

# Midway Care Ltd

## Cole Bank Road

### Inspection report

16, Cole Bank Road  
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Birmingham  
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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 

#### Overall summary

This inspection took place on 17 and 26 November 2015 and was unannounced.

This home provides accommodation and care for up to seven people with learning and/or physical disabilities. At the time of the inspection there were six people living in the home, the majority of whom had lived there for several years.

At the time of the inspection, the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations.

We found that this home had a homely atmosphere. The people who lived there moved around freely and chose how they wanted to spend their time.

People indicated by gestures and body language that they felt safe in this home. Staff demonstrated that they knew how to keep people safe and they knew how to report allegations or suspicions of poor practice.

# Summary of findings

People were protected from possible errors in relation to their medication because there were good arrangements for the storage, administration and recording of medication. There were good systems for checking that medication had been administered in the correct way.

People who lived in this home told us, or indicated by gestures that they were happy. People's relatives told us that they were pleased with the care provided and they found the staff approachable and helpful.

People had opportunities to participate in a range of activities and educational opportunities inside the home and in the community. People were encouraged to develop independence skills and were helped to maintain contact with relatives and friends.

Throughout our inspection we saw examples of and heard about good care that met people's needs. People and, where appropriate, their relatives were consulted about their preferences and people were treated with dignity and respect.

Staff working in this home showed that they had a good understanding of the needs of the people who lived there. We saw that staff communicated well with people living in the home and each other. People were enabled to make choices about how they lived their lives.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their

knowledge. The registered manager and staff we spoke with demonstrated that they understood the principles of protecting the legal and civil rights of people using the service.

People were supported to have their mental and physical healthcare needs met. Staff made appropriate use of a range of health professionals and encouraged people to maintain a healthy lifestyle.

People were provided with food which they enjoyed and which met their nutritional needs and suited their preferences.

There was effective leadership from the registered manager to ensure that all members of the staff team were competent. The registered manager played an active part in the home and operated an open culture, where staff and people in the home felt valued and supported.

The registered manager and other managers in the organisation assessed and monitored the quality of care through observation and regular audits of events and practice. The registered manager consulted people in the home, their relatives and professional visitors to find out their views on the care provided and used this information to make improvements, where possible.

The registered manager checked to see if there had been changes to legislation or best practice guidance to make sure that the home continued to comply with the relevant legislation.

# 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?

This service was safe.

People and their relatives indicated that people were safe in this home.

Staff demonstrated that they knew how to keep people safe and staff managed people's medicines safely.

There were enough members of suitably recruited staff to meet people's needs.

Good



### Is the service effective?

This service was effective.

People were involved as much as possible in making decisions about their care. They were offered choices and consented to their care where possible.

People received care from members of staff who were suitably trained and well supported to meet people's individual care, support and nutritional needs.

Good



### Is the service caring?

This service was caring.

We saw that staff were kind. They treated people with dignity and respect.

Staff made efforts to seek people's views about their care and to consult relatives and advocates where appropriate. They took these views into account when planning the care and support.

Staff communicated well with people in a variety of ways according to people's needs and abilities

Good



### Is the service responsive?

This service was responsive.

People were helped to be involved in planning their care and supported to pursue their interests and hobbies in the home and community.

Staff supported people to express their views about their care.

The registered manager and staff responded appropriately to comments and complaints about the service.

Good



### Is the service well-led?

This service was well-led.

There was an open culture in this home where staff and people living in the home were encouraged to express their views.

The registered manager provided staff with appropriate leadership and support. Staff and the registered manager worked effectively as a team to ensure that people's needs were met.

Good



# Summary of findings

There were good systems for monitoring the quality of the service, including consulting people who used the service and their representatives.

# Cole Bank Road

## 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 and 26 November 2015 and was unannounced. It was carried out by one inspector.

Before our inspection we reviewed information the provider had sent us about the home. We checked the notifications about the home. Providers have to tell us about some incidents and accidents that happen in the

home such as safeguarding concerns and serious accidents. We used this information to plan what areas we were going to focus on during the inspection. We checked that the local authority commissioners had no concerns about the service.

During the inspection we observed staff and people who were living in the home. We spoke with the manager, operations manager, four members of the staff team and met all the people who lived in the home. We sampled the records for three people, including records in relation to care, meals, medication, accidents and complaints. We also looked at the records relating to the home's staffing and the quality audits. After the inspection we sought and received the views of four relatives and professional visitors to the home.

# Is the service safe?

## Our findings

People who used the service indicated that they felt safe. They looked relaxed in the company of staff. People's relatives told us that they had no concerns about safety in the home. One person's relative told us, "It is very safe." Another relative said, "I have no worries about [relative's name] being there," and one relative told us, "[Relative's name] wouldn't ask to go back if she didn't feel safe."

Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse.

