

Midland Heart Limited

Elms House

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

This was an unannounced inspection carried out on the 28 October 2016.

Elm House is registered to provide accommodation for persons who require nursing or personal care for up to 14 adults living with associated mental health problems. The home provides a step-down service from hospital for people who are ready to move on to more independent living as part of their rehabilitation program. The home is a large detached house and is situated within a residential area in Shrewsbury.

There was a registered manager in place. 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.

This service has not been previously inspected.

People told us they were safe and secure living at the home.

People were safe as staff knew how to recognise different signs of abuse and what action to take if they had any concerns.

The provider ensured staff were safe to work with people who used the service. They obtained Disclosure and Barring Service (DBS) checks and suitable references for new staff.

The provider had suitable arrangements in place to ensure people's medicines were managed safely.

There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The provider ensured staff had a full understanding of people's care needs and had the skills and knowledge to meet them.

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs.

People who used the service were treated with kindness and said their privacy and dignity was always respected.

People's care and support was planned in full consultation with them. We found people received care and support, which was personalised to their wishes and responsive to their needs. Each person had support plans in place, which provided guidance for staff about how best to meet each person's needs.

Staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service.

People were enabled to carry out person centred activities at the home or in the community.

The provider had systems in place to routinely listen to people's experiences, concerns and complaints.

There were systems in place to continually monitor the quality of the service provided.

The home worked in close partnership with other agencies to ensure people were receiving the required support.

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 action they would take if they suspected any form of potential abuse and each confirmed they had received training.

There were suitable arrangements in place to manage risks, which supported people's freedom and choices.

We found medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had a full understanding of people's care needs and had the skills and knowledge to meet them.

Staff felt well supported and had regular access to training and supervision.

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs.

Is the service caring?

Good ●

The service was caring.

People told us they were well cared and supported.

Staff provided support in a caring and compassionate manner.

People's own views and wishes were taken into consideration when providing support.

Is the service responsive?

Good ●

The service was responsive.

People had care that was centred on their own individual needs.

People had care and support that responded to their needs effectively.

People knew how to complain and felt any concerns they had would be listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

People received positive outcomes from their time spent at the home.

There were systems in place to continually monitor the quality of the service provided.

The home worked in close partnership with other agencies to ensure people were receiving the required support.

Elms House

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.

This inspection took place on 28 October 2016 and was unannounced. The inspection was carried out by an inspector from the Care Quality Commission.

Before the inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for any information they had, which would aid our inspection. Local authorities have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

At the time of our inspection, the home was providing support for 12 people. As part of the inspection, we spent time with people in the communal areas of the home and spoke with the nine people who used the service and one visitor. We also spoke with one external health care professional who supported two people living at the home.

We reviewed a range of records about people's care and how the home was managed. These included care records, medicine administration record (MAR) sheets, staff training, quality assurance audits and minutes from customer meetings.

The service employed 11 members of staff, which included the registered manager. As part of the inspection, we spoke with the registered manager, the home manager, one team leader and four members of care staff.

Is the service safe?

Our findings

People told us they were safe and secure living at the home. One person told us, "Since I've been here I have really come on. They are always there to help you. I have security and it's like a home and I feel safe living here." Another person said "It's lovely, brilliant, they are there for you if you need them. You feel safe here. You can turn to anyone (staff) and all are helpful." A third person told us, "I do feel safe here, a lot safer than when I was in hospital. I do think it's an environment where I can get better. When I first looked around it was a relaxing environment, which I knew I could fit into."

As part of our inspection we checked to see how people who lived at the home were protected against abuse. Staff told us they had received training in how to recognise when people were at risk of abuse. Staff were able to describe confidently what action they would take if they had any concerns and were aware of the provider's whistleblowing procedures. One member of staff told us, "If I had any concerns, I would report directly to the manager, the Police or CQC (Care Quality Commission) depending on what it was and the urgency." Another member of staff said "In respect of safeguarding, initially I would raise with manager and follow procedures. I would be confident in contacting external agencies such as social services or the Police if I thought it was necessary." A third member of staff said "Any signs of abuse would be picked up early as we are a small service and we know our customers as well." Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Safeguarding leaflets and posters were on display in the home.

We found home had appropriate recruitment procedures in place, which ensured staff were suitable to support people who used the service. We saw appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. The registered manager had also received training on a recognised training programme in 'recruitment & selection.'

