given by these professionals in

a timely and effective manner.

- Staff said care plans and risk assessments contained the relevant information they needed to support people according to their needs and choices.

Supporting people to eat and drink enough to maintain a balanced diet

- People had choice of what they wanted to eat and when they wanted to eat it. One person told us how staff were working with them to make positive nutritious choices in what they had to eat and drink. Another person told us how proud they felt because the cooking and food preparation skills they were learning from the staff. This had helped improve their life skills and increase independence.
- People had the support they needed to ensure they could eat and drink safely. For example staff knew about any specific dietary requirements and any choking risks.

Staff working with other agencies to provide consistent, effective, timely care

- Where needed, staff supported people to access other healthcare professionals, and supported people to attend appointments, we saw evidence of this in people's care plans.
- Staff and the manager told us they worked in partnership with other health and social care professionals to meet people's needs. This was reinforced by what we read in people's care records.
- Risks were assessed and reviewed using key information from staff, such as observations and their experiences of providing support to the person. Also, where required from external health and social care professionals. For example, staff were supporting a person to manage their anxieties and behaviours, with assistance from behavioural specialists.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "The staff are lovely. They are my mates."
- We observed staff throughout the day and found they had formed good professional relationships with the people they were supported. Staff treated people with dignity and respect. One person told us, "I feel looked after and respected."
- Staff knew people's individual needs as well as people's likes and dislikes.
- Staff took care to ensure people's support was personalised so people's experiences of care were focussed on what they needed.
- Staff understood the principles behind equality, diversity and human rights. We were assured no one would be prejudiced in any way.

Supporting people to express their views and be involved in making decisions about their care

- Staff demonstrated understanding about people's complex needs and how best to engage with them. Some people needed specific support from staff to help them express their views. For example, for one member of staff used gestures, key words and touch to seek their views from a person about an activity that had been planned.
- Staff told us they were constantly observing and checking to make sure people were as involved as they could be in the daily decisions regarding their care and support. We saw staff taking time to give people choices and to listen to what they wanted.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt they were treated with dignity, respect and that their independence was promoted. What we saw and what staff told us confirmed this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs and preferences were detailed in their care plans. Care records contained detailed information about how people wished to receive their care and support.
- People's unique characteristics were recorded and celebrated in their care records. This reflected their own histories, hobbies and interests and likes and dislikes. One person told us how staff understood their interests in sport and had supported them to pursue this interest.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were regular planned group activities throughout the week. People told us they enjoyed these activities and we saw the positive impact these had on people's emotional wellbeing. However, between these planned activities more could have been done to promote more spontaneity around encouraging activities outside of the planned group activities on the rota. For example, one person told us they had developed a close relationship with a person outside of the home, but only saw this person when they went to the group disco once a month. There had been no attempt to promote or develop this relationship further. When we discussed this with the residential manager they assured us that they would work with people and staff to make this happen.
- One person told us how they had wanted to go to a local nightclub to celebrate an important anniversary. They told us staff were arranging the support to enable this to happen.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their care staff.

- We found where people had impaired communication, support and information had been gained from the relevant professionals and detailed in their care plans. This included prompts for staff on what to look for when communicating with the person.
- Staff had a clear understanding of people's own individual communication styles and understood what verbal and non-verbal cues were for people.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond, follow up and close complaints.
- We noted the complaints procedure was available for all to view in communal areas. It contained

information about how and to who people could complain to. People told us they only had to mention something to staff or the manager and it would be listened to.

End of life care and support

- The provider did not currently have any people receiving end of life care.
- We discussed with the manager how they would support people at the end of their life. The manager said they would work closely with the person's GP and other professionals to maintain people where they wanted to be for the maximum amount of time and to ensure a dignified and pain-free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems and processes in place to monitor the quality of the service.
- Staff understood their roles and the impact they had on the lives of the people they supported. The registered manager was currently on long term leave so the service was being managed by the residential manager. They were clear about their roles and responsibilities and demonstrated an understanding of the importance of good service governance.
- The manager had frequent contact with the provider and was able to share any areas of concern or improvements and felt they had the full support of the provider with any recommendations. The manager reported incidents correctly and demonstrated a clear understanding of the types of incidents to be reported to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used a range of ways to involve people and staff including formal and informal meetings. This helped people to be able to communicate effectively with the manager and staff about any aspects of care or support.
- Staff had regular team meetings, supervisions and appraisals which ensured staff were up to date with important information. The manager said they had an open-door policy so that staff had access to raise any concerns straight away.
- Staff told us they felt well supported by the manager.

Continuous learning and improving care

- Accidents and Incidents were recorded and analysed to identify any emerging trends and patterns.
- Sharing of any concerns happened through daily handover meetings and regular staff meetings.

Working in partnership with others

- There was a good working relationship with other agencies such as doctors, pharmacies, and district nurses.
- The manager and provider had sought support and training from external professionals when needed, such as for epilepsy care.
- We discussed with the manager about widening the resources that were being accessed in relation to the field of learning disability, and suggested accessing more up to date research and evidence-based practice

by accessing specialist resources, for example BILD (British Institute of Learning Disabilities).