Mig House Residential Care Home Limited

MIG House Residential Care Homes

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

Overall summary

This unannounced inspection took place on 22 April 2015. At the last inspection in November 2013, the registered provider was compliant with all the regulations we assessed.

Mig House is registered to provide care and accommodation for up to six people with a learning disability. It is situated in a residential setting and close to local facilities. The home has six single bedrooms, a bathroom, a kitchen, a laundry. There is also a lounge, an activities room and a separate dining room. There is a garden at the rear of the property and car parking at the front. At the time of the inspection there were two people living in the home.

There was a registered manager in post who was supported by a service manager. A registered manager is a person who has registered with the Care Quality

Summary of findings

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 lived in a safe environment, where health and safety checks were carried out. Risk assessments were completed to help minimise risk in specific circumstances such as when supporting people in the community or within the home.

There were policies and procedures in place to guide staff. Training was provided for them in how to keep people safe from the risk of harm and abuse. In discussions, staff were clear about how they protected people from the risk of abuse.

There was a good recruitment system in place, which meant checks were carried out before new members of staff could start work at the service. We found the staff approaches to be caring and friendly. There was an easy rapport between people and the staff who supported them. People had been helped to maintain important relationships with their family. Staffing levels were adequate.

People's health and social care needs were assessed and personalised support plans were developed to guide staff in how to care for them. They received their medicines as prescribed and had access to a range of professionals for advice, treatment and support.

People's nutritional needs were met. Staff monitored people's food and fluid intake and took action when there were any concerns.

People were encouraged to make their own choices. The manager had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Staff had also received training in this subject. Deprivation of Liberty Safeguard authorisation allows for a person to be lawfully deprived of their liberty, where it is deemed to be in their best interests or for their own safety. Staff were aware that on occasions this was necessary. There were DoLS authorisations in place at the time of the inspection.

Staff spent time with people and supported them to participate in activities in the community such as day trips to the zoo, going to the local park, shopping with staff and planning and going on holidays.

There was a range of training and support systems in place to ensure staff were knowledgeable and skilled in supporting people who used the service.

There were systems in place to monitor the quality of the service, such as observations of staff practices, audits and surveys. Relatives knew how to raise concerns and felt the registered manager was approachable and would adequately deal with any issues. Relatives told us they did not have any concerns and felt the manager sought their views and was good at communicating changes.

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?

Good

The service was safe. There were policies and procedures to guide staff in how to keep people safe from harm and abuse. Staff had completed safeguarding training and knew how to respond to concerns.

Staff were recruited safely and there were sufficient staff on duty to meet people's current needs. Staff knew how to respond to emergency situations.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. People's health care needs were assessed and met. They had access to a range of health care professionals for advice and treatment.

The meals provided to people were balanced and met their nutritional needs. People were consulted about meals and provided with choices and alternatives.

Staff were supervised by management and provided with training opportunities to ensure they developed the skills and knowledge required to support people.

Is the service caring?

Good

The service was caring. Staff had developed caring relationships with the people they supported.

People's privacy, dignity, choice and independence were promoted by staff.

People were involved in decisions about their care and support and were encouraged to maintain relationships with their family.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and personalised care plans were developed. Staff followed these in order to provide the care and support people required.

Staff encouraged and supported people to access community facilities and to participate in activities of their choosing.

There was a complaints process in place which was used by relatives and professionals.

Is the service well-led?

Good

The service was well led. A registered manager was in post.

We saw, and visitors felt, that the atmosphere in the home was friendly and welcoming.

The staff said the manager was supportive and they enjoyed working at the home.

A quality assurance system was in place to check standards were being maintained and improvements made where required.

MIG House Residential Care Homes

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 registered 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.

The inspection took place on 22 April 2015 and was unannounced. One inspector carried out this inspection.

During the inspection we observed how staff interacted with people who used the service. At the time of the inspection two people used the service. We were unable to seek direct feedback from them due to their complex communication needs however we were able to observe their interaction with staff. We spoke with one relative to seek their opinion of the service provided. We also spoke with one staff member and sought views from a professional.

