

Midway Care Ltd

Victoria Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Victoria Road is a residential care home providing accommodation and personal care for up to four people with a physical disability, learning disability, autism, sensory impairment or a mental health diagnosis. Three people were receiving support at the time of the inspection. The home is made up of four self-contained flats, an office and a shared garden.

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

The providers systems and processes had not identified all the concerns we found on inspection. This included concerns regarding COVID-19 practices, medicines, assessing risks, recruitment, management of complaints and incident management.

We were only somewhat assured by the provider's infection prevention control measure to prevent the spread of COVID-19. People's known and historical risks were not consistently recorded in their care plans. Medicines were not always managed safely.

People's communication needs were identified in their care plans but there were some missed opportunities to explore why people expressed certain emotions and how staff could best support them.

Incident forms did not contain enough detail as to why staff had administered people's 'as needed' medicines. Incident forms for one person contained details of potential restrictive practices.

People were not always supported to have maximum choice and control of their lives however staff supported them in the least restrictive way possible and in their best interests; The policies and systems in the service did not always support this practice.

People's life histories, wishes and preferences were not consistently recorded. People told us they expressed their views but there was no record of how they were listened to and supported. People's wants, needs and goals were not consistently recorded.

Staff had a good knowledge of what safeguarding meant in their role. People had choice and flexibility about their privacy. Staff told us they supported and encouraged people to be independent.

The registered manager was open and honest and acknowledged improvements were needed to ensure people were receiving good quality person centred care. The registered manager had lots of ideas of how to improve the service to benefit the people living there. Staff told us they felt confident in the management team and they felt able to raise concerns and share ideas.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. The model of care did not always maximise people's choice, control and independence. Care was not always person-centred. The Ethos, values, attitudes and behaviours of leaders and care staff was positive, and the registered manager was able to talk about what measures they were putting in place to ensure people using the service led confident, inclusive and empowered lives.

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 the service under the previous provider was good, published on 18 January 2019.

Why we inspected

This was a planned inspection of a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see all areas of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, safeguarding people from abuse and governance at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Victoria Road

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector. We visited the home on one day and made telephone calls and gathered additional evidence over two days.

Service and service type

Victoria Road is a 'care home'. People in care homes receive accommodation and nursing or 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 did not have a manager registered with the Care Quality Commission at the time of inspection. The manager submitted an application to become registered with the Care Quality Commission prior to the inspection. They have since successfully become the registered manager.

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 the 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 one person who used the service about their experience of the care provided. We spoke with seven members of staff including the nominated individual, director of quality, registered manager, project manager, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and one person's medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were only somewhat assured by the provider's infection prevention control measure to prevent the spread of COVID-19.
- Staff and people were not all being tested for COVID-19 in line with government guidance.
- Some staff were observed on the day of inspection to not be wearing their face masks in line with government guidance.
- Risk assessments for staff and people were not sufficient to consider what the risks were if they contracted COVID-19.
- Risk assessments stated people required their temperature to be checked three times a day, but it was not consistently recorded as to whether this had happened.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We took urgent action following the first day of inspection and asked the provider for an action plan to address the shortfalls, which they provided.

- We were assured in some areas of the provider's infection prevention control measure to prevent the spread of COVID-19. For example, people were admitted safely to the service and the layout and hygiene practices of the premises were sufficient.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Incident forms did not contain enough detail to show why staff had given people 'as needed' (PRN) medicines to help them when they felt anxious. This meant the people were at risk of receiving their PRN medicines inappropriately which exposed them to risk of abuse.
- Incident forms for one person contained detail of potential restrictive practices including 'door locked' but no detail about what door had been locked. The registered manager showed us any door that had been locked from the outside could be opened from the inside without a key, so it was impossible for anyone to be locked in a room. However, this had not been explored or investigated at the time. This meant people were exposed to risk of abuse.
- Twice in one day staff had recorded on a person's incident forms they were not equipped to support the person during times of heightened anxiety due to not being able to communicate effectively with them. Protocols and training had not yet been implemented for staff following these incidents. This meant there was a disregard for the communication needs of the person.

Whilst there was no evidence anyone had been abused, these practices placed people at risk of abuse. We raised a safeguarding alert to the local authority safeguarding team. This was a breach of Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A person we spoke to told us "yes" they felt safe.
- Staff had a good knowledge of what safeguarding meant in their role and were able to tell us what action they would take if they felt someone was being abused. This included escalating concerns internally and to external agencies.

