

Mr J G Esparon & Mrs W M Esparon

Middle West Care Home

Inspection report

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Date of inspection visit: 7 May 2015
Date of publication: 20/07/2015

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

Middle West is a residential home which provides care and accommodation for up to four adults with moderate learning difficulties, autism and display behaviours that may challenge others. The home, which is a detached bungalow, is located in Smallfield. On the day of our inspection four people were living in the home.

This inspection took place on 7 May 2015 and was unannounced.

The home was run by a registered manager, who was present on the day of the inspection visit. '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 and associated Regulations about how the service is run.

Staff had written information about risks to people and how to manage these. We found the registered manager considered additional risks to people in relation to community activities and changes had been reflected in people's care plans.

Summary of findings

Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. One staff member said they would report any concerns to the registered manager. They knew of types of abuse and where to find contact numbers for the local safeguarding team if they needed to raise concerns.

Care was provided to people by a sufficient number of staff who were appropriately trained. Staff were seen to support people to keep them safe. People did not have to wait to be assisted.

People who may harm themselves or displayed behaviour that challenged others had shown a reduction of incidents since being at the home and the number of staff on duty were adequate for their individual needs.

Processes were in place in relation to the correct storage and audit of people's medicines. All of the medicines were administered and disposed of in a safe way.

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe. The premises provided were safe to use for their intended purpose.

The Care Quality commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff explained their understanding of their responsibilities of the Mental Capacity Act (MCA) 2005 and DoLS and what they needed to do should someone lack capacity or need to be restricted.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. We were told by the registered manager that people could go out for lunch if they wished.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when people could visit the home.

People took part in community activities on a daily basis; for example trips to the shops. The choice of activities was specific to each person and had been identified through the assessment process and the regular house meetings held.

People had an individual care plans, detailing the support they needed and how they wanted this to be provided. We read in the care plans that staff ensured people had access to healthcare professionals when they needed. For example, the doctor, learning disablement team or the optician.

The registered manager told us how they were involved in the day to day running of the home. People felt the management of the home was approachable.

Complaint procedures were up to date and people and relatives told us they would know how to make a complaint. Confidential and procedural documents were stored safely and updated in a timely manner.

The home had a satisfactory system of recording the auditing processes that were in place to regularly assess and monitor the quality of the service or manage risks to people in carrying out the regulated activity. The registered manager had assessed incidents and accidents, staff recruitment practices, care and support documentation, medicines and decided if any actions were required to make sure improvements to practice were being made.

People's views were obtained by holding residents meetings and sending out an annual satisfaction survey.

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?

The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

Medicines were managed safely, and people were supported to be as independent as possible.

The provider ensured there were enough staff on duty to meet the needs of people. Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Written plans were in place to manage risks to people. There were processes for recording accidents and incidents.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of, and followed the requirements of the Mental Capacity Act 2005. Best interest decision had been documented accurately.

People were supported to eat and drink according to their choice and plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about their care.

Good



Is the service caring?

The service was caring.

People told us they were well cared for. We observed caring staff that treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community which reduced the risk of people being socially isolated.

Good



Summary of findings

People felt there were regular opportunities to give feedback about the service.

Is the service well-led?

The service was well led.

The registered manager undertook audits of medication and health and safety issues to monitor the quality of the service provided.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Good



Middle West Care Home

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 7 May 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed all the information we held about the provider. We contacted the local authority commissioning and safeguarding team to ask them for their views on the service and if they had any concerns. The provider had not been sent a PIR before the inspection, the PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people, two members of staff, the registered manager, an independent advocate (an advocate can help you express your needs and wishes, and weigh up and take decisions about the options available to you. They can help you find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations) and the nominated individual.

We spent time observing care and support being provided. We read four people's care plans and other records which related to the management of the service such as training records and policies and procedures.

Middle West Care Home had not been inspected before as it was newly registered in February 2015.