We found the service had suitable arrangements in place to manage risks, which supported people's freedom and choices. People told us they were actively involved in determining the risks they faced with staff and agreeing the best ways to minimise those risks. The home operated an open front door policy where people who used the service were allowed to come and go when they chose. The home encouraged people to report when they left the premises and when they had returned. There were suitable procedures in place to deal with 'missing persons' in the event of a person not returning home. Individual risks assessments had been completed for each person and staff were able to explain the methods used to manage and minimise risks to people. These included misuse of alcohol and drugs, emotional and mental health issues.

One member of staff told us, "We use the NHS risk assessment, which covers everything. It identifies risks, relapses and personal safety issues. Every person here is under a NHS care coordinator and a mental health consultant. We are constantly reviewing risk and I can always contact the NHS crisis team if I need support." They explained how they dealt with and managed an incident involving a threatened overdose. Together with the person's consultant, medication arrangements were reviewed to ensure the person remained safe.

Another member of staff said "I'm aware of people's individual risks and the measures we need to take to reduce the risk and make sure people are safe. We have customers who get very anxious and agitated and we try to talk through their concerns or consider seeking professional guidance."

We found medicines were managed safely. We looked at what arrangements were in place for storing and administering people's medicines. We found all medicines were stored securely in locked cupboard in the medication room. We found Controlled Drugs were stored in line with Guidance. The service was not administering controlled drugs at the time of our inspection. The home manager explained that the majority of people were self-medicating. Following discharge from hospital and after a period of two weeks, people were assessed to ensure they were safe to self-medicate their own medicines. People's ability to self-medicate would be continually reviewed by the home.

The service mainly used a 'blister pack' dose system for the people who used the service to store their medication. Blister pack is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to the persons care home. The pack had a peel off plastic lid and lists the contents and the time the medication should be administered. Records supporting and evidencing the safe administration of medicines were complete and accurate.

We found there were sufficient numbers of staff on duty during our inspection to support people who used the service. People told us staffing levels were sufficient to meet their needs. The current arrangements for staffing involved two or three staff during the day and evening, with two staff on a 'sleep over' between 11pm and 8am. The night time 'sleep over' staff were available to provide support during the night if required. One person said "I'm happy, staff are friendly and helpful. You get your own independence, but also have the right amount of support you need. I have no issues with staffing." One member of staff told us, "Customers are very independent here. I have no concerns about staffing levels." Throughout the inspection we saw that staff were always available to meet people's needs if required and maintained a presence in the main communal areas.

Is the service effective?

Our findings

We looked at how the provider ensured staff had the required knowledge and skills to undertake their roles. People told us that they felt confident that staff had the training and knowledge to meet their needs. One visiting health professional described staff as being very well trained, but they would always seek advice when required. Staff confirmed they had undertaken an induction programme when they started with the home. This included reading people's support needs, training and a period of shadowing more experienced staff. Training included medication, Mental Capacity Act, First Aid, safeguarding and food hygiene.

New staff with no experience of care work were also required to complete and meet the required standards of the care certificate, before working independently. One member of staff told us, "I feel I had a good introduction and with the training, felt it provided me with the necessary skills. My team leader was always available for support and I would never hesitate to contact them." Staff told us they received regular training following their initial induction and could make specific requests for training at any time. One member of staff said "Training we have is sufficient to be able to meet people's needs. Training is also arranged through the clinical team. I'm due to receive awareness training in self-harming." Another member of staff told us, "Training is normally very good, we have some local based classroom training and at head office." The home manager told us the provider was introducing a training system where staff could gain a greater understanding mental health issues. This would involve shadowing professional staff at the local mental health hospital and was scheduled to start in the near future.

We asked staff about the support, supervision and annual appraisal they received. Supervision and appraisals enabled managers to assess the development needs of their support staff and to address training and personal needs in a timely manner. Staff confirmed they received regular supervision and annual appraisals. Staff consistently told us they felt valued and supported by their immediate team leaders and the current home manager. Most staff told us that they rarely saw the registered manager, who was mainly office bound and they did not consider them approachable.

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. There was no-one subject to a Deprivation of Liberty Safeguards (DoLS) at the time of our inspection. The home manager explained that each person had capacity to make decisions. The home provided a step-down service from hospital for people who are ready to move on to more independent living as part of their rehabilitation program. Staff we spoke with confidently described the principles of the MCA legislation and were able to confirm they had received training.