Assessing risk, safety monitoring and management; Using medicines safely

- People's known and historical risks were not consistently recorded in their care plans. This included behaviour that challenged. There had been no significant incidents in recent years, however if people's needs changed there was no guidance or information for staff to follow to support people to stay safe. Where information was present about people's needs and areas of risk it was detailed, and staff understood how to support people.
- On two occasions it was recorded that one person had hit their head during times of heightened anxiety. There was no record that any medical attention had been sought for the person. The lack of medical attention placed the person at risk of harm. Outside of these two occurrences, there were no other incidents of self-harm noted.
- Staff were undertaking blood pressure monitoring for one person with no training or guidance about what the person's blood pressure should be. The registered manager told us they were seeking advice from the GP and following our inspection stopped staff undertaking this check.
- Prescribed cream and liquid medicines had no open date, this meant there was no way to establish if the medicines were effective or safe for use.
- There were no records to indicate how many prescribed tablets people in stock. This meant there was no way to know if people had received their tablets as prescribed. The registered manager said they would undertake a full audit of everyone's medicines and bring in a manager from another home to complete an additional audit.
- Some people were prescribed medicines on an 'as needed' (PRN) basis. Although there were protocols in place guiding staff when they may need to give this medicine, staff had mixed knowledge about who had PRN medicines and some staff were not aware of the protocols.

We found no evidence that people had been harmed. We raised a safeguarding alert to the local authority safeguarding team. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff told us they had undergone recruitment checks prior to starting work, such as reference checks from previous employers and Disclosure and Barring Service (DBS) check, staff files reflected this. However, there were two staff who started employment in 2015 and we did not see a DBS check from when they were first employed, we did see DBS checks had taken place after employment and renewed this year.

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.

This is the first inspection for this newly registered service. This key question has been rated requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- DoLS applications had been made and authorised for some people and there was a letter from the DoLS team confirming this. However, the original application and full authorisation was not present. The registered manager was new into post so had asked the DoLS team to supply these.
- Staff were not aware of who had a DoLS authorisation and could not always tell us what DoLS meant even though they had undergone training in DoLS. The registered manager said they would raise this in team meetings to ensure staff understood who had a DoLS.
- Mental capacity assessments were not always fully completed and didn't always detail who had been involved in best interest decisions. The registered manager said they were waiting for input from people's community teams and the decisions were not finalised. However, the assessments were in people's care plans. Following the inspection, the registered manager told us they had made referrals to an advocacy service for two people to support with the MCA and best interest decisions. Advocacy means getting support from another person to help you express your views and wishes.
- There was no indication anyone was being inappropriately restricted, and staff understood the MCA and how to ensure people had choice and control.

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

- There was some information in people's care plans about oral healthcare, but this was not consistently recorded.
- There was no record of when people had last visited the dentist or if they were booked to attend. It was documented that one person needed input from the dentist but not what action had been taken. After the

inspection the registered manager updated people's oral healthcare plans and booked telephone appointments for people who required them.

- People's care files contained a hospital passport. These passports contained personal and medical information, likes and dislikes in the instance someone may need to go to hospital. However, one person's passport had not been updated following a change in need, the registered manager updated this during the inspection.
- The provider told us, in the information shared with us before the inspection (PIR), they worked with outside agencies to ensure people had access to a variety of services. We saw input from teams such as speech and language, occupational therapy and the GP.
- Staff supported people to manage their health needs and supported them to access the necessary healthcare services. This ensured people's day to day health and wellbeing needs were met. A person told us, "I have been to the doctors this morning."

Staff support: induction, training, skills and experience

- Staff felt they had received an adequate induction and generally the training was good. Training schedules reflected that staff had received training relevant to their roles. However, staff had not yet received specific communication training which one person required. The registered manager had not yet been able to source this but was trying too.
- Some staff were very new and had not yet received a supervision. However, we saw that team meetings were undertaken, and supervision schedules were discussed.

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

- Where people had undergone assessments from health professionals in relation to their food and fluids, staff were following the guidelines and had a good knowledge and understanding of people's needs. A person told us, "The staff cook, I have special food and staff always give that to me."

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

- The service was made up of four independent flats each containing a lounge and kitchen, bedroom and bathroom. One person showed us around their flat and it was personalised to their taste. They were waiting for a new bathroom as their needs had recently changed.
- The outdoor garden space was accessible for people however was not fully utilised. The registered manager said they had plans to buy garden furniture and make the areas usable. After we visited the home, the manager said a person had expressed an interest in gardening, so staff were going to support them to plant flowers.

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

- Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People told us they expressed their views but there was no record of how they were listened to and supported.
- One person told us they wanted a pet dog. The registered manager said they were having discussions with the person about this but there was no record of conversations or a plan for how to support the person. The person did not know what was happening. Following the inspection, the registered manager said the person had been supported to buy a budgie.
- The registered manager told us they were working towards ensuring people were able to express their views. They said "We are going to do a full review with people ... It's about empowerment, giving people control of their lives. We want to give people freedom and ability to change. Just because they have done something for years it doesn't mean they want to do that now."

