

Midway Care Ltd Merecroft

Inspection report

Sealands lane
Alverchurch
Birmingham
B48 7HN
Tel: 01564 829963
Website:

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

Merecroft provides accommodation and personal care for a maximum of eight people who have a learning disability. The home was a new building with accommodation arranged over two floors. There were two flats downstairs and six bedrooms upstairs. There were six people living at the home at the time of our inspection.

This was an unannounced inspection and was carried out on the 4 December 2014.

A manager was registered with us but they had not been employed by the provider since October 2014 and so

were no longer managing the home. 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. A new manager had started on 1 December 2014. There had been an interim manager to support people that lived at Merecroft during the recruitment of the new manager. The new manager had not completed the registered manager process.

Summary of findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA) and report on what we find. The manager had undertaken training in this area to ensure she understood her role and responsibilities. However the provider had not followed the guidance where some people's liberty had been restricted. No applications had been submitted to the supervisory body so that the decision to restrict somebody's liberty is only made by people who had suitable authority to do so.

Improvement was needed to the staffing arrangements to make sure there were enough staff with the right skills to meet people's needs. The manager showed us that the night staff had not received training in first aid or management of actual or potential aggression [MAPA] or similar training. MAPA training enables staff to safely disengage from situations that present risks to themselves, the person receiving care, or others. The management team were working with the local authority to improve the training completed.

Relatives we spoke with told us that this was a caring home, and said that they felt staff really knew their family members; they were effective at supporting them. People and their relatives consistently told us they were happy with the service provided and that staff understood their

needs. Professionals involved with people that used the service said that the Provider was trying hard to make improvements and were focussed on the needs of the people living at the home.

Staff we spoke with understood that they had responsibility to take action to protect people from harm. They demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet.

Risks to people's health and wellbeing were well managed. They were supported to eat and drink well and had access to health professionals in a timely manner.

People knew how to raise complaints and the provider had arrangements in place so that people were listened to and action could be taken to make any necessary improvements.

There were systems in place to monitor and improve the quality of the service provided; however, they had not always been effective. The manager had plans to make the required improvements that had been identified.

We found two breaches of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

This service was safe.

Safeguarding procedures were in place and staff knew about their responsibility to reduce the risk of harm. There were sufficient numbers of staff available to meet people's needs.

Risks to people were assessed and staff knew how to help them to stay safe.

Good



Is the service effective?

The service was not effective.

People were receiving care from staff who felt supported. Some of the staff had not had all the training to enable them to carry out their role.

Improvements were needed to ensure that all staff were trained to support people to enable staff to meet people's needs effectively and safely.

There were arrangements in place to ensure that decisions were made in people's best interest. However, the Deprivation of Liberty Safeguards had not been followed. This did not ensure people's rights had been protected.

People were supported to have enough to eat and drink and were supported to maintain their health.

Requires Improvement



Is the service caring?

The service was caring

People and their families were involved in making decisions about their care.

Staff understood how to provide care in a dignified manner and treated people as individuals.

Good



Is the service responsive?

The service was responsive.

People received the support as and when they needed it and in line with their support plans.

People were supported to take part in a range of social engagements in the community, in line with people's preferences.

Good



Is the service well-led?

The service was not well led.

The arrangements to monitor the quality of the service were in progress to make sure these effectively identified the areas which required to be improved.

Requires Improvement



Summary of findings

There was a new manager in post. The new manager was not registered with the Care Quality Commission.

There were concerns raised by relatives and staff about the consistency in managers. The new manager was aware and would be working towards future stability within the management structure.

Merecroft

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.

Our inspection took place on 4 December 2014 and was unannounced. The inspection team consisted of two inspectors.

We looked at the information we held about the service prior to the inspection. We looked at information received

from relatives, from the local authority commissioner and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke to the Midway group director, the new manager, the interim manager, and the operations manager. We also spoke with one senior care staff member, two agency care staff, and one permanent care staff member. We observed care and support in communal areas, and looked at the care records for four people. We looked at the medicine management processes and at records maintained in the home about staffing and training. We also looked at records that related to how the home was managed, and the suitability of the environment. We spoke with five relatives, two social workers and a community psychiatric nurse.

Is the service safe?

Our findings

People who used the service showed us through facial expressions and body language that they were comfortable with staff. We observed staff communicated well and acted in an appropriate manner when supporting people.

Relatives we spoke with told us that they had no concerns about the care people received or the way in which they were treated. One relative told us, “I do feel [my family member] is safe” and another said, “Very safe, I am impressed with the service.” A social worker said that people were in a safe place and well treated, they said that staff had demonstrated commitment and an understanding of providing safe care.

We spoke with staff about what action they would take to keep people safe if they suspected possible abuse towards people. They described the action they would take, and were aware that incidents of potential abuse or neglect must be reported to the Local Authority. Procedures were in place that ensured any concerns about people’s safety were appropriately reported.

