

The Mews Care Limited

The Mews

Inspection report

Stone Road
Eccleshall
Staffordshire
ST21 6JX
Tel: 01785 851185
Website: www.example.com

Date of inspection visit: 4 November 2015
Date of publication: 24/11/2015

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

This inspection took place on the 4 November 2015 and was unannounced. This was the services first inspection since registering in December 2014.

The service provided accommodation and personal care for up to eight people with a learning disability. There were eight people using the service at the time of the inspection.

The registered manager supported us throughout the inspection. 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.

People were safeguarded from abuse and the risk of abuse as staff knew what constituted abuse and who to report it to. The manager had previously made referrals for further investigation when they had suspected abuse had taken place.

Summary of findings

People were supported to be as independent as they were able to be through the effective use of risk assessments and the staff knowledge of them.

There were enough suitably qualified staff who had been recruited using safe recruitment procedures available to maintain people's safety and to support people in hobbies and activities of their choice.

People medicines were stored and administered safely by trained staff.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interest and was the least restrictive.

People and their representatives were involved in decisions relating to their care, treatment and support. Care was planned and delivered based on people's preferences and regularly reviewed with people.

People were supported to have a healthy diet dependent on their assessed individual needs. People were given choices and asked what they would like to eat and drink.

People had access to a range of health professionals and staff supported people to attend health appointments when necessary.

People were treated with kindness and compassion and their privacy was respected. Staff supported people to be independent and have a say in how the service was run.

People had opportunities to be involved in the community and to participate in hobbies and interests of their choice. People's religious needs were met.

Staff felt supported to fulfil their role effectively through regular support and supervision and training applicable to their role.

The registered manager demonstrated a passion in improving the service. The provider had systems in place to monitor the quality of the service and an on going improvement plan.

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?

The service was safe. People were protected from the risk of abuse. There were sufficient suitable staff available to meet people needs. Identified risks to people were minimised through the effective use of risk assessments. People's medicines were stored and administered safely.

Good



Is the service effective?

The service was effective. Staff received regular support and training to fulfil their role effectively. The provider worked within the guidelines of the MCA to ensure that people were involved and consented to their care, treatment and support. People were supported to have a healthy diet dependent on their assessed individual needs and when necessary had access to a range of health professionals.

Good



Is the service caring?

The service was caring. People were treated with kindness and compassion. People's dignity and privacy was respected and their independence promoted.

Good



Is the service responsive?

The service was responsive. People received care that reflected their individual needs and preferences. People had the opportunity to be involved in hobbies and interests of their choice. There was a complaints procedure and people's representatives knew how to use it.

Good



Is the service well-led?

The service was well led. There was a registered manager. Staff told us they felt supported to fulfil their role and the manager was approachable. Systems were in place to continually monitor the quality of the service.

Good



The Mews

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 inspection took place on the 4 November 2015 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information we held about the service. This included notifications that we had received from the

provider about events that had happened at the service. For example, notifications of serious injuries and safeguarding concerns that the provider is required to send to us by law. We also considered information we had received from other professionals involved with the service.

We spoke with three people who used the service, two relatives and four care staff and the registered manager. We observed care and support in communal areas and also looked around the service.

We viewed three records about people's care and records that showed how the home was managed including quality monitoring systems the provider had in place.

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse. One person who used the service told us: “We are all fine here”. A relative told us: “My relative is safe, if they were not happy they would definitely tell us, they are always happy to go back to The Mews”. Staff we spoke with knew what constituted abuse and what to do if they suspected a person had been abused. The local authority safeguarding contact numbers were clearly visible in the office and reception area. We had been made aware of safeguarding issues which had been managed by the provider according to the agreed procedures in the past.

People were supported to take risks to promote their independence through the effective use of risk assessments. One person told us: “I have a job, I go on my own”. Staff informed us that this person was supported to attend their place of work and then were left unsupervised. A member of staff told us that they had agreed with the employer of the person that if they exhibited any signs of becoming anxious, the staff would go and support them. This meant that this person was being supported to maintain their independence and to keep them safe. Risk assessments were in place for each person dependent on their needs and they were kept under constant review. This meant people’s safety was being considered. When risks were identified there was clear guidance for staff to follow which meant people could be supported consistently by staff. Staff we spoke with knew the individual risks associated with each person and what they needed to do to keep people safe.

Plans were in place in the event of emergencies such as a fire. Clear information was available to staff as to what support people would need to safely evacuate the building. Staff we spoke with told us there was always someone on call in the absence of the manager and they felt confident they would receive help and support if they needed it.

There were sufficient staff to keep people safe. We saw that some people had extra staff support and this was available to them when they needed it. For example, five people required one member of staff to support them at certain times during the day. We saw rosters and staff told us that they always had enough staff to meet people’s needs safely.