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

- Some people's records included details of life histories, wishes and preferences but this was not consistently recorded for all people. The registered manager said they were working to source more information about people's life history and backgrounds involving people and their professional teams. This would enable staff to use this information to provide personalised care.
- Staff talked about people in a positive way and discussed how they had supported people do things they wanted. One person told us they "liked it [at Victoria Road] as they could do their own thing". A staff member told us a person had wanted to bake fruit cake so they supported them to do this.

Respecting and promoting people's privacy, dignity and independence

- People had choice and flexibility about their privacy and could ask staff to leave their flats to have time alone.
- Staff told us they supported and encouraged people to be independent and be involved in cleaning and cooking. People's care plans reflected what they could do on their own and what they may need additional support with.
- People's care records were kept securely, and their confidentiality respected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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.

- People's communication needs were identified in their care plans and external assessments had taken place for people who could not verbally communicate. However, there were some missed opportunities to explore why people expressed certain emotions and how staff could best support them.
- One person communicated using sign language. Staff had not undergone training in how to use sign language but told us there was information in the person's care plan about how they communicated their day to day needs. However, there had been one day when the person was anxious, and staff were not able to effectively communicate with them. The registered manager was working to source appropriate training for staff.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's wants, needs and goals were not consistently recorded. Where there was information about people's goals, it was not clear if they had been involved in setting the goal and there was no plan on how they could achieve it. The registered manager had new enablement plans they were going to implement with people, but this had not yet begun.
- People's care plans detailed some information about how they liked to be supported. They included people's likes and dislikes. The registered manager told us they were still reviewing care plans for everyone living at the service to ensure the information was in-depth and person-centred.

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's activities had been limited due to the impact of COVID-19. However, people were still accessing the community and the registered manager was supporting people to review their current activities and reflect on what they wanted to do moving forward.

Improving care quality in response to complaints or concerns

- One complaint had been recorded but there was no recorded outcome about what action had been taken to manage this.
- There was no information in people's care plans about how they could make a complaint and people did not have close family to support them. The registered manager said they would review people's care plans and discuss this support area.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's systems and processes had not identified all the concerns we found during the inspection.
- There was no record that a complaint made in 2020 had been addressed and responded to and the provider was not able to evidence accurate records were kept in relation to staff recruitment.
- Systems and processes to monitor risks associated with COVID-19 were not mitigated and government guidance was not being followed to ensure people and staff were protected. This meant we did not have assurances about how risks relating to COVID-19, were being managed.
- Audits had not identified poor record keeping around the management of incidents. This included lack of detail as to why staff had administered 'as needed' medicines, staff recording potential restrictive practices and a failure to identify medical attention had not been sought for one person on two occasions.
- Systems had failed to ensure known risks were assessed and mitigated for people and care plans were not always up to date and accurate. Furthermore, the provider had not ensured specific training relating to communication was sourced for one person who required it.
- Systems and processes to monitor medicines had not been effective and the provider had failed to ensure robust medicines practices were in place.

The registered manager responded positively to the inspection process and took appropriate action on issues raised. We found no evidence that people had been harmed however there was a lack of adequate checks and audits. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had only been in post for a short time when we inspected. They were open and honest and told us they knew some improvements were needed to ensure people were receiving good quality person centred care. Improvements had already been seen for one person in relation to their mobility due to appropriate referrals and support to use their specialist equipment.
- The registered manager had recently recruited new staff and were working with them to embed a positive culture, they said, "Staff have lots of ideas and feel empowered to put things in place for people." The registered manager also told us how they had supported a person, who struggled with new staff, to cope with the new team members.

- Staff told us they felt confident in the management team and they felt able to raise concerns and share ideas. One staff member said, "The Manager's [names] are good support, I have no problems, I can talk to them about anything. [Manager's] are obliging and will give advice, they listen. Two senior staff just started, and they are good."

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 registered manager understood their responsibility in relation to the duty of candour.

Continuous learning and improving care

- The registered manager had lots of ideas of how to improve the service to benefit the people living there. This included how they gathered feedback, the registered manager said, "People used to have key worker meetings, but it was a tick box, so we are developing a more meaningful [way for people to] feedback." The registered manager also talked about ideas to improve the garden and communal entrance into the service.

Working in partnership with others

- Staff communicated with the GP, community teams nurses and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems and processes were not operating effectively to protect people from harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not operating effectively to protect people from abuse.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of adequate checks and audits.

The enforcement action we took:

We served a warning notice asking the provider to become compliant with the regulation.