

Mediline Supported Living Limited

# Mediline Supported Living Bacup

## Inspection report

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Date of inspection visit:  
07 November 2018

Date of publication:  
07 January 2019

## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

Mediline Supported Living Bacup, referred to throughout this report as Bacup Street, is a service registered to provide care and support for up to three people with a learning disability and potentially, additional mental health needs. The service is single storey and has adapted rooms and bathrooms to meet people's needs. At the time of this inspection there were three people living at Bacup Street.

Bacup Street 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in December 2015 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated good.

People enjoyed living at Bacup Street and one person we talked with told us they felt safe. We saw recent complimentary feedback written in the visitor's book. Positive interactions between the people at the service and staff were observed during our inspection.

People's health and nutritional needs were met by the service, although we identified that staff were not always following guidelines put in place by other health professionals. We brought this to the registered manager's attention.

Medicines continued to be stored correctly and administered as prescribed, although one medication administration record (MAR) did not reflect the current regime of administration for one medicine. The

medicine was being administered correctly. The temperature of the room where medicines were stored was not being taken. The registered manager told us this would be addressed.

Staff received the training and support, through supervisions and team meetings, to effectively meet people's needs. Annual observations of staff competencies were completed.

A safe system for recruiting new staff was in place. The number of staff on duty varied depending on people's needs and the regular activities people planned to participate in during the week.

Person centred care plans and risk assessments were in place to guide staff on the support people needed and how to reduce any identified risks. Where applicable, care plans were in place to support specific health conditions, for example epilepsy and dysphagia.

Information about people's preferences, culture, likes and dislikes was recorded. A description of people's preferred daily routines was held on their support plans.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People told us the food was good and the menus showed that people were offered variety and choice of meals.

At this inspection all equipment was maintained and serviced in line with national guidelines. The service was well maintained and clean throughout. Emergency evacuation plans were in place for each person in their care files.

The registered manager had an auditing system in place to monitor the quality of the service. All incidents and accidents were reviewed to reduce the likelihood of a re-occurrence. Other quality checks and audits were carried out at the service by managers of other services, independent of Bacup Street.

People were consulted about the service and the provider had recently held an open day, attended by people living at Bacup Street. Surveys were used to gain feedback from people, their relatives, staff and other professionals about the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service has been judged Requires Improvement.

Risk assessments were in place for each person.

Staff were not always following specific guidelines issued by health professionals.

The temperature of the room where medicines were stored was not being recorded.

### Is the service effective?

**Good** ●

The service remains Good.

### Is the service caring?

**Good** ●

The service remains Good.

### Is the service responsive?

**Good** ●

The service remains Good.

### Is the service well-led?

**Good** ●

The service remains Good.

# Mediline Supported Living Bacup

## **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 comprehensive inspection took place on 7 November and was announced. The inspection was completed by one adult care inspector. After our inspection visit we contacted a health professional by telephone who was currently involved with the service.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch board. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised with us.

We made observations of the care and support provided at Bacup Street, including interactions between people using the service and staff throughout the inspection. We spoke with one person who used the service, two health professionals, the registered manager, and two care staff. We looked at the care files of three people who used the service and records relating to the management of the home including training records, medicine administration records, quality assurance systems and maintenance records.

# Is the service safe?

## Our findings

At our last inspection we deemed the service was safe. At this inspection due to our findings, we judged that this was now requires improvement.

Care files included risk assessments and guidance for staff to follow to reduce the identified risks. We observed a member of staff not accurately following the guidelines issued by a speech and language therapist (SaLT) for a person living in the home. The guidelines were in place to reduce the risk of the person choking whilst eating, drinking and taking medicines and a specific plastic spoon had to be used. We saw a member of staff use a metal teaspoon and we queried this with the staff member at the time, who then retrieved the correct spoon. We brought this error to the registered manager's attention who told us all staff would be reminded to use the correct spoon. We contacted the SaLT professional who told us that whilst use of a metal teaspoon might not increase the risk of a person choking, it could be uncomfortable and increase the risk of a person damaging their teeth.

