

Midland Heart Limited

Aviary Court

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

Our inspection was announced and took place on 22 August 2016. We gave the service 48 hours' notice of the inspection because the manager is often out of the office supporting staff. We needed to be sure that they would be in. Our last inspection of the service took place on 28 and 30 May 2014 and the provider was meeting the regulations in all areas inspected.

Aviary Court is registered to provide personal care to older people within an extra care housing scheme. At the time of the inspection, there were 14 people receiving support from the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff understood how to identify and report concerns of abuse and knew how to manage risks to keep people safe.

We saw there were sufficient numbers of staff available to support people. Staff had undergone checks prior to starting work to ensure they were suitable to care for people.

People were supported with their medication in a safe way. Staff had received training before giving medication to ensure they were safe to do this.

People were supported by staff who had received training to enable them to meet people's needs. People had their rights upheld in line with the Mental Capacity Act 2005 by staff who understood how to support people to make their own decisions.

People were given choices at mealtimes and supported to have enough to eat and drink. People were supported to access health care services when required.

Staff were kind and caring and treated people with dignity. Staff supported people to be involved in their care and to maintain their independence where possible. People were able to access advocacy services if required.

People were involved in the assessment and review of their care. Staff understood people's needs and preferences with regards to how their care is delivered.

There was a complaints procedure in place and where people had complained, action had been taken to resolve these.

There were systems in place to monitor the quality of the service. Where areas for improvement were identified, these were acted upon.

People felt the service was well led and were given opportunity to provide feedback on their experience of the service.

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.

People were supported by staff who knew how to report concerns of abuse and manage risks to keep people safe.

Staff had undergone recruitment checks to ensure they were safe to support people and there were sufficient numbers of staff available.

People were supported with their medication by staff who had been trained to give them medication in a safe way.

Is the service effective?

Good ●

The service was effective.

Staff were given training and had supervision with their manager to ensure they had the skills and knowledge to support people.

People had their rights upheld in line with the Mental Capacity Act 2005.

People were supported with meals where needed and had access to healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff were kind and treated people with dignity.

People were supported to be involved in their care and to maintain their independence where possible.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care.

Staff knew people's needs and preferences with regards to their

care.

Where complaints were made, these were investigated fully by the registered manager.

Is the service well-led?

Good ●

The service was well-led.

People spoke positively about the service and felt it was well-led.

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

People were given opportunity to feedback on their experience of the service.

Aviary Court

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 22 August 2016 and was announced. We gave the service 48 hours' notice of the inspection because the manager is often out of the office supporting staff. We needed to be sure that they would be in. The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the service. We also spoke with the local authority for this service to obtain their views on the service and used their feedback when planning this inspection.

We spoke with five people who used the service, three members of care staff, a member of the catering staff, the deputy manager and the registered manager. We looked at three people's care records, two staff recruitment files and staff training records. We also looked at accident and incident records, complaints received and quality assurance audits.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us, "I feel very safe. It is the best of both worlds as staff are here and yet I also get privacy". Another person said, "Yes, I like it here very much".

Care staff we spoke with understood how to report any concerns about abuse. One member of the care staff told us, "I would report it to the seniors and management if I had a concern. I have seen the safeguarding policy". Care staff we spoke with told us they had received training in how to safeguard people from abuse and records we looked at confirmed this. We saw that the registered manager had taken action and reported any concerns raised appropriately.

Care staff we spoke with knew the risks posed to people and how to manage these. One care staff member told us about the risks posed to one person when they are eating. The staff member had a good understanding of the risk and could explain how they supported this person to manage this. We saw staff supporting this person at mealtimes and saw that staff took action to manage the risks posed. Other staff we spoke with explained how they supported people to manage risk and gave examples including 'ensuring people are wearing fall sensors [this is equipment that will send an alert to staff if a person should fall], ensuring moving and handling equipment is used and discussing risks with people in a way that they understand and are comfortable with. The provider told us in their provider information return (PIR) that individual risk assessments were completed to identify and minimise risks to people and records we saw confirmed this. We saw that risk assessments had been completed that gave staff information on the risks posed to people and how to manage them. We saw that where accidents and incidents occurred, actions were taken to minimise the risk of these reoccurring. Actions taken following accidents had included referral to the GP, visits to a falls clinic and extra equipment being supplied where needed.

Care staff told us that before they were allowed to start work, checks were completed to ensure they were safe to work with people. These checks included providing references and completing a Disclosure and Barring Service (DBS) check. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from being employed by showing if a person has a criminal conviction or has been barred from working with adults. Records that we looked at confirmed these checks took place.

People told us that care staff always arrived at their flat at the correct time to support them. One person told us, "They [care staff] are always on time and are very helpful". Another person said, "They [care staff] do come on time; unless there is an emergency but they let me know if they are going to be late". All the people we spoke with told us that if they required support outside of their allocated times, staff were available and responded to them in a timely way. One person said, "If I press my call button, they [care staff] come pretty quickly". Staff we spoke with felt there were enough staff on duty to meet people's needs and we saw that there were sufficient numbers of staff available for people.

