Mig House Residential Care Home Limited

MIG House Residential Care Homes

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

Mig House is a residential care home for up to six people with a learning disability. Five people were using the service when we visited.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

At the last inspection in April 2015, the service was rated good. At this inspection we found that the service remained Good.

People continued to receive safe care. Systems were in place to minimise risk and to ensure that people were supported as safely as possible. Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns.

People were protected by the provider's recruitment process which ensured staff were suitable to work with people who needed support. There were enough staff to provide care and support to people and meet their needs. Medicines were administered by staff who were trained and assessed as competent to do this.

Staff were knowledgeable about people's individual needs and how best to meet these. Staff had access to the support, supervision, training and on going professional development that they required to work effectively in their roles. The training and support they received helped them to provide an effective and responsive service.

People received a person centred service and had detailed personalised plans of care in place. They were supported by kind, caring staff who treated them with respect. People were supported to do as much as possible for themselves and were encouraged to be as active as possible.

Care records contained detailed information about people's needs, wishes, likes, dislikes and preferences. Their cultural and religious needs were respected and celebrated. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff who were caring and treated them with respect. People received very personalised care. Although some people could not communicate their needs verbally, the staff found creative ways to involve them and to understand what the person wanted. They displayed empathy and helped people overcome fears and challenges. This had resulted in positive and measurable changes for the individuals who lived at the service.

People and their representatives knew how to raise a concern or make a complaint and effective systems

were in place to manage complaints.

People lived in an environment that was suitable for their needs. Specialised equipment was available and used for those who needed this.

The quality of the service was monitored by the service's operations manager and the registered manager. The service had a positive ethos and an open culture. The registered manager and the deputy manager were visible role models in the home.

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 remains safe.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service is very caring.

Staff were skilled at helping people to express their views and communicated with them in ways they could understand and be involved in their care and support.

Staff understood how to respect people's privacy, dignity and human rights. They knew the people they were caring for and supporting, including their preferences, personal likes and dislikes.

People's care was provided in a way which respected their independence and staff encouraged them to make independent decisions. Staff displayed a caring and professional approach towards them.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well led.

MIG House Residential Care Homes

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 registered 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.

The inspection took place on 10 May 2017 and was announced. We gave the registered manager twenty four hours' notice because the service looks after younger adults who are normally out during the day to undertake various activities. We needed to ensure that the manager would be available. The inspection was carried out by one inspector.

Before the inspection, we looked at all the information we held about the provider. This included the last inspection report and notifications of significant events. In December 2016, the provider completed and sent us a Provider Information Return (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We looked at the information the provider had submitted.

During the inspection, we met two people who lived at the service. People living at the service were not able to give us detailed feedback about their experiences, so we observed how they were being cared for and supported. We spoke with the registered manager, the deputy manager and a support worker. After the visit, we also spoke with a professional who supported people living at the home.

We looked at the environment and equipment people used. We looked at records which included the care records for two people, staff recruitment, training and support records for two members of staff, records of meetings and other records the provider used for monitoring and assessing the quality of the service.

Good

Is the service safe?

Our findings

People received care from a staff team who ensured they were safe. Recruitment processes ensured that staff were suitable for their role and staffing levels were responsive to people's needs.

There were sufficient staff to meet people's needs and to support them with what they chose to do.This was both in the service and out in the community. There was a stable staff team and any absences were covered by them or staff from the provider's other services. This meant people received consistent support from staff they knew who were aware of their support needs to maintain their safety. People's representatives told us that staff were available when needed and provided good personalised support. We saw that people were supported in a timely way and staff gave them the time and attention they required.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Information was displayed in the office detailing how to report safeguarding concerns and raise concerns with CQC. Staff had received safeguarding training and were aware of the safeguarding policies and procedures in order to protect people from abuse.

Risks were identified and systems were in place to minimise them. Risk assessments were comprehensive, personalised and included clear information for the staff about how to respond to different situations and how to keep people safe. For example, when using equipment, supporting people at mealtimes and with specific medical needs. When appropriate, there was information from other professionals included in the assessments and plans for keeping a person safe. The risk assessments were regularly reviewed and had been updated when a person's needs changed.

The environment was safely maintained. The staff had completed risk assessments about different aspects of the environment, practices and equipment. These were regularly reviewed and updated. There were checks on health and safety, including fire safety, electrical safety, infection control and water temperatures, which were all recorded. Regular fire drills took place and there was an individual emergency evacuation plan for each person, explaining how they should be supported to evacuate the building.

People received their medicines in a safe way. Medicines were stored securely. The staff responsible for administering medicines had received training and had their competency tested. There was a medicines profile for each person with photographs and relevant information about their medicines, allergies and related health conditions. In addition, there were individual protocols for the administration of PRN (as required) medicines and the use of emergency medicines (such as those used for someone having an epilepsy related seizure). These protocols gave detailed information for the staff about when these medicines might be needed and specific administration instructions. Medicine administration records were up to date and accurate. The staff undertook tablet counts and audits of all medicines each day and additional more in-depth medicine audits were carried out monthly by the registered manager.

Good

Is the service effective?

