

Midway Care Ltd

# Coleshill Road

## Inspection report

74 Coleshill Road  
Marston Green  
Birmingham  
West Midlands  
B37 7HW

Tel: 01217706662

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30 May 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Coleshill Road is a residential care home providing personal care to up to four people. The service provides support to people with a learning disability. At the time of our inspection there were two people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right support

The model of care supported people to live as independently as possible with the right support. Staff focussed on people's strengths which promoted independence and allowed people to set their own goals and follow activities and interests as they wanted to.

Staff understood how to keep people safe. Risk relating to people was well managed with person centred support. Medicines were administered safely in line with guidance and good practice. The home had enough staff with the right skills to support people. Staff wore personal protective equipment in line with government guidance.

### Right Care

People received care, which was kind, compassionate and personalised to their needs. Staff were skilled and understood what they needed to do to keep people safe.

The registered manager and staff had good knowledge and understanding of the people they worked with to ensure care was safe and delivered in an inclusive and supportive environment.

### Right culture

People received care which was inclusive and directed by them. Staff knew and understood people well and put their needs at the heart of the support they provided. Staff ensured people were involved in their care plans and that they promoted people's right to independence and choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had policies and procedures in place for the registered manager to use to continually review, monitor and make improvements to the home.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

At our last inspection we found a breach of regulation 12 in relation to the way people's individual risks were managed. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Coleshill Road

## Detailed findings

### Background to this inspection

#### The Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Coleshill Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 72 hours notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 28 March 2022 to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 30th May 2022 and ended on 31st May 2022. We visited the location's service on 30th May 2022.

We spoke with one person and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, senior staff and care staff and carried out general observations of staff interacting with people. We reviewed a range of records. This included two people's care plans and medicines records in detail. We looked at staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed. We carried out general observations of the interactions between people and staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

At our last inspection we found the provider had not always manages people's risks safely. This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Systems and processes to safeguard people from the risk from abuse

- We observed people felt safe in the home and had an open and trusting relationship with staff. Relatives confirmed they could raise concerns if they needed to. One relative said, "I can always have a chat with the staff and manager and can raise concerns."
- Staff understood the whistle blowing process and information and the importance of to protect people. Whistle blowing is where people can disclose concerns about any part of the service where they feel dangerous, illegal or improper activity is happening.
- The provider had effective safeguarding systems in place. The registered manager ensured staff received training and understood what to do to keep people safe from harm.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- People's safety and ongoing risk was managed well. Staff continually assessed and identified risks, and these were recorded on a range of risk assessments which were up to date and shared with people and their relatives where appropriate.
- One person had written their own coping strategies which were used in the risk assessment and staff told us they used these as a tool for supporting this person on a daily basis.
- The registered manager kept detailed records to identify learning from incidents and accidents. Information was passed to staff through a communication book which they signed once new information was reviewed.

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. One person was deprived of their liberty and the safeguards were documented in the care plans which staff followed to ensure the person was safe.

#### Staffing and recruitment

- We observed there were enough staff to meet the needs of each person in the home with additional staff available if needed.
- Staff covered gaps in the rota so there was no use of agency staff. This meant people received care from people who knew them well.
- The registered manager ensured staff were recruited safely in line with the provider's policies and procedures. This included asking for references and making checks with the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People's prescribed medicines were securely stored. Medicine administration records were fully completed and up to date.
- Staff received training in the safe administration of medicines and completed regular competency checks.
- The registered manager kept detailed records for the management of medicines including daily audits. They provided staff with up to date information about each medicine being given to people so staff could understand what the medicine was used for and recognise any potential side effects if they occurred.

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives told us they could visit as they wanted to and there were no restrictions in place.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were fully included in their care and the way the home was run. They received daily one to one time with staff where they could discuss any concerns or changes they would like to make. We observed that activities and support was personalised and directed by the person being supported.
- Relatives were positive about the registered manager and the culture of the home. They told us people were 'happy' and 'well supported'.
- Staff told us the service was well-managed. One said, 'It's refreshing that people are included' and they could discuss anything with the registered manager and senior staff and knew they would be supported and listened to.
- The registered manager had regular meetings with staff and people to discuss the delivery of the service. People and staff gave feedback which was acted upon.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Working in partnership with others

- We saw in the care plans that people were consulted and able to discuss their care. This included when things went wrong, or changes were made. Relatives confirmed that communication with the home was good and information shared in a timely way.
- The registered manager and staff ensured each person had the right professionals involved in their care and support, so they felt safe and happy this included a GP's and other health professionals. One person indicated he had needed to see the dentist and staff confirmed the appointment had taken place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The service had a registered manager who was supported by a deputy and senior staff who covered in their absence.
- Staff said they were well managed, and the support received allowed them to focus on providing high levels of care in roles they enjoyed.
- The provider supported the manager and ensured they had a range of people they could contact for support and advice they worked together to ensure quality improvement of the service through regular

audits learning from these and discussing outcomes in governance meetings.

- The registered manager had good oversight of the service and used audits and observations of staff practice to ensure care was being provided as it should be.