We looked at two people's care files and other important documentation such as their medicine administration records (MARs). We also looked at a selection of documentation relating to the management and running of the service. These included staff recruitment files, training records, the staff rota, quality assurance audits and service maintenance records.

Good

Is the service safe?

Our findings

The service was safe. There were policies and procedures in place to guide staff about how to safeguard people. It was clear from discussions with staff that they knew the different types of abuse and how to respond if they witnessed incidents of harm or abuse. Staff confirmed they had completed safeguarding vulnerable people training. The manager and staff knew the process for alerting the local safeguarding team of any incidents of harm or abuse. A relative told us, "[My relative] is safe. [My relative] is fine there."

Risk assessments had been completed when specific areas of concern had been identified. For example, one person's risk assessment for car travel stated "The driver to pull up safely if [the person] is displaying challenging behaviour and not to drive until they are calm." This behaviour management plan was in place in order to enable the person to travel and enable them to experience a variety of activities and sightseeing. Other risk assessments we saw guided staff about how to minimise risks to people but at the same time encourage their independence. Risk assessments also included areas such as eating and drinking, choking, falls, moving and handling, epilepsy and diabetes management as well as bathing. There were additional risk assessments for activities in the community. This meant that identified risks had been assessed for people and management plans developed to minimise these and protect people and staff from harm.

We checked if people received their medicines as prescribed. There were individual medicines files, which held people's photographs and hand written medicine administration records (MARs), to record when medicines were given to people. There was a list of medicines administered and their side effects. Important information about any allergies was available. Staff were aware of how people communicated they were in pain and may require pain relief. Training records showed us that staff responsible for administering medicine had completed on line medicines management training to ensure they had the skills required to administer them safely. We saw that the service manager carried out medicine audits and staff competency checks in order to ensure that these were managed consistently and safely. We looked at people's medicines administration records. We saw that the MARS included the name of the person receiving the medicine, the type of medicine and dosage, the date and time of administration and the signature of the staff member administering it. We saw that the MARS had been appropriately completed and were up to date. We checked the stock levels of medicines against the medicines records and found these agreed. Therefore, we saw that medicines were managed well by staff.

The staffing level was adequate. We looked at the staff rota and found that there was one staff member plus the manager to support people's needs during the day time shift on weekdays. One staff member covered the evening and night shift. The manager informed us that the staffing rota was flexible and additional staff were called as and when required. There were management on-call systems out of usual working hours. A relative told us "The only thing I worry about is when sometimes there is only one staff member on shift." This was discussed with the manager who provided risk assessments and guidance for staff about how to handle any issues that may arise when lone working.

The recruitment process was robust to make sure that the right staff were recruited to keep people safe. We looked at staff personnel records which showed that appropriate checks were carried out before they began working at the home.

There were systems in place to respond to emergencies that could occur. For example, staff had completed first aid training and there was a first aider on each shift. We saw checks were made to ensure the environment was safe. Health and safety checks were carried out to improve safety and keep people safe. Checks carried out included checking fire alarm equipment. Moving and handling equipment was maintained and serviced as required. Electrical and gas appliances and kitchen equipment were checked to ensure they were safe to use. There were checks on the hot water system and a legionella risk assessment had been completed. This meant people were cared for in a safe environment.

Good

Is the service effective?

Our findings

The service was effective. People's needs were met by staff who were competent and had the skills, experience and qualifications to meet their needs. Relatives told us people's needs were met by staff who were knowledgeable and caring. Staff knew people well, were aware of each person's individual needs and were able to tell us about people's preferences and how these were met.

Staff told us that they received the training that they needed to support people. The training matrix showed that staff had received a variety of training. This included training in how to safeguard people from abuse, moving and handling, diabetes management, fire safety, first aid, food hygiene, how to manage challenging behaviour as well as health and safety. Staff told us that the training helped them to look after people.