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. We saw information for staff to remind them of changes in people's behaviour which may indicate that they were being abused. The home had policies and procedures in relation to safeguarding people and whistleblowing and all staff were made aware of these. We saw information for people who lived in the home explaining how to report to other agencies if anyone hurt them.

People were encouraged to be as independent as possible, whilst remaining safe. We saw that staff had assessed the risks associated with people's medical conditions and behaviour as well as those relating to the use of equipment, such as kitchen implements. The risk assessments showed that staff had also considered the risks in relation to the environment and any activities which may have posed a risk to staff or people using the service. Staff demonstrated that they knew the arrangements for evacuation of the home in case of fire and there were regular tests of the alarm systems.

Staff showed that they knew how to calm people when needed and had recorded known triggers which caused

people to become anxious or agitated. There were instructions for staff in people's plans where there was a known risk of them behaving in ways which may have posed a challenge or risk to themselves or other people.

Staff told us and the registered manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process.

We saw that there were enough staff on each shift. People's relatives told us that they thought that there were enough staff. We saw staff in communal areas at all times, either reassuring people or engaged in activities with them. Where people were engaged watching the television, staff were watching at a discreet distance to make sure that they were safe. We saw staff answering requests for assistance or company promptly. The manager told us that the home was fully staffed. At times of shortage due to illness or sickness, the gaps were filled by 'bank' staff employed by the company. This meant that people were cared for by staff who knew them and their needs.

People received their medicines safely and when they needed them. We saw that each person's medicines were kept in a suitably safe location. Staff who gave out medicines were suitably trained to do so and had undertaken competency checks. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the symptoms and conditions which would mean that they should be administered. Staff had signed to indicate that they had read these. We sampled the Medication Administration Records (MARs) and found that they had been had been correctly completed. There were regular audits of the medication, including checks by the pharmacist.

# Is the service effective?

## Our findings

People's relatives expressed confidence that the staff were able to meet people's needs appropriately. One relative told us, "They look after [relative's name] very well."

Staff communicated well with people. Most of the people in this home had restricted verbal communication but staff demonstrated that they were able to communicate with people and offer them choices by using gestures, objects and pictures. Most of the staff had worked with the people in the home for several years and they knew each other and the needs and communication methods of the people in the home well.

Staff also communicated well with each other. Staff reported good relationships between themselves and demonstrated how they worked well as a team, making sure that people had company and support throughout the day, whilst they also carried out tasks such as cooking and keeping records.

Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. This covered the necessary areas of basic skills. Staff confirmed that they had received guidance about the needs of each person they worked with, including their methods of communication and they had worked alongside more experienced members of the team until they felt confident and assessed as competent to undertake tasks on their own. Staff had received additional training when necessary to meet people's particular medical conditions. Staff demonstrated that they knew and understood the implications of people's mental and physical health conditions on how they needed care and support. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary.

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis and annual appraisals. There were also monthly staff meetings. These provided staff with opportunities to reflect on their practice and agree on plans and activities. Staff told us that they felt very well supported. One member of staff said of the managers, "They want us to progress." They described a very supportive environment, saying, "They listen here. If you knock the door with an issue – you can ask the silliest of issues – it will be sorted."

The records showed that people needed varying levels of assistance with tasks and there were clear instructions for staff about how much support they needed to provide. We saw how staff encouraged people to be as independent as possible. Staff told us how they had helped two people to work towards greater independence and had subsequently developed plans for them to move into their own accommodation with staff support.

The manager and staff told us how they helped to keep people healthy, for example, by encouraging people to eat a healthy diet and to take exercise by walking or dancing. Staff told us how they made sure that people's health needs were met by making use of the services of a variety of health professionals including opticians and chiropodists.

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 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 and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). We saw that people had varying levels of capacity from being able to make decisions in all aspects of their life to needing other people to make decisions for them based on their best interests. Some people were subject to DoLS authorisations and the manager demonstrated that she had a good understanding of the principles and processes associated with these and their renewal.

People seemed to enjoy their meals. The menus and records of what people had eaten showed that the food was varied and met people's needs in terms of culture and preference. We saw that staff had sought and taken the advice of relevant health professionals, such as speech and language practitioners in relation to people's diets. Where people were unable to eat solid food and needed staff to administer nutrition through a tube (PEG), staff followed

## Is the service effective?

guidance to make sure that the person received the correct nutrition. Staff had kept good records of the food which people had eaten and the quantities in order to ensure people had consumed enough to maintain their health.



# Is the service caring?

## Our findings

We saw staff treating people with kindness and being sensitive to their needs.

Relatives of people living in this home told us that the staff were caring in their approach. They said that staff were 'very pleasant' and 'lovely'. Relatives told us that the staff were approachable and kept them well informed about their relative's progress. One person told us, "They treat the service users like family; they are all loved."

We heard a member of staff communicating with a relative on the day of the visit. They were polite and treated with person with respect, explaining carefully the information which they needed to convey.

We found that the activity during the day was flexible and staff were led by the choices of people in the home. Throughout the day we saw that people chose what they did and staff provided appropriate support.