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns. One person said “I have no worries here, everything’s fine.” One staff member said “People are safe because the incidents of behaviour that challenges others had decreased.”

Staff had a good understanding of what constituted abuse and the correct procedures to follow should abuse be identified. For example, one member of staff explained the different types of abuse and what the local authority safeguard protocols were. They said, “I would report anything to the registered manager or phone the local authority myself.”

Staff had sufficient guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Behaviour management plans had been developed with input from specialist professionals, such as ‘behaviour therapists’. We observed staff interactions with people during the day. Staff followed guidance as described in the people’s care plans.

Assessments of the risks to people’s safety from a number of foreseeable hazards had been developed; such as bathing, shopping and community activities. Care plans contained risk assessments in relation to people who required one to one supervision, as well as individual risks such as walking to the shops, bathing and nutrition. Staff told us they had signed the risk assessments and confirmed they had read and understood the risks to each person. The registered manager said one person’s behaviour that challenged others had improved and their risk assessments had been reviewed to reflect this as this person no longer needed constant one to one supervision.

There were safe procedures in place for the administration and storage of prescribed medicines. Each person had a locked box in their bedroom with their own medicines in. The registered manager said that they encouraged people to be as independent as possible with their medicines. They said that three people were supported to take their medicines and sign their own medicines administration

record (MAR) which was countersigned by the staff providing support. We looked at medication administration records (MAR) and confirmed this had happened. Staff and people administered the medicine collaboratively as directed and this showed us that people had received their medicines as prescribed and that staff managed medicines safely and appropriately.

The registered manager told us that staffing levels were determined based on people’s needs. Their dependency levels were assessed and staffing allocated according to their individual needs; For example, one person received one to one support and supervision. The registered manager told us staffing levels were constantly reviewed to meet the changing needs of people, we were told that extra staff employed by the provider would be used if necessary. Staff told us they felt there were enough staff to meet people’s needs.

Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

The registered manager had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken.

The premises were safe for people. Radiators were covered to protect people from burns; people’s bedrooms were personalised. We saw fire equipment and emergency lighting were in place and fire escapes were clear of obstructions.

The registered manager told us the home had an emergency plan in place should events stop the running of the service. They explained that the provider owned the property directly behind and that should the need arise people would be taken there. Staff confirmed to us what they were to do in an emergency.

Is the service effective?

Our findings

Staff ensured people's needs and preferences regarding their care and support were met. Staff were knowledgeable about the people they supported. One person said "I used squeeze balls to strengthen my hand which has helped and staff supported me to go on my exercise bike each day."

Each person had a keyworker who sought the person's views and supported them when planning activities, holidays and opportunities to access the community. The registered manager showed us copies of minutes that included issues people had discussed at the monthly 'house meetings such as menu's and trips out. One person did not like the feel of clothes labels. The person was asked if they were happy that labels were cut off neatly when clothes were first bought and they agreed.

People were encouraged and supported to be involved in the planning and preparation of their meals. We saw that food choices were displayed in the kitchen. People were asked each morning their choices for the day and this was recorded in a book. Lunch was cooked by the registered manager as people were out of the house taking part in activities, everyone got involved in preparing the evening meal.

People have a choice about what and where they want to eat. People were able to choose to eat their lunch where they wanted and lunch was served in separate bowls so people could help themselves. People's weight was monitored on a monthly basis and each person had a nutritional profile which included the person's food allergies, likes, dislikes and particular dietary needs. Although staff had not needed to refer anyone to a dietician they explained to us that if a person had lost or gained an excessive amount of weight they would refer them for support to the GP or dietician for advice. All the weekly menus were agreed by people at a meeting every Friday. People who were unable to communicate verbally were supported to make their choice by using picture cards.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act (MCA) 2005. They aim to make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. The provider said

people could go out on their own if they wished, but they chose not to. If they were to do so, staff would explain the risks to them and seek their consent that staff shadow them. The provider said staff used Makaton to communicate with people and adapted questions in different ways to assist people with understanding so they could make a decision. One staff member said "Everyone has capacity until proved otherwise." They said that if not a meeting would be held and if necessary an advocate would be involved to make a decision. The registered manager told us mental capacity assessments had been undertaken for everyone and included assessments for the decision on people's annual flu jab and consent to care. We saw in people's care plans clear evidence of how choices were made. This meant that the registered manager had obtained or acted in accordance with the consent of people, and had completed documentation for establishing and acting in accordance with the best interests of people.

