

Midway Care Ltd

# Elmdon House

## 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

Elmdon House is registered to provide accommodation and personal care for up to six people with a diagnosis of a learning disability or autistic spectrum disorder. The property is a large family type home that has been extended and adapted to provide additional bedrooms and living space. At the time of the inspection three people were living there.

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

People were looked after safely. Staff received safeguarding adults training and knew how to report any safeguarding concerns to the local authority or CQC. Risks to people's health and welfare were assessed and management plans in place to reduce or eliminate any risks. Staffing numbers on duty each shift was kept under continual review and adjusted as and when necessary.

The provider followed safe recruitment procedures to ensure they only employed suitable staff. People received their medicines as prescribed. Medicines were well managed and administered by those staff who had been trained and were competent.

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 received personalised care based on their assessed support needs and their preferred way of spending their time. Each person had a care plan which set out how they were to be looked after. Staff received the training they needed to enable them to do their job well. For new staff there was an induction training programme and other staff had a mandatory refresher training programme to complete. Staff were well supported to do their job and received a regular supervision session with a senior member of staff.

People were assisted by the staff team to access any healthcare services. People received the food and drink they needed to maintain a healthy, balanced diet. Any preferences they had regarding food and drink were accommodated.

People were encouraged to retain as much choice and control of their daily lives and staff supported them in their best interests. The service was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People were looked after by a small team of support workers who were kind and caring. People were content in the home environment and their interactions with the staff team were calm and friendly. People

were encouraged to make their own decisions about how they spent their time but best interests' decisions were made and recorded when the person lacked the capacity to make important decisions. Those staff we met were kind, friendly and genuinely cared for the three people.

People were provided with a personalised service that was responsive to their specific care and support needs. The support team were able to determine whether people were unhappy by acting upon facial expressions, body language and understanding of behaviours exhibited. Whilst meaningful social activities were encouraged, the support team respected people's wishes not to leave their home where they feel safe.

The registered manager provided good leadership and management of the staff team but also managed other care services. The provider had systems in place to monitor the quality and safety of the service for the three people, the staff team and any visitors to the service. The staff worked well with other health and social care services and ensured they kept up to date with best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published November 2017).

#### Why we inspected

This was a planned inspection based upon 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Elmdon House

## 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 was carried out by one inspector.

#### Service and service type

Elmdon House is a 'care home'. People in care homes receive accommodation and personal care as a 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. The registered manager was available for part the inspection, as was the project manager and head of residential care for the Midway Care Group.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service. This information included 'notifications' the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. The provider had not been asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send to give us some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

#### During the inspection

We met with the three people who lived at Elmdon House but because they each had communication difficulties, they were unable to give us verbal feedback about their life at Elmdon House. We observed the interactions between them and the staff who looked after them. We spoke with one senior support worker, a support worker, the registered manager, project manager and head of residential care.

We looked at the three people's care records, two staff recruitment files, training records, policies and procedures, and other records relating to the running of the home.

#### After the inspection

We spoke with two relatives and two health or social care professionals. Their views and comments have been included in the main body of the report.

# 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; Staffing and recruitment

- People were well looked after, and the staff team ensured they were safe and protected from harm at all times. Staff received safeguarding training and knew what to do if they had any concerns or suspected people were being harmed. There were no safeguarding concerns regarding people at the time of this inspection.
- Staffing numbers on duty each shift ensured each person's care and support needs could be met. These were currently under review because one person's needs were increasing. Relatives and health care professionals we spoke with after the inspection felt that staffing numbers were appropriate.
- The registered manager and project manager shared their time between the service and another local care service run by the same provider. Senior support workers had managerial oversight in their absence and always had access to an 'on-call' manager.
- The provider followed safe recruitment procedures. Pre-employment checks included written references and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with people.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were well managed. Their care plans detailed the instructions for staff to follow to reduce or eliminate the risk. The plans were amended when new instructions were required. Where people needed assistance to move about or transfer their care plan detailed any equipment to be used and the number of staff required.
- Personal emergency evacuation plans were written for each person and kept in the 'grab and go' bag by the front door. These detailed the level of support the person would require in the event of a fire and the need to evacuate the building.
- All the required weekly and monthly checks had been completed to keep the premises, people, visitors and staff safe. These included the fire safety equipment, hot and cold-water checks, checks of the premises, mattresses and medicines.
- The fire risk assessment had been reviewed in 2019 and regular fire drills were undertaken with people and the staff team.

Using medicines safely

- People were administered their medicines by the staff at the times when they were due.
- Staff completed medicine administration training before being able to support people with their medicines. Their competency to administer safely was checked at regular intervals.
- The processes for the ordering, receipt, storage and disposal of medicines was safe.

#### Preventing and controlling infection

- The home was clean, tidy and free from any odours. The staff team maintained the cleanliness of all areas of the home. People were encouraged to help where they were able and their frame of mind was right.
- Staff completed infection control and food safety training as part of the provider's mandatory training programme. The service had not had any outbreaks of infection in the last year.
- Personal protective equipment such as disposable gloves and aprons, and cleaning materials were provided for staff use.

