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

Overall summary

We inspected MIG House Residential Care Home on 9 July 2015. This was an announced inspection. The service was given 48 hours' notice because we needed to be sure that someone would be in.

The service provides accommodation and support with personal care for up to four adults with learning disabilities. At the time of our inspection three people were using the service.

At our previous inspection of the service on 28 May 2013, we found arrangements were not in place to enable people to consent to the care provided. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 this inspection we found the provider had systems in place to protect people from the risk of harm. Staff understood how to keep people safe and knew the people they were supporting very well. For example, staff had a good understanding of what constituted abuse and the abuse reporting procedures. People's finances were managed and audited regularly by staff. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

There were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal. The service met the requirements of the Deprivation of Liberty safeguards.

Care was personalised and delivered to a good standard. People received good support to make sure their nutritional and health needs were appropriately met. People's needs were assessed and care and support was planned and delivered in line with their individual care needs.

The service had good management and leadership. The provider had a system to monitor and assess the quality of service provision. Safety checks were carried out around the service and any safety issues were reported and dealt with promptly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew what to do to make sure people were protected and had a clear understanding of how to safeguard people they supported.

Risk associated with people's care was identified and managed. Staff understood how to manage risk and at the same time actively supported people to make choices. People's finances were managed and audited regularly by staff.

There were enough staff to keep people safe. Recruitment checks were carried out before staff started working for the provider.

People's medicines were managed consistently and safely.

Is the service effective?

Good

The service was effective. Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

Staff understood how to support people who lacked capacity to make decisions.

People's nutritional needs were met.

Systems were in place to monitor people's health and they had regular health appointments to ensure their healthcare needs were met.

Is the service caring?

Good

The service was caring. People looked well cared for and staff treated people with respect and dignity.

We observed care and saw people received very good person centred support and enjoyed the company of staff. Staff knew the people they were supporting very well.

People using the service and their representatives were involved in planning and making decisions about the care and support provided at the home.

Is the service responsive?

Good

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People using the service and their representatives were encouraged to express their views about the service. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner. People knew how to make a complaint if they were unhappy about the home.

Is the service well-led?

Good

The service was well led. Staff told us the service was well managed and they were supported in their role.

Summary of findings

Staff spoke positively about the registered manager and said they were happy working at the home.

The provider had systems in place to monitor the quality of the service.

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 checked 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.

The inspection team consisted of two inspectors.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts and previous inspection reports. We also contacted the local borough contracts and commissioning team that had placements at the home and the local borough safeguarding team.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection which included viewing one bedroom of a person who lived at the service with their permission. We spoke with two people who lived in the service and one relative on the day of the inspection. We also talked with the registered manager and a two support workers. We looked at three care files, staff duty rosters, four staff files, a range of audits, complaints folder, minutes for various meetings, medicines records, accidents & incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Good

Is the service safe?

Our findings

People and their relatives who told us they felt safe and were happy living in the service. One person told us, “I feel safe because they look after me good.”

People using the service were protected from harm and kept safe. Staff were able to explain the procedure they would follow in the event of any concerns about people's safety. They all knew the different types of abuse and had a good understanding of the provider's policy for safeguarding. Staff were confident people were safe and if any concerns were raised they would be treated seriously and dealt with appropriately and promptly. One staff member told us, "I would inform the manager. I would go to the senior manager if he did nothing. I can then go to social services and CQC." We saw records that safeguarding training had been delivered to staff. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

The registered manager told us there had not been any allegations of abuse since our last inspection The registered manager was able to describe the actions they would take if incidents had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service and the manager knew how to report safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

We checked the financial records of the people using the service and did not find any discrepancies in the record keeping. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked at each handover and we saw records of this. This minimised the chances of financial abuse occurring.

The service had robust risk assessments for people using the service. The individual risk assessments included all activities that people took part in including travel, health and medicines, nutrition, abuse, self-harm, challenging behaviour, swimming, going to the gym, various social events and holidays. These were reviewed quarterly and we saw that family members were involved. The service had a restraint policy and all staff were trained in physical intervention. The service followed the Management of Actual or Potential Aggression (MAPA) approach to incidents and all staff were trained in this approach. None of the people living in the service required physical intervention. The service had a “Best Interests and Choices” book for each person which was used to record decision making and support where decisions had potential risk. For example, if a person wanted to go out in cold weather in light clothing the conversation regarding the risks of this was recorded and if staff felt the person understood the risks the decision was respected.

Our observations showed and staff confirmed to us that people were supported by sufficient numbers of staff so that they had the opportunity to be supported at home and whilst out in the community. We saw that staff provided care and support in a patient and safe manner. The registered manager told us that staffing levels were monitored on an on-going basis to meet people’s individual changing needs, and that bank staff were made available to meet those needs. One member of staff told us, “Always staff to take someone to the shops. Staffing levels are very good.”

We looked at staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to check that newly recruited staff were suitable to work with people.