We heard staff encouraging people to do things. For example, one member of staff encouraged a person to get out of the seat by themselves, saying, "Go slowly, you can do it." Another member of staff helped someone to maintain their dignity by saying gently, "Pull up your

trousers, don't pull them down here." We heard staff explaining what they were doing. For example, when a member of staff brought someone a hot drink, they took care to bring a small table closer to the person and explained what they were doing.

Staff reassured people and took the trouble to find out information for them. When one person asked about their relative, the member of staff told them, "She's at home. Shall I see when you are going there next?" They then looked in the diary and told the person how many more nights they would sleep at the home before seeing their relative. They also explained that the person would be speaking to the relative on the telephone the next day.

There were weekly meetings of people living in the home to provide people with opportunities to discuss how they were feeling and the plans for the week ahead.

The manager and staff were able to tell us about people's personalities and priorities, their hobbies and interests. They knew each person's preferences well in terms of their care and support. Staff were aware of how people preferred their needs arising from their culture, religion or health conditions to be met and the records showed that they respected these choices.

# Is the service responsive?

## Our findings

Staff told us about the activities that people enjoyed and we saw that people could choose to spend their time participating in a range of hobbies and interests. We saw photographs of people at social events and at places of recreation such as a wildlife centre and a football ground.

A relative said, “[Relative’s name] seems to go out and about a lot; swimming, college, meals, the park, shopping.” Another relative told us about barbecues at the home, to which friends and family members had been invited.

When we arrived at this home, people were engaged in various activities. Some were out at a college of further education doing arts and crafts. Others were in the house, either listening to music, watching television or in their rooms. The records showed that people regularly participated in outings such as pub meals, swimming, discos and college classes.

People were encouraged and helped to maintain contact with friends and family members, where possible. All of the people in the home had either a relative or advocate to support them. Some people went to stay with their relatives on a regular basis and others received visits. Some relatives were involved on a daily basis. One relative told us, “I speak to them [the staff] a lot.” Others told us how staff helped to make sure that the person came to stay with them a regular basis.

Relatives told us how they had been involved in helping to provide details of the person’s early life and interests when staff were developing care plans. The plans which we sampled contained descriptions of people which we could recognise from meeting them in the home. They were specific and individual and provided evidence that people and, where appropriate, their relatives had been consulted. The plans had been updated in response to people’s changing needs and views expressed at review meetings.

People’s relatives told us that the registered manager and staff were approachable and would tell them if they were not happy or had a complaint. They were confident that the manager would make any necessary changes. One relative said, “I like it because if I’ve got a query or anything, I don’t feel I can’t ask. They will listen.” Another relative told us, “I just need to ring and someone will answer the phone straight away.”

The home had clear policies and procedures for dealing with complaints. We saw information telling staff how to help people living in the home to make a complaint. There were clear details about how to make a complaint in the home’s service user guide. The registered manager said that she welcomed feedback from people about the performance of the home. We saw two letters in which relatives had brought matters to the manager’s attention. The manager had sent prompt letters to them to reassure them that the necessary action had been taken. The feedback which we saw and received from visitors and people in the home was all positive.

# Is the service well-led?

## Our findings

People's relatives, professionals and staff told us that they felt that the registered manager valued their views on the service. They said that the registered manager was accessible, spending a lot of time in the home and always having her office door open so that she was available. One person said of the manager, "She is like a mother to all the staff."

Staff described an open culture, where they communicated well with each other and knew the manager well. The operations manager made frequent visits to the home and was familiar with the people who lived there and their needs. These included visits to supervise the registered manager, check on the care being provided and to monitor complaints, incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Staff explained that there was mutual respect between all the people who worked there and that the focus of the home was the people who lived there. Staff said that they supported each other to provide a good service. One member of staff told us, "Everyone here can take constructive criticism."

The records at the home which we sampled were up to date and showed that the registered manager and staff carried out regular audits and checks to make sure that the quality of the service was maintained and improved on

where possible. Where there were instructions for staff, staff had signed to indicate that they had read and understood them. All the records we saw were well organised and accessible. The registered manager made sure that the home was meeting people's needs and the requirements of regulators and people who commissioned the services.

There was a good system for monitoring the quality of the service and identifying areas where improvements could be made. The manager carried out weekly audits of aspects of the home including finances, medication and infection control. The operations manager carried out monthly audits covering the five areas of 'safe', 'effective', 'caring', 'responsive' and 'well-led'. Managers also observed staff practice. We saw that the audits led to an analysis of findings and a list of changes which would lead to improvement. The manager had recorded the action taken.

The registered manager demonstrated that she had kept up to date with best practice in relation to people's needs and health conditions and the requirements of the law in relation to the running of the home.

The registered manager and staff told us that home had good links with the local community. This was confirmed by visitors to the home. The records showed that people were encouraged to use services in the community where possible and to go out of the home to shop and attend functions.