#### Learning lessons when things go wrong

- The registered manager and the staff team analysed any events that happened in the home. This enabled them to take action to prevent the same happening again. For example, they were able to remove triggers that affected people's behaviours.
- Each month the registered manager submitted a report to the head of residential care who was also responsible for other residential care services. This sharing of information benefitted the service because they were able to learn from any events that had happened elsewhere.



# 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 inspection has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The three people had lived here for many years. Each person's needs had been fully assessed and a plan of care written. The staff team knew people well and how they liked to be looked after.
- The service had an admission policy. Their assessment procedure would ensure any new placements were compatible with the people already living there.
- The service currently had three vacancies. The full pre-admission assessment process included short introductory visits, over-night stays or short stays before placement was offered. This would also ensure support workers had the appropriate skills to meet their needs and any required equipment was available.

Staff support: induction, training, skills and experience

- People were looked after by support staff who received the relevant training they needed to meet their needs. The staff team demonstrated they had the right skills to meet people's needs.
- The provider had an induction training programme for new staff to complete. This was in line with the Care Certificate. There was a programme of mandatory training for all other staff to complete. Mandatory training included NAPPI Level one (accredited training in physical interventions to manage behaviours). Staff and the management team explained that level one training was sufficient for the three people as physical interventions were not required.
- Training records were kept for each staff member. The training plan identified when individual staff members were due to refresh their training. Training was a mix of on-line and classroom-based. When training was on-line, the staff were given a timeframe in which this had to be completed by.
- Support staff were encouraged and supported to undertake additional health and social care qualifications. Seven members of staff had completed a level three qualification and one other had level two.
- The support team had a regular supervision session with a senior member of staff. Support staff said they had been well supported by the senior management team following the loss of a long-term 'resident' and a member of staff.

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

- People's needs were identified in respect of what they liked to eat and drink and the support staff ensured they had a healthy diet. People's body weights were checked each month or weekly if necessary.
- Preferences, dislikes and food allergies were taken account of. Where needed, dieticians and speech and language therapy (SALT) guidance was in place for those who had swallowing difficulties. One person's care plan stated their food had to be cut up and staff followed this.

- The staff team were aware of people's food preferences, the cutlery and plates/bowls to use and the level of assistance required for each individual. We saw two of the three people eating their midday meal and they were enjoying the food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Each person had a health action plan and was registered with a local GP. The support staff requested GP appointments or visits as and when needed. People were also supported to see dental services, ophthalmology, continence services and the falls assessment team for example.
- Community learning disability teams were contacted when specific advice was required, particularly in respect of management of behaviours.
- Feedback we received from health and social care professionals concluded that people were supported to access the health care services they needed.

Adapting service, design, decoration to meet people's needs

- Elmdon House is a large family home located in a suburban area of Birmingham. The house had been adapted and extended to provide six bedrooms each with their own ensuite facilities. To the rear of the property is a large private garden. From the outside the home was not recognisable as a care home. Clinical waste bins were as discreet as possible
- The home was well-decorated and well-maintained throughout. People had been consulted and encouraged to make choices when the communal conservatory/dining room was redecorated.
- People's bedrooms reflected their personal choices.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Each person had a DoLS authorisations in place and the staff team were aware of this and what it meant. The staff team maintained a register of the date the DoLS was granted and when this expired. This meant they were aware when to request a reassessment. A health care professional visited at the time of this inspection to review one person's authorisation.
- The registered manager and support staff had received training regarding the MCA and DoLS and understood the need for people to consent to care. We heard people being asked to make choices about their day.
- Care records evidenced where best interests decision had been made by the staff team with other relevant parties. This was where the person did not have the capacity to make the decision themselves.

# 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

- We observed that people were well-supported and treated well. People were not able to tell us about the way they were looked after. In speaking with the support staff and observing their interactions with people, this was evident.
- Support staff and the management team spoke nicely about the people they looked after. They had established long-standing working relationships with people and understood their diverse needs and personalities.
- The three people looked relaxed and content and very much 'at home'. The support team spoke about how they supported individuals when they became upset, anxious or exhibited distressed behaviours. Staff knew when to give one person 'time-out' and for another, what distraction methods worked.

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

- People spent their time each day based upon their own choices and what made them feel 'comfortable'. Their care plan and reviews took account of what they did. Although people did not verbally express their choices, the support team knew what activities they liked to do, their meals and drinks and how they spent their time.
- People made choices with facial expressions, body language and gestures and the support staff were familiar with these.
- 'Service user' meetings had been held on four occasions in 2019 and once so far in 2020. Records showed that people were asked about their meals and activities they wanted to do. One record showed how the three people had chosen the colour of paint used in the conservatory. The staff team used colour-charts and a process of elimination until there was one colour left.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was maintained, and any personal care tasks were always carried out in the person's own bedroom or ensuite bathroom. Staff knocked on doors before entering bedrooms.
- The support staff genuinely cared for the people they looked after. They were compassionate and gentle. People looked well cared for and were dressed in clothing of their choice.
- People were encouraged to be as independent as possible and have as much choice and control in their lives as possible. The support staff told us one person liked to do 'domestic' tasks their way and they respected this. The staff supported people to be involved in their care.