Staff told us that they received good support from the manager because they were readily available and at the end of the phone when needed. They confirmed that they received individual supervision (one to one meetings) with the manager to discuss work practice and any issues affecting people who used the service. Staff meetings were held monthly to share information about the service and any updates. We saw that an agenda item at the next staff meeting was to discuss the new Care Act 2014, updated Regulations and its impact on the service. Information about the people who use the service was shared at handovers between shifts. Therefore, people were cared for by staff who received sufficient support and guidance to enable them to meet people's needs.

Staff had completed Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS) training. They were aware of people's right to make decisions about their lives. The Mental Capacity Act 2005 is legislation to protect people who are unable to make decisions for themselves. DoLS is where a person can be legally deprived of their liberty where it is deemed to be in their best interests or for their own safety. The manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain consent for a decision. At the time of the inspection, people living at the home were subject to DoLS. We saw records of assessments completed under the Mental Capacity Act 2005 and best interests meetings had been held when people were assessed as lacking capacity to make important decisions about their health and welfare. Therefore, systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Staff explained that they used objects of reference (such as a cup to indicate drink, or car/bus for going out), body language and facial expressions as a prompt to find out what a person's wishes were before carrying out tasks with them. They told us that care plans also gave them guidance about people's needs and wishes as well as their likes, dislikes and preferences. This meant that staff gave people choices and enabled them to express their needs before carrying out tasks.

People were supported to access healthcare services by staff in order to keep them in good health. Each person had a personalised health action plan. This detailed how they were to be supported to maintain their health and wellbeing and which health professionals were involved in their care and treatment. Staff supported people when they were transferred from one care setting to another to make this as smooth as possible. They saw professionals as such as GP, dentist, social workers, the physiotherapists, speech and language therapists and community nurse when needed. A relative confirmed that the staff supported people with medical appointments and took

them to the GP and other appointments if there were concerns. We saw at the time of the inspection, the manager and staff supported a person who was in hospital for a routine operation, by visiting them and liaising with the hospital staff on their behalf to ensure that they received the care and attention that they needed. Relatives confirmed that they were always involved and kept informed about their family member's health. A social care professional told us, "The manager always e-mails me with updates. I have not had to chase anything. The care provider has always worked with us to meet [the person's] needs." Therefore people's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

People were provided with a choice of suitable food and drink which was available throughout the day. Staff were aware of people's preferences and showed that these were met. At lunch time we observed that people were provided with appropriate food as well as suitable crockery and cutlery to enable them to be independent. Staff followed instructions provided by specialists around supporting

Good

Is the service effective?

people with special dietary needs such as a diet low in sugar for diabetes. People's cultural needs were also met in terms of providing West Indian food for a person. People's care plans included information about the types of food they liked and the support they needed during meal times. Therefore people received a variety of nutritious meals which took account of their preferences and dietary needs.

Good

Is the service caring?

Our findings

The service was caring. We saw that people were supported by staff who were kind and caring. They were supported to make their own decisions. For example, we heard a staff member ask a person if they wanted to go out, to which they indicated their agreement by smiling and clapping their hands. A relative commented “The staff are doing the best they can do for them. They are good care staff and involve her in tasks and activities.” They confirmed the progress made by their family member at the home, highlighting improvement in their behaviour and physical well-being following support from staff and local healthcare services.

People were assisted by staff who could communicate with them. They were knowledgeable about people's individual needs, communication methods, likes and preferences. We saw that staff helped them according to their wishes. They helped people to maintain their independence as much as possible by guiding and encouraging them to make decisions.

People were treated with kindness and respect by staff. Staff were patient with people who found it difficult to communicate when trying to explain what they wanted. They were able to understand people's body language, facial expressions and picked up verbal and non-verbal signals to identify what people wanted. People were relaxed around the staff, they had a good rapport with each other and were able to communicate their needs and choices. We saw that people used body language, smiled and nodded in response by way of indicating their choice.