We saw staff seeking consent and approval whilst interacting with people. Before any care was provided, the service obtained consent from people who used the service, which was also recorded in the support plans. Throughout the inspection we saw staff addressing people politely and professionally. Staff told us that each person had capacity to make choices and give consent, which we confirmed from our observations.

One member of staff told us, "All people here have capacity, but we would never enter anyone's room without their permission. Customers have a choice and it's always their decision, which we respect."

During our inspection we checked to see how people's nutritional needs were met. People told us the food was good with a choice of menus. One person told us "The food is excellent, I'm a diabetic. The cook has reassured me there are plenty of healthy choices here. I do like the food." Another person said "I choose my own food and I cook once a week. I'm also learning to eat less and move more." Staff were aware of people's dietary needs. One member of staff told us, "We don't have people on special diets, but some are diabetic. We will speak to them about their condition, offer choices and discuss portion size. We try to encourage healthy eating for all customers, but they have choice. So we provide information so that they can make informed decisions."

Staff prepared meals for people with alternative choices available. A menu was also displayed for people. Some people chose to prepare their own meals on their own or with the support of staff. As part of people's rehabilitation programme towards more independent living, the home was in the process of fitting out a kitchen training room. The home manager explained that this area would be used to support and develop people's skills in food preparation.

We found people were supported to access a variety of health professionals to make sure they received effective treatment to meet their specific needs. The home worked very closely with local NHS mental health teams. One health professional told us the home was always quick to raise any concerns. They also had a very good working relationship with staff and the provider.

Is the service caring?

Our findings

People who used the service told us they were well cared for at the home. One person who used the service told us, "With my mental health issues, this place has been a life saver. I can't say any more than that. It's wonderful." Another person said "The staff are considerate and nice." One visitor to the home told us, "The staff are all as one, not stand offish and people go up and talk to them. They are very approachable and I made to feel welcome all the time."

Other comments from people included, "It's very good. There are staff available all the time and they support people well. They will even listen to me if I have any issues." "Generally the staff are very nice and helpful. If I feel ok I will go and chat to them. They are good listeners." "It's a good environment to get better and recover after hospital." "They are very approachable and I can access anything I need. I do feel better since being here, which I put down to this place." One health care professional described staff as very kind and compassionate.

People told us that staff treated them respect and dignity at all times. One person told us, "Staff are very pleasant and respectful. Very helpful." Another person said "They always knock on your door and would never barge in." Other comments included, "They are very respectful and knock on my door in the morning to make sure I'm alright. I'm quite happy here. The staff here are very relaxed." We found the interactions between staff and people who used the service was caring and respectful at all times. Throughout our visit, the atmosphere was relaxed and calm within the home. People were able to move about the home at ease and use communal facilities, such as the TV room as they chose. People were able to go into the dining area and prepare hot or cold drinks when they wanted them. We saw people leaving and entering the building at will.

Staff we spoke with demonstrated a good knowledge of the people they supported. Staff explained how they supported people to learn important life skills in order to be able to move to more independent living in the community. One member of staff said "We offer customer's support who have mental health issues. We provide reassurance and monitor their behaviour and support them as we can, such as going shopping. We will also support people attending 'MIND' or with GP and hospital appointments." Staff told us their main focus was to encourage people to be independent and to provide skills to enable people to move back into the community. Each person was assigned a 'co-worker' and a 'key worker.' These members of staff worked closely with the person to support their rehabilitation back into the community. People's own views and wishes were taken into consideration when providing support. One person told us, "I've progressed so much since coming here that I'm ready to move on to shared lives accommodation." Another person said "I guess it is helping me, I just want to move on as soon as possible. I'm very independent, but they want you to be more independent so that you can move on." Other comments included, "I feel it is helping me very much, but it can be a struggle as I get very depressed at times." "I'm a lot more confident and hoping to leave early next year."

One health care professional told us they needed places like Elm House. They explained they had two patients who were now living in the community, one of whom was in full time employment. They said it was

because of the support and the links the provider had, that enabled their patients to move back into their communities. They stated that the service offered a positive environment for rehabilitation for people with mental health issues.

Is the service responsive?

Our findings

People told us that the home was responsive to people's needs. One person told us, "The manager is really helpful and excellent. They will always make time for you with any issues I have." Another person said "If I have any issues, the staff are always there for you and get things sorted. They just know how to support you." One health professional told us they found the home very responsive, were able to work through a plan with people during their transitional period and monitor their clients effectively.