During the inspection we saw staff knew how to manage people’s individual risks. Risks had been identified such as people’s behaviour and plans were in place which included what might trigger people’s behaviour. We saw clear guidance was available in people’s care plans which

enabled staff to manage these risks. Relatives told us that they had been involved in the decisions on how to manage these risks. Records showed risk assessments had been carried out for people on an individual basis.

We looked at the system the provider had in place for recruiting new workers. All new staff had a Disclosure and Barring Service (DBS), references and records of employment history. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

Each person who lived at Merecroft had an individual staff team. The manager told us they tried to keep to that staff group for that person to ensure continuity. This was confirmed when we spoke with relatives. We saw that there were sufficient staff to meet people’s needs. We saw that the manager had systems in place to regularly review and ensure sufficient staff were available.

A relative said that they were happy with how their family member’s medicine was managed and had been involved with discussions about how this was managed. We looked at the medicine records for three people; these indicated people received their medicine as prescribed. The manager told us that all staff who administered medicines had been trained to do so. This was confirmed by staff we spoke with. Records confirmed that staff who administered medicines had been assessed as competent to undertake this activity. This meant that the provider had systems in place to help make sure people received their medicines safely.

Is the service effective?

Our findings

There were not sufficient numbers of fully trained staff to meet and respond to people's needs effectively and safely.

Some of the staff we spoke with told us they had received training, whilst others had not received any training. The manager told us, and we saw on the training records that not all staff had received their training, such as mental capacity, and first aid. The manager showed us that the night staff had not received training in first aid or management of actual or potential aggression (MAPA).

We were shown a training plan to improve the training for all staff to be completed within the next three months. The manager had reduced the risk of lack of training as they ensured that for the majority of shifts there were fully trained staff on duty. For example, in first aid and MAPA. However none of the night staff had the required training to meet the needs of people that lived at Merecroft. There were not enough staff with the appropriate skills and knowledge to effectively meet people's needs.

This was a breach in Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager told us that there was no one living in the home that was currently subject to a Deprivation of Liberty Safeguards (DoLS). We spoke with the manager about when an application to deprive someone of their liberty should be made. The manager demonstrated a good knowledge about DoLS. They were in the process of reviewing all the people who lived at the home and had received the applications but had not completed them.

We discussed with the manager that there was a need for them to fulfil their responsibility. They told us they would take immediate action by making applications to the local authority. This meant that the provider could not ensure that people were not deprived of their liberty unlawfully and unnecessarily at the time of our inspection.

This was a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed the Mental Capacity Act 2005 (MCA) with the manager. They told us how they ensured that the rights of people who were not able to make or to communicate their decisions were protected. Senior staff we spoke with knew about the MCA. Where people had someone to support them in relation to important decisions, this was recorded in their care plans. Records showed that people's ability to make decisions had been assessed. Steps had been taken to make sure that people who knew the person and their circumstances well had been consulted to ensure decisions were made in their best interests.

Staff we spoke with said that the induction process had not been effective and required improvement. For example, one staff member said that they had not had the knowledge to support a person with their behaviours that challenge when they first started at the home. The manager had identified concerns with the induction process and was implementing a more effective process.

Relatives confirmed that they were happy with the food and the choices available. One relative said, "Well cared for, [family member] has never been happier." We observed people were offered a choice at meal times. Staff confirmed that meals were planned on a nutritional basis. People with complex needs had food and fluid charts to reduce the risk of malnutrition and dehydration. For example we saw that referrals had been made to other health care professionals when needed to support people.

Relatives we spoke with said that if their family member required a doctor, the staff ensured one visited as soon as possible. A relative said, "When [my relative] was unwell they contacted a doctor straight away and let me know exactly what was happening, I feel confident that staff know [my relative] well enough to realise when [my relative] is unwell and they will react." Some people who lived in the home had complex health needs and required support from specialist health services. Care records we looked at showed that people had received support from a range of specialist services when needed, such as community mental health.

Is the service caring?

Our findings

People could not tell us themselves of their experience. Two people were able to make it clear through their facial expressions and body language that they were happy at the home and enjoyed positive interactions with staff.

One relative told us, “There is a lovely feel, a real homely home”. Other comments received about the care were, “Absolutely fabulous”, “[Family member’s] key worker is amazing, they work so hard,” and, “We have fallen on our feet, very lucky.” A social worker told us that the person they were involved with would definitely let them know if they were not happy for any reason.

We saw people were treated in a caring and kind way. The staff were friendly, patient and discreet when providing support for people. We saw that all the staff took the time to speak with people as they supported them. The manager welcomed people into her office and spoke with them as she worked. People’s wellbeing was supported by positive interactions such as the use of non-verbal techniques to communicate. We saw a member of staff support a person to play a game and saw through the person’s facial expressions and body language, how this improved their mood.