We spoke with staff and looked at the way in which they had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. Staff confirmed that checks had taken place and they had received a meaningful induction prior to starting work at the service. The files provided evidence that pre-employment checks had been made. These checks included application forms detailing previous employment, identification and health declarations, references and satisfactory disclosure and barring checks (DBS). The Disclosure and Barring Service is a national agency that keeps records of criminal convictions. This meant that an effective recruitment process was in place to help keep people safe.

People’s medicines were stored and administered safely. Medication was kept in a locked cabinet within a locked room. Staff we spoke with confirmed they had received comprehensive training in the administration of medication and they were regularly assessed as being competent. People had clear and comprehensive medication care plans which informed staff how people liked to have their medication dependent on their personal preferences. When people were prescribed as required medication (PRN) there were protocols which detailed the signs and symptoms people may exhibit at the times they may require it. This supported the staff to recognise people’s needs for their medication when they were unable to verbally communicate.

Is the service effective?

Our findings

People who used the service all required some support to make decisions and to consent to their care and support. We saw that everyone's capacity to consent had been assessed due to their learning disabilities. We saw that everyone had a Deprivation of Liberty Safeguards (DoLS) authorisation in place. The Deprivation of Liberty Safeguards is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The authorisations were based on people's individual needs, some people would not be able to go out unsupervised as they may be at risk and others were able to access the community alone. Staff we spoke with all knew what restrictions were in place for each person and why it had been deemed necessary.

When people needed support to make specific decisions, we saw that 'best interest' meetings were held which involved all the relevant people and representatives in the person's life. One person had an Independent Mental Capacity Advocate (IMCA) who supported them to make decisions in the absence of family members.

A relative we spoke with told us: "The staff are good, I support The Mews 100 percent". Staff told us they received regular training and support to be effective in their role. One member of staff told us: "I have grown in confidence since I have had the training I have been given". We observed that staff knew people well. We saw there was an on going programme of training applicable to the needs of people who used the service. On the day of the inspection

some staff were receiving first aid and epilepsy training. Regular supervision and competency checks were undertaken by the manager and senior staff to ensure that staff maintained a high standard of care delivery.

People told us they chose what they wanted to eat and discussed it in their regular meetings. Food and people's preferences was on the agenda at every meeting. Staff told us that they encouraged people to eat as healthy as possible but ultimately it was people's choice. Pictures of the meals on offer were on the board in the dining room. The manager told us how they supported people who were unable to verbally communicate to point at a picture of the food they liked.

One person had a food allergy and this was clearly recorded throughout their care plans. All the staff we spoke with knew the person's allergy and explained how they were careful not to let the person consume the food. We saw evidence that staff recognised when people were unwell and sought professional advice. One person had been losing weight. We saw that the staff had weighed the person regularly and sought health care support through the person's GP. Investigations were on going into the person's weight loss.

People were supported to attend health care appointments such as their GP, optician, chiropodist and community nurses. We saw that people had access to a wide range of health care facilities. Some people had epilepsy. We saw that there were clear and comprehensive care plans informing staff of how to care for people when they experienced a seizure. Staff had received training in epilepsy and the administration of the emergency medicine the person may require during the seizure.

Is the service caring?

Our findings

Two people told us they were happy at the service. One person told us: "Yes I'm happy, it's good here". A relative told us: "I have a good rapport with all the staff and I am very very pleased with the care my relative receives". Another relative told us: "I am really happy with the care my relative receives, it's the best placement they've had, they laugh and smile more than they ever have". Staff knew people well and there was a relaxed and happy atmosphere within the service.

Staff we spoke with demonstrated a passion for the people they supported. One staff member said: "[The manager] wouldn't stand for anyone not being treated properly; they would sort it straight away". Another staff member said: "It doesn't feel like a job, I love coming here". There was a dignity champion who we were told was in the process of setting up dignity workshops to encourage staff to think about how they treat people at all times. Interactions we observed were positive and people were respected and their dignity respected.

People were encouraged to be as independent as they were able to be. People were free to come and go within their own home. We saw one person had chosen to stay in the lounge where staff were receiving training. This choice was respected and no one asked them to leave. The manager told us: "This is their home and staff respect that". Another person wanted to go out, so staff asked them if they would like a bath before they went. The person went and got their own clothes and started to run the bath with minimal staff support.

People were involved as they were able to be in the running of their home. Regular meetings took place for all people who used the service, one person confirmed that there were regular meetings. We saw minutes of the meeting and what had been discussed these included discussing the menus, feeling safe and planned activities. There were also individual monthly meetings with people and their keyworkers to discuss their care, aspirations and to set goals for their future.

Some people had an advocate who helped them with making decisions and ensuring they were still happy with their service. We saw one person's advocate visited them recently for discussions about how they were. Relatives and people's representatives were free to visit at any time. One relative told us: "I can bring my relative back at any time, I think it was 12.30am one morning after a night out and the night staff greeted us at the door".