Medicines were stored securely in a locked cabinet in the office. Each person had a clearly labelled box containing their medicines. The service used printed Medication Administration Record (MAR) sheets supplied by the pharmacy with temporary medicines written in by hand. The records showed that medicine was counted daily by the manager and at each handover and each time medicines were administered. We checked medicines records and found the amount held in stock tallied with the amounts recorded as being in stock. Each person had a medicines risk assessment, details of their medicines, including what they were used for and allergy information in the file. Patient Information Leaflets detailing side effects were kept with the medicines. Medicines were signed for by staff or the person receiving the medicine depending on their capacity. This encouraged people to be involved in their medicines and health. The systems in place ensured that people were receiving their medicines safely.

Good

Is the service safe?

The premises were well maintained and the registered manager had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including room and fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting. The systems were robust, thorough and effective.

Good

Is the service effective?

Our findings

At our previous inspection of the service on 28 May 2013, we found arrangements were not in place to enable people to consent to the care provided. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

Staff confirmed that they had undertaken training and demonstrated an understanding regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of Deprivation of Liberty Safeguards which applies to care services. We saw that the registered manager had sought and gained authorisation from the appropriate authorities to lawfully deprive some people of their liberty. This was to ensure people were cared for in a safe way without exposing them to unnecessary risks that were not in their best interests. We saw a sample of two authorisations for people living in the home had been appropriately processed by the relevant local authorities and up to date documentation was in place regarding MCA and DoLS. CQC had been notified of the two authorisations.

People were asked for their consent for care and were encouraged to be independent and make their own decisions about care and support. This consent was recorded in people's care files and reviewed as a part of the regular care plan review process. Staff members told us they would always talk to people about what they wanted and provide this for them. One relative said, “They ask [relative] what he wants to eat and where to go out.” One staff member told us, “I get consent for everything. If I need to go into their room I will always ask.”

People were supported by staff who were well trained and supported and had the skills necessary to meet their needs. One person told us, "I like the staff. They help me." A relative said, “The staff are great.”

Staff we spoke with told us they were well supported by management. They said they received training that equipped them to carry out their work effectively. We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. Training completed included medicines, food hygiene, fire safety, moving and handling, infection control, health and safety, Management of Actual or Potential Aggression (MAPA), learning disabilities, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), epilepsy awareness, first aid, diabetes and end of life care.

Staff completed a 12 week induction involving shadowing more experienced colleagues, internal and externally accredited training. Staff completed workbooks on learning disabilities, end of life, care standards, medicines and mental health awareness. Staff received regular formal supervision and we saw records to confirm this. One staff member said, “Supervision is every month. We discuss service users, my performance and training.” All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

People’s dietary and food preferences were recorded in their care plans. People told us they liked the food and were able to choose what they ate. One person told us, “I like the food here. I help myself to drinks. We eat salad and tuna pasta.” Another person said, “Tuesday I cook a meal for everybody. I make sausages and mash and cottage pie.” People were supported to be involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home and providing feedback on food in resident meetings. Staff told us and we saw records that people planned their food menu weekly. On the day of our inspection people went out for lunch at a local café. We saw fruit was available to people in the kitchen. We saw food and fluid intake was recorded daily and weight records for each person which were up to date.

People’s health needs were identified through needs assessments and care planning. We spoke with people about the access to health services. One person told us, “I go to the dentist to get my teeth cleaned.” Another person said, “Staff make appointments for me.” Records showed that all of the people using the service were registered with local GP’s. We saw people’s care files included records of all appointments with health care professionals such as GPs, dentists, chiropodist, community nurse, psychiatrist and optician. Records of appointments showed the outcomes and actions to be taken with health professional visits. A relative told us, “Staff always let me know the outcome of health appointments.” People were supported to attend annual health checks with their GP and records of these visits were seen in people’s files. People had a ‘Hospital

Good

Is the service effective?

Passport', which was a document in their care plan that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital.

Good

Is the service caring?

Our findings

People and their relatives told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "I am very happy. I like it here." A relative told us, "I am really pleased. It is like a family for [relative]. He gets a full life."

Staff were observed to treat people with kindness and were respectful and patient when providing support to people. They demonstrated a good understanding of people's individual needs. We observed staff interacting with people in a caring and considerate manner. People were relaxed around the staff and having conversations with them. We saw that staff always knocked on people's doors, called their preferred names out and asked permission to come in and talk to them. Throughout our visit we saw positive, caring interactions between staff and people using the service.

Each person using the service had an assigned key worker. Keyworker meetings were held regularly and we saw records of this. A staff member said, "We have key work sessions every two weeks. I ask what they want to talk about." One person told us, "I sit with staff and chat about everything."

People told us their privacy was respected by all staff and told us how staff respected their personal space. One person said, "They knock on my door." Another person said, "I get privacy." Staff described how they ensured that people's privacy and dignity was maintained. For example, people were supported to wear robes when going to the bathroom, covered during personal care and staff knocked on people's doors before offering support. Staff described how they prompted people to shut bathroom doors to maintain their privacy and dignity. Where appropriate people had keys to their bedrooms and we saw people using their keys. One relative told us, "They do respect [relative] privacy. They will wait outside bathroom and ask if he wants any help."