Relatives we spoke with said they were involved in the care planning for their family member. Staff confirmed that they regularly contacted relatives to include them in their care planning, and said it was very important. Staff were knowledgeable about the care people required, they were able to describe how different individuals liked their support to be given. Relatives confirmed the staff knew the support people needed and their preferences about their care. For example, one relative told us, “[Member of staff] is a natural carer; they will pick up concerns naturally.” Another relative said, “Staff are all lovely, I am very happy.”

We saw people were treated with dignity and respect. For example, staff encouraged people to eat independently with support offered discreetly and in a kind manner. Staff told us that they were able to communicate with people using a range of techniques. For example staff used a specific sign language that meant that people had information in a way they understood. This enabled people to be actively involved with making decisions about their care.

Relatives we spoke with said they were able to visit their family members whenever they wanted. They said that there were no restrictions on the times they could visit the home. A relative said, “I have come in and done baking with my [family member],” they said they felt welcome to do this at any time.

Is the service responsive?

Our findings

One relative told us, "They managed to get [family member] to college it's amazing." Another relative said, "[Family member] is always going out, never at home." On the day of our inspection we saw that most of the people were going out on social engagements, including college. People were supported to access education and social engagements that were important to them. A social worker said that the provider had been working hard to improve activities and achieve the right activities for each person.

We saw few activities available within the communal environment for people's social well-being. For example, there was one computer which was in the manager's office and there were two people that wished to use it at the same time, it was difficult for either person to understand why they could not use this when they wanted to. Staff explained to both of them in a kind way, and a resolution was reached, however we saw through their body language that both people's mood had altered. The manager said they were working on improving access to activities around the home. They would be discussing with people and their relatives to improve what was available.

One relative said, "I am always involved, I know what's happening all the time." Relatives confirmed that they were in regular contact with the staff and were invited to contribute to their relatives care planning. The manager told us that feedback was gained from people's relatives via direct conversations between staff and relatives.

Staff told us they would observe people's body language or behaviour to know if they were unhappy. People's care

plans contained information about how they would communicate if they were unhappy about something. The manager had worked with the local authority to improve care planning. The care plans we looked at gave clear information for staff to follow and were in a format that people could understand.

Another relative told us that their family member visited their home regularly. People were encouraged to visit family members and to keep in touch. People's individual rooms had photographs on display of people that were important to that person. One person was being supported by staff to keep in touch with family using social media. This showed that people were supported to maintain and develop relationships with people that were important to them.

A social worker told us that staff had noticed changing needs for one person and responded effectively, which had resulted in the social worker observing improved behaviours. For example one person went to college depending on how they felt on the day, rather than at a set time. The person received individualised care that met their needs in a responsive way. One member of staff said they "we are here for the best interest of the service users."

Relatives we spoke with told us that they were happy to raise any concerns with either staff or the manager, and felt confident that issues would be addressed. There was a clear process for managing complaints. This was a new service and the complaints process had yet to be fully used. A social worker said that the staff were able to identify mistakes and put them right. Staff said they felt confident to report any concerns and the concerns would be actioned by the management team.

Is the service well-led?

Our findings

Relatives told us their main concerns were the lack of continuity with managers since the opening of the home and the potential impact on their family members. Staff said they were looking forward to working with the new manager; some were concerned about the inconsistency of management and impact of potentially unsettling the staff team. The new manager was aware of this and was working towards future stability within the management structure.

There was no registered manager in post. The new manager had not completed the registered manager process.

The local authority told us they had found short falls with the service provided. They were working with the management team on an action plan to improve service provision. We saw that many of the actions were completed and there was work in progress to complete the rest of the actions. For example, care plans, staff training and deprivation of liberty safeguards. The local authority was providing regular support in the form of visits.

The manager told us about plans to set up regular coffee mornings for families to drop in and have access to the manager for information sharing and support. Our discussions with the manager showed they understood the importance of making sure that family members were fully involved in contributing towards the development of care provision.

Staff received support to maintain a quality service. Staff told us that the manager listened and took action when they made suggestions or raised concerns. One member of staff told us that they had identified a need for one of the people living at the home, to support this, an adaptation was suggested, and we saw that the adaptation was now in place. This meant that the service focused on the needs of the people who lived there, to ensure their safety and improve their wellbeing.

Staff said they felt supported and listened to, and told us that there were now regular staff meetings. We saw that one staff meeting had taken place. The manager told us that staff meetings and supervisions for all staff were in the process of starting. The manager said that they were working on a plan to involve all staff to make improvements in the home.

Support was available to the registered manager to develop and drive improvement and a system of internal auditing of the quality of the service was in place. We saw that help and assistance were available from the new regional manager and a director from within the Midway group. The director told us, and records showed that the director had visited on a regular basis to monitor, check and review the service. Actions from these visits were in the process of being completed. The new regional manager would be completing these visits in the future, to ensure that good standards of support and care were being delivered consistently.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

The provider had failed to ensure that an effective system was in place to prevent people being unnecessarily deprived of their liberty.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

At all times there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.