Everyone had their own private bedroom. One person liked to spend time in their room as they preferred their own company. This choice was respected although staff told us and we saw records that confirmed that staff encouraged this person to socialise on occasions in the communal areas. However when the person showed signs of wanting their own company again, staff respected this and they returned to their room.

Everyone had a plan of care which was kept securely. People's confidential information was respected and only available to people who were required to see it. Where able to people had signed their own care plans as they had been involved in their own planning meetings

Is the service responsive?

Our findings

People's care was kept under regular review. A relative told us: "I always get invited to the social work reviews and the staff keep me up to date with what's going on in my relative's life". Everyone had a person centred plan which they were involved in putting together with staff. People and their keyworkers sat together once a month to discuss people's dreams and aspirations. Questions such as 'Are you happy?' and 'What would you like to do?' were asked. Goals were set based on people's responses and monitored for their progress. One person had wanted a job. We saw that this had been facilitated for them and they were now doing voluntary work in the nearby town which they were very proud of.

People were supported by staff to engage in hobbies and interests of their choice. Two people had jobs and another accessed college. People went shopping, out for meals, bowling, discos and a wide range of other activities that met their individual preferences. One person told us: "I like bowling, I am really good, and I get a strike". We observed that another person liked to spend time with staff writing down phrases and asking the staff to repeat them, staff did this with them and they smiled and laughed at the responses. The service had a sensory room and we saw that one person enjoyed spending time in their relaxing on their own. One person kept chickens and another had a pet rabbit which staff supported them to feed and clean out regularly.

Some people enjoyed using the internet and had their own social media account which staff had helped them set up. One person used the account to keep in touch with their family and enjoyed looking at photographs of their family

which had been posted. Another person told us: "I like looking at you tube and listening to music". People's opportunities were based on their individual needs and preferences and everyone was engaged in a hobby or activity of their choice on the day of the inspection.

People's religious needs were met. One person was supported by staff to attend church and two church meetings within the week. We were told that this was very important to them and this is something they had always done prior to living at the service.

Everyone enjoyed a short holiday every year. They discussed and planned their holiday at their regular meetings. A relative told us: "The home send us a monthly newsletter so we can see what people are getting up to, staff are very good for taking them on holiday".

We saw that people who used the service were involved in the interviewing of prospective new staff. The provider had devised a pictorial form for people to use to express whether they were happy with the person and their responses. The manager told us: "[Person's name] really enjoys interviewing and they know all the right questions to ask".

The complaints procedure was visible within the service and was available in a pictorial form for people with communication difficulties. Two people told us if they had any concerns they would talk to the manager. One person said: "I would speak to the boss she's alright". A relative told us that if they had any concerns they felt they could speak to any of the staff who would sort it out. Another relative said: "I would always speak to the manager or keyworker first, but I know where to complain to after that if I wasn't happy".

Is the service well-led?

Our findings

People who used the service who we spoke with told us they liked the manager. One person said: “She’s great”. Staff all told us that they felt supported and could approach the manager at any time for help and advice. One staff member said: “The manager is amazing, really supportive”. A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home.

There were clear lines of accountability. Staff were delegated tasks daily and everyone knew what their roles and responsibilities were. Some staff had been allocated extra responsibility such as, the dignity champion, epilepsy champion and infection control champion. These staff ensured that they kept up to date with current legislation in their specific area and passed on the relevant information to the rest of the staff group to put into practice.

Staff we spoke with told us that they knew the providers whistleblowing policy and we saw it was visible to staff in the reception area. We also saw contact numbers for the local authority and us (CQC) were also evident. Staff told us that they were sure that if they had to use the policy that they would be supported and the appropriate action would be taken.

Regular meetings took place with people who used the service and staff. Records confirmed that people’s views

were sought at every opportunity. The manager told us that they did send out questionnaires to relatives as some of them lived quite a distance away, but very often didn’t receive a reply.

The manager had recently applied for a grant from the local authority and had it agreed. They had brought sensory equipment and set up a room for its use. People who used the service were benefitting from the room and it had added another opportunity for some people to engage in an activity that met their individual needs. The manager told us: “I’ve put in for another grant, people here love their garden and gardening, so we agreed that if we get this grant we will buy flowers and sensory equipment for the garden”.

There were several systems in place for monitoring the quality of the service. There were monthly visits from an area manager who completed an audit and action plan if improvements were required. We saw that the manager signed when the improvements had been made. The manager had their own action plan which they ensured was kept up to date and any requirements were actioned.

The local authority had completed a recent quality inspection and we saw that the manager had completed all the actions required in a timely manner. The manager showed a commitment to working with other agencies to improve the quality of service for people.

We had received most notifications about incidents as is required, however we had not received notification of people’s DoLS authorisations. The manager forwarded these the day after the inspection.