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People living at the service had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs and clear guidance for staff on how to meet people's needs.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The service supported people to become more independent in other ways, for example with helping with household cleaning, doing laundry, preparing food and activities and education in the community.

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and access to their specific communities. For example, one staff member described how one person was from a specific cultural background and enjoyed attending community fairs from their country. Records we looked at confirmed the information the staff member told us was correct.

Good

Is the service responsive?

Our findings

People and their relatives told us how they had been involved in their care planning. Relatives told us the service was able to meet their relative's needs and that they were satisfied with the level of support provided. One person told us, "Just have to ask [staff] for help and they do help." One relative said, "The staff have built a good relationship with [relative]."

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including; their likes and dislikes, communication needs, health management guidelines, activities, personal care and daily routines. The care plans were written in a person centred way that reflected people's individual preferences. Pictorial aids were incorporated in care plans to assist peoples understanding. People were encouraged by staff to be involved in the planning of their care and support as much as possible. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. We were told that plans were written and reviewed with the input of the person, their relatives, their keyworker and the manager and records confirmed this. Staff told us care plans were reviewed every six months or more often if required. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people living in the home were offered a range of social activities. People's care files contained a weekly activities planner. On the day of our inspection two people attended a local gym and another person went swimming. Records showed this was recorded on the weekly activities planner. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going to the local shops, day centres, discos, attending college courses, bike riding, visiting places of worship and holiday trips. We also saw people could engage with activities within in the home which included puzzles, learning life skills and computer games. One person said, "On Wednesday I go bike riding and gym today. I go to college to do keep fit." Another person told us, "I go to the shop, gym, college and go to the park and play football."

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People and their relatives told us individual choices were respected. One person said, "I get a choice in everything. I go to bed when I want." Another person said, "I'm going to the café today which is my choice." A relative told us, "[Relative] gets choices." Staff and people told us that people had a choice of the decoration of the home. One person said, "I chose the brown carpet in the hallway."

Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics on healthy eating, holidays, new staff, activities and decoration of the home. One person told us, "In resident meetings we talk about everything."

There was a complaints process available and this was available in easy to read version which meant that those who may have difficulties in reading had a pictorial version explaining how to make a complaint. The complaints process was available in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised.

People knew how to make a complaint and knew that their concerns would be taken seriously and dealt with quickly. One person said, "If I have a problem I tell a member of staff and they do something about." Another person said, "I have nothing to complain about. " A relative told us, "I would speak to the manager to complain. He would listen." There were systems to record the details of complaints, the investigations completed, actions resulting and response to complainant.

Good

Is the service well-led?

Our findings

People and their relatives said they found the registered manager was helpful and listened to them. One person told us, “The manager is quite good. He is very helpful.” Another person said, “The manager is cool. He is the best.” A relative told us, “The manager is hands on. He is involved in the day to day running.” The same relative said, “The manager is friendly and available.”

At the time of this inspection the registered manager had been registered with the Care Quality Commission since the 9 June 2015 but had worked at the home since 2011. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed.

Staff spoke positively about the registered manager and said they were happy working at the service. They knew what was expected of them and understood their role in ensuring people received the care and support they required. One member of staff said, “Any problems I will go to the manager for help. He would encourage me to learn.” The same member of staff said, “He is the best manager I have had. He is very approachable.” Another member of staff told us, “The [manager’s] door is always open.” The same staff member said, “I think I’ve got the best job in the world.”

The service had a positive, person centred culture. This was shown by the personalised decoration of the service and conversations with the manager and staff. Staff described how it was important to involve the people living in the service. One staff member told us, “Their home, their lives, it’s important.”

Staff told us the service had regular staff meetings. Staff said that team meetings were helpful and that all staff had input into discussions about the service. Records confirmed that staff meetings took place every month. Agenda items at staff meetings included resident’s welfare, health appointments, activities, risk assessments, safeguarding, policies and procedures, mental capacity, best interest meetings and recording incidents.

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager completed daily medication and finances audits. The registered manager also completed a quarterly assurance audit. The quarterly quality assurance audit was comprehensive and included an action plan where needed and when it was completed. The quarterly audit included individual support plan reviews, risk assessment reviews, accidents and incidents, fire drills and checks, activities, user and family involvement and health and safety checks. A senior manager employed by the provider completed monthly quality assurance visits which included actions plans. Records showed actions included creating an action plan after residents meetings, updating allergy advice and creating a notifications folder and we saw that these were completed.

The home collected formal feedback from people and their relatives through the completion of regular surveys. The results overall were positive. One person commented on a survey, “They look after me well.” The home also collected formal feedback from health professionals and the results were positive. Comments about the service included “incorporates clinical suggestions” and “communicates changing needs and concerns well.”