Staff received training programme which included how to support people who may harm themselves or others in a safe and dignified manner. Staff had access to a range of other training which included MCA, DoLS and manual handling. The provider said one staff member was doing their diploma in care and another was a qualified nurse in their home country. The training plan showed that all staff were up to date with training. This meant staff were helped to develop essential skills to provide the appropriate support in a positive and constructive way.

Management supported staff to review the appropriate induction and training in their personal and professional development needs. The registered manager held regular supervision sessions with staff which looked at their individual training and development needs. One staff member told us about their induction training. They said they had received a good induction when they first started working at the home and that training had been on-going. They said, "The registered manager is really supportive."

Care plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, psychiatrist, specialist support and development team and chiropodists. One person's care plan identified they had a vitamin D deficiency. We saw that the care plan had been amended to reflect the change of medicines needed to rectify the vitamin deficiency.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "I love it here. It's like a hotel." They told us they "Loved it was all on one level so I don't have to worry about stairs." Another person said; "I get on well with all the staff and the other people who live here."

We observed staff interaction with people. We saw companionable, relaxed relationships evident during the day. Staff were attentive, caring and supportive towards people. Care staff were able to describe to us each person's needs and they clearly knew people well. The registered manager said people were encouraged to be independent. For example, clean their room, do their own washing, help prepare meals. Each person did their own personal shopping with support from staff.

Staff gave good examples of how they would provide dignity and privacy by closing bathroom doors. We observed staff calling people by their preferred names and knocking on bedroom doors before entering. One person had a bath after lunch. They were given their privacy whilst in the bath but the registered manager regularly checked they were okay and whether or not they needed support. When the registered manager talked about people to us, they lowered their voice in a respectful way. One person said, "I can go to my own room and chill. Sometimes it's nice to do that."

People who had been assessed as requiring one to one support had this provided with consistency as the same member of staff was assigned to the person throughout the

day. The registered manager was knowledgeable about people and gave us examples of people's likes, dislikes and preferences. We heard the registered manager and staff regularly ask people how they were.

People's preferences and opinions were respected. The registered manager said people were fully involved in moving into the new location. People had helped choose their carpets, curtains and colour of their room.

Staff told us they reviewed people's care plans regularly. They said they would involve the person in reviewing their care and ask for input from relatives. Care plans had been signed by either people who used the service or their relative. One relative we spoke to said that they were regularly contacted by the home and invited to care review meetings.

The registered manager told us they used a variety of communication aids to support people who were unable to verbalise their thoughts and preferences. Staff told us this included using pictures, speaking slowly and clearly and watching a person's body language.

People were well dressed and clean. For example, with appropriate clothes that fitted and tidy hair which demonstrated staff had taken time to assist people with their personal care needs. One person told us, "I like to wear my jewellery, and pretty earrings."

People looked relaxed and comfortable with the care provided and the support received from staff. One person was heard talking to staff throughout lunch, seeking advice and support. We heard staff reply cheerfully and with kindness to their requests.

Is the service responsive?

Our findings

One person said they had been supported to undertake activities, “I like doing arts and crafts and going to the day centre to make poppies.”

Records we viewed and discussions with the registered manager demonstrated a full assessment of people’s needs had been carried out before people had moved into the service. Some people had lived with the provider for 26 years.