Medicines continued to be stored correctly and administered as prescribed. We noted that one person's typed medication administration record (MAR) did not reflect the current regime of administration for one medicine, although the medicine was being administered correctly. Staff were taking and documenting the temperature of the cabinet where medicines were stored but not the temperature of the room. The registered manager told us they would amend the MAR chart and instruct staff to start to record room temperatures.

People living at Bacup Street were kept safe with appropriate risk assessments in place and actions for staff to mitigate those risks. One person we spoke with told us they felt safe and when we asked how they were kept safe told us, "I feel safe with the staff; they are great." A system was in place to record accidents and incidents. These were reviewed by the registered manager and any actions or investigations identified to reduce the likelihood of the incident re-occurring.

Recruitment files were held at head office and a sample of these were checked on the last inspection and all relevant pre-employment checks had been undertaken. As recruitment processes had not changed we were satisfied that any newly recruited staff were safe to work with vulnerable adults.

Staff were aware of the safeguarding procedures and outlined to us what would constitute abuse. Safeguarding training was an element of mandatory training and was discussed at staff team meetings and supervisions.

Rotas showed that permanent staff were used to cover the shifts needed and people received good continuity of care because of this. We saw staffing levels varied depending on the needs of the people and their preferred daily routines.

The home was clean throughout. Regular checks were made of the fire alarm system and that it was fully operational. A rota of safety checks was completed each week by the staff on duty, including water

temperatures, health and safety and fire alarms. Equipment was serviced in line with national guidelines and manufacturer's instructions.

## Is the service effective?

### Our findings

The care continued to be effective. There had been no new admissions into the service since our last inspection. The registered manager told us there would be a full assessment of people's needs when someone new was admitted to the service. They would also request any additional care and support plans, for example if the person had epilepsy or was at risk of choking when eating.

People continued to receive effective care from staff trained to undertake their support roles. Annual observations of competency were completed by the registered manager or senior support workers. Staff were supported through regular supervisions and team meetings.

There were robust induction processes for new staff who were signed up to the Care Certificate. The Care Certificate is a recognised set of standards and the minimum training that workers new to care are expected to achieve. Mandatory training was in the form of e-learning, with refresher training completed every three years. Where required additional training would be sought, for example from the learning disability team, if the person had a piece of equipment or a specific need that the staff were not familiar with.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had made DoLS applications to the supervisory body but no authorisations had been received at the time of inspection. We asked the registered manager to pursue the outstanding applications. Best interest decisions were made in conjunction with other parties and professionals and were documented.

The service tried to promote healthy options with the home cooked meals they prepared for people. People we spoke with said they enjoyed the food that staff prepared and cooked for them. Meals were agreed in advance and then people shopped accordingly, with support from staff. If someone did not like or want the main meal on offer then they were able to choose an alternative meal if they wanted to.

People living at the service were supported by staff to health appointments, such as to the GP or to hospital appointments. Other health professionals attended the home to review people and update any plans in place. People's changing needs were well documented and relevant health professionals were involved. We received positive feedback from two health professionals we spoke with as part of this inspection.

We spoke with a visiting health professional on site who told us the service was proactive in making referrals when needed. When regimes around pressure care were put in place the home followed these and acted on the guidance given. People were kept safe from developing serious pressure wounds as the care and support provided help prevent this.

The building was a bungalow, adapted to meet the needs of the people using the service.



## Is the service caring?

### Our findings

People continued to receive a caring service. All the people we were able to speak with were complimentary of staff and the registered manager. They enjoyed the company of the staff team and considered Bacup Street was 'a nice place to live'.

We observed positive interactions between the people living at the service and the staff during our inspection. The caring qualities of staff were observed during the inspection. Through our conversations and interviews with members of staff they displayed knowledge about individuals using the service and explained how they enhanced people's lives with the care and support they provided.

Staff gave us examples of how they would promote independence, privacy and dignity. They were able to explain how they maintained people's privacy and dignity, for example ensuring doors were closed when providing personal care, keeping people covered up when providing personal care and explaining what support they were going to provide. Choices were offered to people in their daily lives and people had different daily routines, based around individual likes and preferences.

Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. The service acknowledged that it was a requirement for all staff to do formal equality and diversity training and we saw that staff had received this element of training. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.

Staff were aware of the need for confidentiality, especially when supporting people to access the community, and gave examples of how they maintained this in their support worker role. We saw that support plans reminded staff of the need for this with a message that stated, 'STOP – only share on a need to know basis.' This meant that people's private information was kept safe.

## Is the service responsive?

### Our findings

The service remained responsive. Personalised and thorough care plans in place provided details of the support people needed, for example with personal care and mobility. These were regularly reviewed and were up to date. We also saw care plans on file relating to specific health conditions, for example epilepsy, so that staff were informed and better able to support people.

Where people were not able to communicate verbally, care plans outlined to staff what individuals might be communicating with their body language and facial expressions. We observed staff talking to people and picking up on their body language, recognising that a person was thirsty and wanted a drink. A drink was then provided for the person, thickened to the correct consistency.

We looked at how people's current care needs were communicated between staff and saw information exchanges took place each day in the form of handovers. Shift handovers occurred each time staff changed over, all the people who lived at Bacup Street were discussed and any important information was shared and handed over. Checks of medicine stocks and monies held for people were also done to help safeguard people and reduce errors.

Staff were able to give examples of how they met individual needs of people, for example relating to people's medical conditions, spiritual support, dietary requirements and personal care. Care plans were reviewed monthly by the registered manager to ensure they accurately reflected people's needs and were in line with their preferences. People were involved in their care.

We noted that there were easy read documents for people at the service that explained their care in simpler terms. For example, we saw an easy read document explaining about the medical condition dysphagia, for people who had swallowing difficulties. This meant that the service was meeting the Accessible Information Standard (AIS), introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

A record of activities people at the service participated in was kept. People were able to access their activities as a group or individually, depending on what the activity was. For example, people went out shopping for food together or went for a pub lunch in the community. Individually people went to church, to a disco, sensory sessions, art club or to the park. Photographs and craft items made by people at the service were displayed in their bedrooms. People had forged good links with local communities with visits to local places, such as shops and cafes. One person required their food to be blended. Support staff had a good relationship with a local café that made sure food served to the person was appropriate and blended to a safe consistency. This meant that the person was able to enjoy eating out in the community and the care and support they received was non-discriminatory. The service adjusted staffing levels when required so that people could be supported to their chosen activities.

A complaints policy was in place although we saw that no formal complaints had been made to the service in the last 12 months. There was an easy read guide about how to make a complaint on display in the home.

A guest book was in place in the foyer and we saw positive remarks in this following a recent birthday party held for someone living at Bacup Street.

## Is the service well-led?

### Our findings

The service remained well led. The rating awarded to the service at the last inspection was on display in the home, as is the law. There was a registered manager in post as required by their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw there was a system of audits and quality checks made by all staff at the service. Daily handover checks involved support workers checking medicines and monies held on behalf of people. Checks were undertaken by two members of staff and were documented and signed for, as is good practice. The registered manager checked weekly tasks had been completed by staff, such as cleaning rotas and health and safety checks. Monthly medication audits were completed and any accidents, incidents, safeguarding referrals and complaints made to the service were reviewed.

There was oversight of the service from the registered manager and quarterly audits were undertaken by other registered managers independent of this service. There was support from head office staff in respect of recruitment and quality checks of the service. This meant there were systems in place to monitor and improve the service.

The staff we spoke with were positive about their role and said the registered manager was approachable and offered good support.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked our records and looked at records during the inspection and found that all events had been notified to us as required.

The service demonstrated examples of working in partnership with people, their relatives, commissioners, and health professionals. The service engaged with people where possible and the provider had recently held an open day for everyone using any Mediline service. People had voted for what they liked about their service using a 'thumbs up' sticky note and similarly used a 'thumbs down' sticky note when less happy about an aspect of care and support. This feedback about the wider service was shared with us after the inspection and the service aimed to use the results from the consultation to plan for the future.

The company also offered incentives to staff, including a company pension and long service payments.