We found care and support was focused on the individual needs of people who used the service. The home manager explained that they had a meeting each week regarding the people who used the service. These meetings involved individual mental health care coordinators and mental health Consultants to ensure the home was meeting people's needs during their rehabilitation. One health professional we spoke with confirmed weekly meetings involving a Consultant, where people's needs were discussed and care plans were updated.

Staff were able to describe each person's needs in detail and the support they required. One member of staff said "Our role here is to encourage people to be as independent as possible." Another member of staff told us, "Some people have 'weekly planners,' which are person centred. Everybody is very different and we support people in various ways, such as going to the gym, shopping, with benefits and budgets. We are also supporting someone through college and future housing needs." During the inspection we looked at two care files. The structure of the support plans was clear and easy to access information. Support plans files provided clear instructions to staff of the level of care and support required for each person. These included motivation and taking responsibility, self-care and living skills, managing money, social networks and relationships and emotional and mental health.

People told us that there was plenty happening at the home to stimulate and rehabilitate them. We looked at a weekly activity planner, which included events such as slimming & exercise club, karaoke, walking group, healthy cooking, bingo & quiz nights. People also told us they went out for meals and organised day trips to Ludlow for example. Comments from people included, "There is plenty to do here." "There are a lot of activities here, we have a weekly planner and I go out walking often. I'm asked what I want to do and do feel involved." "I go out a lot, but last night there was a quiz, which I enjoyed." "Depending on how I feel, I will get involved in house activities."

We found the service routinely and actively listened to people to address any concerns or complaints. There was a complaints policy in place, which clearly explained the process people could follow if they were unhappy with aspects of the service. People told us that if they had any complaints or concerns they would speak directly to staff or the home manager. One person told us, "If I wasn't happy with anything, I would speak directly to staff." Another person said "If I wanted to complain, I have had it explained to me what I need to do and have instructions in my room. But I have not had anything to complain about." Other comments included, "If I wanted to make a complaint, I would speak to staff. I have never had any complaints."

The home sent out questionnaires to people who used the service. We looked at returned questionnaires and found responses were generally positive about the quality of care being delivered by the provider.

Is the service well-led?

Our findings

One health professional told us that people received positive outcomes from their time spent at the home. However, they said they were aware that the future of the current staff team was uncertain. This uncertainty impacted on staff and indirectly on people who used the service. The registered manager was registered with the Care Quality Commission (CQC) at two locations and divided their time between Elm House and another service. On a daily basis, Elm House was run by the home manager, who was accountable to registered manager.

Staff told us that communication from both the provider and registered manager was poor and that they were being kept in the dark over future developments by the company. They told us that they rarely saw the registered manager, who did not know both staff and people who used the service. We spoke to the registered manager about these concerns. They told us that they would soon be locating themselves permanently at the home and would be addressing the concerns raised by staff. The registered manager acknowledged the need to work more closely with the staff team and build up professional relationships. We were also told by the registered manager, that they had arranged a staff meeting attended by the Director of Care for the company. They would discuss the proposed future plans of the provider in an effort to address the concerns of staff.

Throughout our inspection visit, we saw the home manager engaging with people who used the service and staff. The atmosphere was relaxed and calm throughout our visit. Staff told us they felt valued and appreciated by the home manager, who was always available to provide advice and guidance. One member of staff told us, "We have a good relationship with the home manager and associated professional and clinical teams. We are really a good team and work together well." Another member of staff said "The management issues and uncertainty at the moment do not have any impact on the quality of service customers receives here." Even with the concerns raised by staff, we found that the home had been well-led and managed with no impact on people who used the service.

The home had a positive culture that was person centred and inclusive. Staff had a clear understanding of their role is supporting people progress to independent living. One member of staff told us, "We have had some very positive results, with two customers currently in the process of moving out." One person who used the service said "I feel I have made progress and I'm better since being here." The home worked in close partnership with the NHS mental health services to ensure people were receiving the required support during their period of rehabilitation.

We found quality assurance processes were robust. The home manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff, which they used to drive improvements. For example, these included the introduction of alternative organised activities based on feed-back received from people. We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision of staff was also undertaken by the service. We looked at minutes from staff and management meetings, which covered issues such as training and safeguarding.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.