Daily records recorded the care and support people had received and described how people spent their days. This included activities they had been involved in and any visitors they had received. One person’s daily records stated they regularly spent time at the day centre with friends. Another person’s daily records described how they had attended college and the positive impact this had on them.

Care plans comprised of various sections which recorded people’s choices, needs and preferences in areas such as nutrition, healthcare and social activities. Care plans contained information on a person’s personal life and life histories; who was important to them, their health plan and what they liked to do. We saw each area had been reviewed at regular intervals.

Staff ensured that people’s preferences about their care were met. One staff member told us, there was always a handover and the first thing they did was to read the communications book. They had written daily notes about people and would highlight any changes to the needs of the person to the registered manager so that the care plan could be reviewed.

There were activities on offer each day and an individualised activity schedule for each person. On the day

of our visit one person had been to the garden centre for tea and cakes, other people were attending the day centre. People’s activity logs listed a range of activities people had taken part in; such as college, exercise, cycling, money management, shopping, walks. Staff also told us a minister takes a service in the home. The provider had also supported people to have a postal vote in the upcoming election. People said that they liked living closer to the town. One person said “It makes me feel more independent.” And “I can go to the shops when I want to.”

People’s health passports were regularly updated. A health passport is a useful way of documenting essential information about an individual’s communication and support needs should they need to go into hospital.

People were aware of how to make a complaint, one person said “I haven’t had to make a complaint.” There had been no formal complaints received since the service opened. The registered manager showed us the complaints policy and explained how they would deal with a complaint if one arose. The registered manager told us they would ensure the outcome of the complaint was fed back to the person concerned and actions implemented if necessary. The independent advocate we spoke to confirmed that they had not needed to raise any complaints. They told us that the manager was approachable and could openly discuss issues when needed.

The registered manager showed us satisfaction questionnaires that people had completed all of which showed positive comments. They explained to us that the care staff had supported people’s individually to fill them in. Relatives and external professionals were also being sent questionnaires for their views on how the service runs and any improvements that might be needed.

Is the service well-led?

Our findings

One person said, "The providers have done a lot for me. The registered manager is like a second mother."

Staff were positive about the management of Middle West. One staff member told us, "I feel valued as a member of staff." They said the registered manager and provider were approachable and, "Do their best." They also felt they could speak up and make suggestions as the registered manager would always listen to them. Staff said they would have no concerns in raising any concerns to the registered manager if necessary.

We observed members of staff approach the registered manager during our inspection and observed an open and supportive culture with a relaxed atmosphere. Staff expressed their confidence in being able to approach the registered manager; even if this was to challenge or report poor practice. They felt they would be taken seriously by the registered manager. Staff told us they had been supported through their employment and were guided and enabled to fulfil their roles and responsibilities in a safe and effective manner.

We saw the registered manager thank staff for their work at the end of their shift.

Staff told us they had staff meetings regularly and could always request extra meetings if they wanted to talk about anything. They said they were kept up to date in between meetings by the registered manager and during handovers these meetings acted as group supervision. The staff showed us the communication books that were used regularly as a daily method of sustaining continuity of care. Staff said that they always "Put people first."

The registered manager said that they were developing links with the local community. When they had first opened the registered manager said they had a coffee morning for neighbours within the local community.

The registered manager carried out daily quality and safety audits. These included checks of care plans, the environment, fire safety and the minibus.

The registered manager and provider explained that as the home Portable appliance testing (PAT) had been carried out in February 2015 and electrical installation February 2015. Fire safety check had been done February 2015 and monthly fire audit check carried out March and April 2015. Fire risk assessments completed Feb 2015 and all staff were up to date with fire training registered the system of auditing was in the process of being evaluated and implemented.

The registered manager gained daily feedback from people about their choice and preference. People had been supported to complete satisfaction surveys. The registered manager had sent surveys to family members and professional's and was waiting for the responses to be returned. They emailed us the results of the surveys which included one person stating "I am happy living at the home, I enjoy living at Middle West."

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely throughout the home.