# 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's needs were met through good organisation and delivery.

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

- Care plans were prepared for each person and had been rewritten following re-assessment of care and support needs. These stated how the person wanted to be looked after. They were personalised, and preferences and choices were taken account of. The plans provided an accurate picture of the person's needs.
- The plans detailed what was important to them, who was part of their life and also included what type of person (staff member) they wanted to support them.
- The support staff were knowledgeable and knew people's individual preferences. Keyworker meetings were held each month and a review of how things had gone recorded.

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 carers.

- Information was shared with people in accordance with the Accessible Information Standard. The service provided documentation in easy-read format, for example the complaints procedure and the 'Welcome to Elmdon House' booklet.
- People's communication needs were identified as part of the care planning process, and taken account of in their care plan, providing staff with clear instructions.
- Support staff told us each of the three people did not use verbal communication's, but they were able to understand them because of body language, facial expressions and actions the person takes. Very detailed information was recorded in their care plans: "If I do this it means....", "When I want...." and "If I don't like I will do this...."

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

- People were encouraged to explore activities away from the home. However, two of the three people did not want to leave the home because of their individual mental health impairment.
- One person was being supported by the staff to use the bus service and attend a community activity they enjoyed. The support team told us they were working towards this person attending another social group.
- The support team helped people maintain family relationships and enabled the person to remember important dates.
- People's birthdays were celebrated in the way they wanted. Families were invited to visit plus other friends

that people had.

Improving care quality in response to complaints or concerns

- Even though people were not able to express verbally if they were unhappy about anything, the support staff were able to tell if a person was unhappy.
- The service had a complaints procedure. This was in an easy-read format with widgets and pictures and minimal text. The provider and registered manager had not received any formal complaints in the last year.
- The Care Quality Commission had not had any concerns regarding this service in the last year. In 2018 information of concern was reported to us and redirected to the service to address. The information had been dealt with at that time and the staff member no longer worked for the service.

End of life care and support

- Elmdon House is a residential care home and does not provide nursing care to people. However, the support staff would endeavour to continue to care for people who progressed to end of life care needs, if this was feasible.
- The service would achieve this by working in conjunction with the person's GP, district nurses and relatives.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- It was the aim of the provider to provide a specialised service for people with autism, in an environment where their rights, independence and choices were the focus. It was evident from this inspection that the routines and work practices were based upon what people wanted to happen.
- People's reactions and non-verbal responses were central to all decision making. Examples included "the switching on of the radio each morning in the staff office" and respecting a person's choice to retreat to a safe place for their well-being. The staff explained the person did this when they were feeling anxious.
- The support staff were encouraged to make suggestions about how the service could be improved and how the lives of people could be enhanced.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The head of residential care received a weekly update report regarding Elmdon House, the three people who lived there and the staff team. They also visited the service regularly and had known the service for many years. This ensured the provider was kept fully informed of all aspects of the service.
- One relative said the support staff kept in touch with them and informed them of any changes or things that had occurred with their family member.
- The staff team knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- The quality rating poster following the previous inspection was displayed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were looked after by a consistent staff team although the numbers of staff had reduced since the last inspection. This was due to the reduction in people being looked after. The staff team was led by the registered manager.
- The registered manager and project manager, both recent appointments, covered other care services run by the Midway Care Group and therefore not present in the home full time. They were however always contactable and there was an on-call service as well. They were both present for half the inspection along with the head of residential care.
- Day to day cover was provided by a senior support worker and a support worker. Feedback we received from staff was that the management team were approachable and supportive.

- The registered manager had achieved a level five qualification in leadership and management.
- The provider had a programme of audits and quality checks in place to ensure people, the staff team and premises were safe. Examples include infection control and a mattress checklist, a health and safety checklist, care documents and the management of medicines.
- The registered manager completed a monthly report for the head of care and also attended managers and governance meetings each month.

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

- People were central to decisions made about the service. Plans for the service included retaining its homeliness, offering placement to other like-minded people and introducing structured activities for each person.
- One relative had expressed their concerns regarding the three vacancies but did say they could not fault the way their family member was looked after, in the way they wanted.
- Another relative said they were kept informed and asked for their views.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care and support. This included for example, GPs, district nurses, occupational therapists and physio therapists and hospital-based staff.
- The registered manager was supported by managers from other care services run by the provider, the quality director and quality manager and a behaviour team. This meant they were able to share knowledge about events and keep up to date with best practice.