People we spoke with were happy with the support they received with their medication. One person told us, "Staff do my medication and stand over me to make sure I have taken it". Staff we spoke with confirmed they had received training in how to give medication and could explain how they do this safely. Records

showed that competency checks were carried out by management to ensure staff continued to give medication in a safe way. We saw that some people required medication on an 'as and when required' basis. There was guidance in place for staff informing them when to give these medications. This ensured that medications were given in a consistent way. Records we looked at showed that Medication Administration Records (MAR) had been completed to ensure that people received their medication as prescribed and these records were checked by the registered manager to ensure people had received their medication.

Is the service effective?

Our findings

People told us they felt staff had the skills and knowledge to support them with their care needs. One person told us, "The staff know what they are doing and know me well". Another person said, "I can't say anything bad about the staff".

The provider told us in their provider information return (PIR) that new staff have an induction and complete shadowing before working on their own. Care staff confirmed this and told us that prior to starting work, they completed an induction that included completing training and shadowing a more experienced member of staff. One staff member told us, "At induction, we covered the history of Midland Heart, who we support and discussed the company aims and how we should support people. The shadowing was also really good". We saw that new members of staff were completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers should adhere too.

Staff told us they received training to support them in their role and felt this equipped them to support people effectively. One member of staff told us, "The training is excellent". Records we looked at confirmed that staff received training relevant to their role and that where required training was available according to people's specific needs. We saw that where staff required updates to their training, this had been booked and the registered manager had completed observations to ensure staff remained competent in their role while they awaited training updates.

Staff received regular one to one sessions with a manager to discuss their role and identify any training needs. One member of staff told us, "We have supervisions with a senior. We discuss any concerns or issues and you can request extra training if you want it". Records we looked at confirmed these discussions took place.

Staff told us that they were provided with the information they needed to support people effectively. One member of staff told us, "There is a written handover and staff talk you through any issues that have occurred (on the previous shift). I find this gives us all the information you need". This was confirmed by another staff member who said, "People's files are updated when there is a change, the team leaders do handovers at the end of each shift [to share information]".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. People told us that staff sought their permission before supporting them. One person told us, "They [care staff] ask my permission. They will say things like 'Are you ready to get up?'. Another person said, "They [care staff] ask me what I

want". Staff we spoke with confirmed they had received training in MCA and DoLS and could demonstrate how they support people to make their own decisions. One member of staff told us, "It is not to be assumed that people do not have capacity, just because they make unwise decisions. I gain their permission by asking and prompting". Records we looked at gave staff information on how people prefer to communicate to support staff in how to gain consent. No-one currently living at the service had a Deprivation of Liberty safeguards (DoLS) authorisation in place. However, staff displayed a good understanding of people who had a DoLS previously, what this meant for the person and how they should support the person according to the conditions set out in the person's DoLS authorisation.

People told us they were supported to have enough to eat and drink to maintain a healthy diet. One person told us, "I have lovely meals and there is something different every day". We saw that people were given the option of having meals within their own flat or in the communal restaurant. One person said, "The food in the restaurant is ok". We saw that where people required support with eating, staff provided this support.

People were supported to maintain their health and wellbeing by accessing healthcare services where required. One person told us, "I have only ever needed the GP once and they [care staff] got him straightaway". Another person told us how they were supported to gain healthcare support following a fall. The person said, "I had a fall and the staff were very good. They were here before you knew it". Staff we spoke with knew the actions to take if people were unwell and explained how they worked alongside health professionals. One staff member told us that some people had input from community nurses and said, "We are guided [on what we should do for people] by the nurses input when they visit". Records we looked at showed that people had been supported to access a number of health services including; physiotherapy, speech and language therapy and annual health checks.

Is the service caring?

Our findings

People told us that staff were kind to them. One person told us, "The staff are a lovely bunch". Another person said, "The staff are very nice and understanding". One person told us how staff had taken time outside of the person's allocated support time to sit and talk with them following bereavement. The person had been appreciative of this and told us that it helped them and staff spending this time with them supported them through the difficult period. Staff we spoke with displayed warmth when talking about the people they support and we saw that staff had developed friendly relationships with people.

People told us they were involved in their care. One person told us, "Staff always ask if there is anything they can do for me". One person told us they were involved in the recruitment of new staff. The person explained that they supported managers to interview potential employees and this made them feel involved in the service. Other people explained that they were given choices daily about what time they wished to get up and where they would like to eat. Staff we spoke with explained how they ensured that people were involved in their care. One member of staff told us, "We are respectful and make sure we ask people what they would like". We saw that there were changes planned within the service and to ensure people were involved and given opportunity to discuss concerns, an afternoon open surgery with the provider had been planned so that people and their relatives could meet with the provider to discuss how the changes would affect them.

People told us that they were treated with dignity by staff. One person told us, "They [care staff] treat me with dignity, very much so. Staff are very polite". Staff were able to explain how they ensured they maintained people's dignity and gave examples that included; covering people with towels during personal care and treating people as they would like to be treated. We saw that staff treated people with dignity. Staff spoke to people in a polite way and ensured they offered choices.