Our findings

People were supported by staff who had appropriate skills and knowledge to meet their assessed needs and to provide an effective service. Written feedback from relatives of people who lived at the service commented that staff were well trained and had the skills they needed to care for people. Professionals commented, "Informative staff, friendly and very knowledgeable of individual client needs."

Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the home. For example, staff had received specialist training about supporting people with autism and epilepsy. The training was a combination of e-learning and face to face courses. There was a computerised system that indicated the training staff had received and when this needed to be updated. This enabled the registered manager to monitor staff training and to ensure it was relevant and updated when needed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had completed MCA and DoLS training and were aware of people's rights to make decisions about their lives. When important decisions needed to be made about a person's care and treatment, meetings were held with relatives and other professionals to discuss what was in their best interest. The registered manager was aware of when to make a referral to the supervisory body to obtain a (DoLS authorisation). Records showed that this was thought to be necessary for all the people who used the service and relevant applications had been made to supervisory bodies. This helped to ensure that people were not being unnecessarily or unlawfully deprived of their liberty and that their human rights were protected.

People were supported by staff who received effective support and guidance to enable them to meet their assessed needs. Staff told us that they received good support from the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). There were also opportunities for the staff to discuss their own work and any needs they had. Staff told us formal meetings were recorded and they had an annual appraisal. They said that they were given opportunities to request training and to develop their skills. In addition, all the staff told us they felt well supported informally, as the managers were available whenever needed.

Staff understood the importance of good nutrition and encouraged people to eat well. Menus showed that

people were provided with a choice of suitable, nutritious food and drink and people were able to have something different if they wished. Some people had specific dietary requirements in relation to their religious or health needs and these were accommodated. For example, people were able to request halal meals and food suitable for a diabetic diet.

People were supported to see other healthcare professionals when needed and to maintain good health. Each person had a health care plan, which included details of individual health needs and how these were being monitored and met. There was evidence of regular consultation with healthcare professionals. The staff had taken appropriate action when people had become unwell.

Good

Is the service caring?

Our findings

The registered manager (in a survey carried out in January 2017) had received written feedback from relatives of people who lived at the service and professionals. Some of their comments included "Always a good experience visiting [the person] as they are happy and staff are friendly and engaging" and "Staff are very supportive."

We saw that staff were patient and considerate. They took time to reassure people and explain things so they knew what was happening. Professionals involved with people who live at the service told us that the staff were very supportive. They dedicated a lot of time and effort to ensure people remained independent by encouraging them to overcome obstacles and make progress. This was shown by the level of commitment shown by staff to ensure a person placed at the service in September 2015, (who was wheel chair bound, obese and mostly non-verbal) to being able to weight bear, lose weight and engage positively with staff. For example, they had expressed the way they felt through aggression or self-neglect. Since they had lived at the home, the incidents of aggression had reduced significantly and they were happier, more relaxed and were developing a positive self-image. This was confirmed by external professionals who worked with people who lived at the service. This meant there was a reduction in them displaying behaviour that challenged and a reduction in the use of PRN medicine. The person also lost weight and gained confidence in their ability to engage in activities at the home and out in the community.

Hence, all the people living at the service were supported to be as independent as possible. The staff worked with other professionals to support people and develop their potential. A member of staff told us "We encourage independence by people assisting with their own personal care, washing up and food preparation." We saw photographs of activities (baking, arts and craft) undertaken by people with staff assistance. People's care plans highlighted the areas where their independence should be encouraged. For example, one person's care plan said to encourage [person] to do as much as possible for themselves, to take their time and to praise them. A professional told us "The staff have been very committed in promoting [the person's] independence, especially their mobility and they have made great progress."

Staff were dedicated and caring towards people at the service. We saw that people developed positive relationships with staff and were treated with compassion and respect. People were supported by a consistent staff team who knew them well. Staff told us about people's needs, likes, dislikes and interests. They knew people's individual routines and any signs that might demonstrate they were unwell or had a problem, for example by gauging facial expressions and body language.

We observed staff offering people choices and respecting these. Some people found it hard to express their choices. The staff used photographs, symbols, pictures and other relevant information to enable them to make choices. The staff explained that they would use these to talk through options and explain what was happening for each individual. They also explained that they used objects of reference for some people who found these more helpful than photographs.

We saw that people were relaxed in the company of staff and clearly felt comfortable in their presence. We

observed that staff knew people well and engaged them in meaningful activities. Staff were observed speaking to people in a kind manner and offering them choices in their daily lives, for example if they wanted to go out, or if they wanted staff support. A professional told us "They treat [the person] like an adult and involve them in decision making."

People were treated with dignity and respect. We saw that staff were aware if people became anxious or unsettled and provided them with support in a dignified and reassuring manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance if required.

People were listened to and involved in decisions about their care and about any changes to the service. People also had individual meetings with their keyworkers where they concentrated on outcome focussed support, by selecting a target category such as mobility. For example "[The person] to be able to mobilise themselves confidently around the unit. Support worker to work alongside the physiotherapist to support with [the person's] exercises to develop their mobility. Support worker to introduce activity that will make it interesting for [the person] to do exercise and explain the benefits of the exercise to them." They then outlined achievement strategies and reviewed progress. Comments from the physiotherapist involved in the person's care included, "Thank you very much [the staff] for helping [the person] with their mobility. I am truly proud of what [the person] has achieved. Keep it up and well done." Another professional commented "Regular contact arrangements are in place and good communication with parents/relatives are apparent."