Staff told us they enjoyed working in the home. Relatives told us, “I am at all the reviews.” They had attended meetings and reviews about their family member’s care and welfare and felt included in any decisions that were made. Relatives told us that they were always welcomed into the home when they visited. This meant that the service consulted and involved people and their relatives in the running of the home.

Good

Is the service responsive?

Our findings

The service was responsive. People's needs were assessed prior to moving into the service. The assessments were used to develop individual care plans. The care plans we looked at took account of people's needs, choices, likes and dislikes. These were clearly identifiable and accessible to staff that required them. The care records showed evidence of current reviews and where possible the involvement of the person and their family in the review. Reviews took place at regular intervals. This meant that staff had access to relevant and up-to-date information about the people in their care. A relative commented, “They know what [my relative] likes and doesn’t like. They look after them well”, and “They are meeting their needs and supporting them in an appropriate way to meet their changing needs.”

We looked at two care plans. Staff were aware of people's life histories, likes and dislikes as well as the activities they enjoyed. Staff said they got to know people through reading the care plans and speaking with family members. Care plans were comprehensive and person centred to ensure each person received the care they needed.

People also had behavioural support plans which emphasised prevention and de-escalation techniques to be used when people displayed behaviour that challenged. Therefore staff had guidance in place to support them to manage such behaviours..

Staff supported people to take part in individual activities based on their preferences. For example, one person liked to go to the park and they were supported to do this. Other activities included visits to see animals and the city airport as well as meals out. Family members confirmed that there were opportunities for people to go on holiday. One relative told us, “They went to the Isle of Wight last year and are planning for a holiday again.”

The complaints procedure was available to people and their family members. Relatives knew who to talk to if they had any concerns about the service provided. We saw the complaints record, and found they were appropriately handled and used as an opportunity for learning and to improve the service. Family members told us they had no complaints about the care provided by staff at Mig House. They said, “Any concerns I have raised have been addressed. They have worked with me to address [my relative’s] skin condition which has improved a lot.”

Good

Is the service well-led?

Our findings

The service was well-led. There was a registered manager in post who was supported by the service manager. They understood how to meet their legal obligations and, when necessary, to submit notifications to the Care Quality Commission about events that affect the service.

Relatives told us they knew the manager well and were comfortable speaking with them. They told us and we saw that there was a good atmosphere in the home and staff were kind and caring. They told us, "The home is clean. I get a response from them whenever I phone or text them."

The provider sought feedback from relatives and people who used the service by means of an annual quality assurance questionnaire. Responses from these were analysed and an action plan put in place to respond to any issues that had arisen. Relatives confirmed that they had been consulted about the quality of service provision.

There were clear management and reporting structures in place and staff were aware of the lines of responsibility. Staff told us that there was good communication between all staff within the home. They told us that they received regular handovers (daily meetings to discuss current issues within the home). Staff told us that they were also informed of any changes that occurred in the home through staff meetings, which meant they received up to date information and were kept well informed. They told us the manager was approachable and treated them as part of the team. We saw that staff felt comfortable to approach the manager who was readily available to speak with them. They said they could raise any concerns with the manager or at regular monthly meetings and were confident any issues would be addressed appropriately. They understood the values of the home which were for people to be as independent as possible, provide them with choice and access to the local community. We saw that staff supported people with this.

We found the management operated an on-call system to enable staff to seek advice in an emergency. We looked at care documentation which showed that the system had been followed to ensure an issue raised was effectively managed. This showed leadership advice was available to support staff working out of hours, to manage and address any concerns raised.

The provider had a system in place to monitor and audit the quality of the service provided to people. This included monthly audits carried out by the service manager as part of the service's quality monitoring team. We looked at the completed audits which covered areas such as care plans, management of medicines, nutrition, cleanliness, safeguarding people, safety and suitability of premises, staffing and supporting staff. The audits showed that although the service was satisfactory, they identified areas where improvements could be made. We found that information was easily accessible to staff, to keep people safe and ensure they received appropriate care and treatment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.