People felt they were given privacy. One person said, "They [care staff] help me with my shower but then give me privacy when I want it". We saw that staff promoted people's privacy by knocking people's doors and waiting for permission before entering their flats.

People felt that staff supported them to maintain their independence where possible. One person told us, "Staff encourage me to go in the kitchen and do some things myself". Another person said, "I do my own medication". Staff confirmed that they support people to be independent where possible.

The registered manager informed us that no person living at the service required the support of an advocate. However, the registered manager knew how to access advocacy services for people when required.

Is the service responsive?

Our findings

Before people moved into the home, we saw that they were involved in an assessment to discuss their needs and how they would like their care be delivered. Records we looked at confirmed that these assessments took place to ensure that the person's needs could be met. People told us they were then involved in reviews of their care to ensure the support they received continued to meet their needs. One person told us, "I know I have a care plan. They [care staff] will say 'What do you think of this'". Records we looked at confirmed that reviews took place. We saw that where people's needs had changed, a review was held and care records were updated in a timely way to ensure that the person received care in line with their change in needs.

People told us that staff knew their needs well. One person told us, "Staff are used to me and how I like things to be done". Staff we spoke with displayed a good understanding of people's care needs. For example, we saw that one person had recently been in hospital and now required more support. All the staff we spoke with had been informed of the change in needs and could explain how they should now support the person with their care. Staff understood people's preferences with regards to their care and knew how to support people in line with their likes and dislikes. Records we looked at held personalised information about how people would like to receive support.

The provider told us in the provider information return (PIR) that a complaints procedure is in place, and complaints and compliments slips were available in the reception area and we saw that this was the case. People told us they knew how to make a complaint if needed. One person told us, "There is a form to fill in to complain. I have done this once and they followed it up for me. I was happy with how it was managed". Another person said, "There is a special form to complain. I have complained once or twice and was happy with the outcome". Staff we spoke with were aware of the complaints procedure and the action they should take to support people to complain. One member of staff told us, "People can fill out a form if they want to complain. The registered manager also has an open door policy so people can pop in and see her anytime". We saw that there was a complaints procedure in place and information was displayed in communal areas informing people of how they could make a complaint if required. We looked at records held on complaints and saw that complaints had been investigated by the registered manager. For example, we saw that people had previously made complaints about the food in the restaurant. The registered manager told us how they had taken action to address this by arranging a meeting with people and agreeing changes to the menu with them. The registered manager told us that there had been no complaints about food following the changes.

Is the service well-led?

Our findings

People we spoke with knew who the registered manager was and felt that the service was well led. One person told us, "I know the [registered] manager and she is lovely. I am happy and very lucky; they [the provider] saved my life". Another person said, "I am very happy. I think it is a very nice place". We saw that the registered manager had a visible presence around the service and that people knew who she was and were relaxed in her company.

Staff we spoke with felt supported by the registered manager. One member of staff told us, "I am so supported, I cannot praise [registered manager's name] enough. I have blossomed because she believed in me. She gets the best out of people". Staff confirmed they have regular meetings with the manager to discuss the service and gain support if needed. One staff member informed us, "We have meetings once a month where we discuss any issues and get to give feedback. We are all in this together and I think it is good we [care staff] are given a say". Staff confirmed that there was always a manager available outside of office hours if they needed support.

We saw there was an open culture at the service and staff were clear on how they could whistle blow if they needed too. One member of staff told us, "If I had a concern about the provider, I would go to you at Care Quality Commission". The registered manager understood their legal obligation to notify us of incidents that occur at the service and we saw that notifications had been sent in appropriately.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed and returned their PIR to us within the timescale we gave and our findings reflected the information given to us.

We saw that the registered manager and the provider completed audits to monitor the quality of the service. These included; checking people's care records to ensure these were accurate, spot checks on staff and medication audits. We saw that where areas for improvement were identified, these had been acted on by the registered manager. In addition, we saw that a manager based elsewhere also completed monthly audits on the service that looked at analysing any trends in accidents and incidents, ensuring complaints had been resolved and how the service is ensuring they are meeting the Care Quality Commissions key lines of enquiry. We saw from these audits that where needed, actions were recorded to improve the level of service.

We saw that the registered manager had sought feedback on people's experience of the service. This was done via questionnaires and service user meetings. We saw from the meeting minutes that where people had made suggestions for improvement, the registered manager had taken action to address this. The completed questionnaires received had been analysed and shared with people via the noticeboard in communal areas. From this, we saw that the registered manager had used the feedback given to make improvements at the service. We saw that a number of compliments had been received from people. For example, one person wrote a card that said, "[staff are] ready to listen to you when you need to talk about

your troubles" and '[the service] has a pleasant atmosphere.'

The registered manager informed us that there were a number of changes being made that would impact the people currently living at the service. We saw that the provider had been open about the changes and ensured people were kept informed on the progress of these changes. We saw that people were being offered support through these changes and the provider and manager had made themselves available for people to approach them and discuss any concerns.