In addition, one person was supported by an independent advocate to speak on their behalf and to ensure, as far as possible, their wishes were identified and acted upon.

People's religious, cultural and social needs were identified and addressed and festivals from different religions, for example, Holi, Eid, Easter and Christmas, were celebrated. Some people had a halal diet which was catered for in line with cultural practice. The staff also took a person to Romanian shops to purchase cultural items and music tapes.

Good

Is the service responsive?

Our findings

People received responsive, individualised care based on their needs, likes, dislikes and preferences. A professional told us "They have been very committed to get [the person] mobile and on their feet. [The person] had been very withdrawn but at Mig House they have really improved." In a quality assurance survey a relative had written, "I am very pleased with [the person's] progress at Mig House. They are happy, calm and settled and that makes me feel glad. I am very pleased with staff making sure of [the person's] wellbeing and health."

People received care that met their individual needs. A range of assessments had been completed for each person and detailed care plans had been developed in conjunction with people living in the home and where appropriate, their relatives.

Staff knew people very well and knew what care and support they needed. People's care plans contained clear information to enable staff to provide personalised care and support in line with the person's needs and wishes. For example, a young person who was placed at Mig house could not weight bear and walk at all. Staff worked hard with the person and the physiotherapist, following their exercise regime, to get them mobile and walking with a frame. The physiotherapist commented "[The person] has shown improvements with walking. The staff support [the person] very well with the exercise/mobility programme. I am impressed with the way [the person] communicates verbally now." The person was later discharged by the physiotherapy team.

The registered manager and staff ensured that everybody was supported to follow their interests and take part in social activities. People were encouraged and supported to do a wide range of activities and trips they liked both in the service and in the community. The arrangements for social activities and education met their individual needs. We saw photographs of some of the activities they had undertaken which included arts and crafts, baking cakes, swimming, shopping, day trips and meals out. Some people went to a holiday camp in England and were planning a similar trip this summer.

People received a service that was responsive to their changing needs. Staff told us that they followed care plans and routines. Care plans were reviewed every six months and updated when needed. Staff told us that in addition to care plans and records, they got updates at shift handover from other staff. Therefore, staff had current information about how people wanted and needed their support to be provided. Professionals told us that communication with the service was very good. One professional said, "Good communication between the placement and all professionals by e-mail and telephone. The manager has attended all the meetings, annual reviews and professionals meetings. I feel that full support has been given from the placement."

People were supported and encouraged to raise any issues they were not happy about. We saw a pictorial complaints procedure which was displayed in people's rooms. People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be fully considered. The registered manager had a complaints system in place to record concerns and the action that had been taken as a

result. Professionals commented, "No concerns" and "Nothing to complain about."

Good

Is the service well-led?

Our findings

There was a registered manager in post who had responsibility for the day to day running of the service. They had achieved a Level 5 qualification in Leadership and Management for children and young people and adults. There was a deputy manager and a consistent staff team. The deputy manager was currently enrolled on the same course. All the staff were enrolled on Level 3 Health and Social Care Qualification courses. The staff team were well motivated to undertake on-going education as they felt this enhanced the quality of care they were able to provide.

The service had a positive ethos and a supportive culture. This enabled staff and representatives to be involved with the service and express their views. Staff members were committed in carrying out their roles and the people they were supporting. They were encouraged to come up with innovative ways of caring for people and to discuss new ideas with the people they supported. One member of staff told us "I've worked here for a year and a half now. I love the staff team. It is the best place I have worked in. We all work as a team and try to do the best for them."

Quality assurance systems were in place to help drive improvements and to ensure the service was safe and met people's needs.These included a number of internal checks and audits which were carried out both informally and formally. Informal methods included direct and indirect observation and discussions with people, staff and relatives. Formal systems included audits and checks of medicines, records and finances. These helped to highlight areas where the service was performing well and the areas, which required development. This helped to ensure the service was as effective as possible for people.

In a quality assurance survey, a visiting therapist had commented, "I feel the staff team are nothing but supportive and seem to know [the person's] personality and what they can do to help." Another professional commented, "Mig House has done a great job with my client's transition and progress. Their management and care of individual service users are outstanding and inspiring."

There was a clear management structure in place. In addition to the registered manager, there was a deputy manager and support workers. Staff were clear about their roles and responsibilities and told us they received good support from the management team. Staff members were encouraged to be a part of the service and were able to contribute to its development. A staff member said, "The registered manager is an excellent manager. They are supportive across the board. It is like a family here, everyone gets on with each other. Our main priority are the service users. They are looked after properly. We try to create a happy environment for them." All of the staff we spoke with told us that there was good team work and good communication. There was a range of information for staff about the service and different aspects of their roles and this was clearly presented. There were regular staff meetings where the service and people's individual care needs were discussed. Records were appropriately maintained, up to date and accurate.