Midsummer Health and Care Limited

Midsummer Care

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

The inspection was announced and took place on the 28 and 29 January 2016.

Midsummer Care provides personal care and support to people living in a supported living complex and in the community. At the time of our inspection the service was providing care and support to 12 people. The frequency of visits ranged from one visit per week to three visits per day depending on people's individual needs.

This was the first inspection of Midsummer Care since it was registered in February 2014.

The service has a registered manager. 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 been provided with safeguarding training to protect people from abuse and avoidable harm.

Summary of findings

There were risk management plans in place to protect and promote people's safety.

Staffing numbers were appropriate to keep people safe. There were safe recruitment practices followed to ensure staff were suitable to work with people.

People's medicines were managed safely, in line with best practice guidelines; and staff had been provided with training in the safe handling of medicines.

People were matched with staff who were aware of their care needs; and staff received the appropriate training and support to enable them to carry out their roles and responsibilities.

People's consent was sought in line with current legislation and guidance. The service worked in line with the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported by staff to have a balanced diet. If needed, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff. They had established positive and caring relationships with them.

People were able to express their views and to be involved in making decisions in relation to their care and support.

Staff ensured they promoted people's privacy and dignity.

People received care that met their assessed needs. Their care plans were updated on a regular basis, or as and when their care needs changed.

A copy of the service's complaints procedure was issued to people when they started to receive care. This ensured that people would be aware of how to raise a complaint if the need arose.

The culture at the service was open and inclusive. The registered manager led by example, which inspired staff to deliver a quality service.

There were quality monitoring systems in place. These were used to good effect and to drive continuous improvements.

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

Staff were aware of the different types of abuse and the reporting process if they witnessed or suspected incidents of abuse.

There were risk managements plans in place to protect and promote people's safety.

Sufficient numbers of suitable staff were employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

Good

Is the service effective?
The service was effective

People were supported by staff who were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Where required, staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

Good

Is the service caring?
The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

People's privacy and dignity were promoted by staff.

Good

Is the service responsive?
The service was responsive

People received care that was personalised and met their assessed needs.

People were provided with information on how to raise a concern or complaint if needed.

Good

Is the service well-led?
The service was well-led

The culture at the service was open, inclusive, transparent and empowering.

There was good management and leadership at the service, which inspired staff to provide a quality service.

There were effective quality assurance systems at the service.

Good

Midsummer Care

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.

The inspection of Midsummer Care took place on 28 and 29 January 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service.

The inspection was undertaken by one inspector.

Before the inspection 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 contacted one of the stakeholders who has a commissioning role with the service; and checked the information we held about the service.

During our inspection we undertook telephone calls to six people who used the service and two relatives. We spoke with three care workers and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included care records for three people, three staff files and three Medication Administration Record (MAR) sheets. We also looked at minutes from staff meetings and quality assurance audits.

Good

Is the service safe?

Our findings

People told us they felt safe when staff visited them. One person said, "Yes I feel quite safe." Another person said, "They always make sure that the place is secure before leaving." A third person commented and said, "The staff always make sure that there are no obstacles in my way and they put things back where they find them to avoid me having an accident."

Staff told us they had been provided with safeguarding training. They were able to describe the different types of abuse; also the procedure to follow if they witnessed or suspected an incident of abuse. One staff member said, "If I witness or suspect any kind of abuse I would report it to the manager." Another staff member said, "We have been given a copy of the safeguarding policy and it contains telephone numbers of other agencies that we can contact directly. For example, if we report a whistleblowing incident and felt that the manager did not act on what we had reported." The staff member commented further and said, "I am pretty certain and have confidence that she would take the appropriate action."

The registered manager told us that people using the service were issued with a copy of the service's safeguarding policy. This was to make them aware of what keeping safe meant and the process to follow if they wished to raise an alert. She also confirmed that staff knowledge on safeguarding was regularly updated and their competencies were regularly assessed. She commented further and said, "I tell staff that it is important to maintain confidentiality when an alert is raised. This is because the police told me once that evidence can be destroyed because of gossip grapevines." We saw evidence to demonstrate that staff had been provided with safeguarding training.

There were risk management plans in place to protect and promote people's safety. One person said, "I have had a stroke and weak on one side. My risk assessment contains information on how staff should support me." Staff told us that each person had their own risk assessment that was unique to them with guidance on how to minimise any identified risk of harm. The registered manager told us that before people were provided with a service, risk assessments were undertaken. Within the care plans we looked at we saw there were individual risk assessments relating to the environment, moving and handling, falls and safe handling and administration of medicines.

People told us they were able to contact staff in an emergency. One person said, "Whenever I am in difficulty I can pull my pendant and a staff member would come to my assistance. They are always very prompt." Another person said, "There is always someone on site all the time. This is what makes this place so special and safe. They are there if you need them."

Staff told us they were able to contact the registered manager or a senior out of hours or in an emergency. One staff member said, "The phone gets diverted to the on call phone after five o' clock." Another staff member said, "We have never had any trouble getting the support and advice we need. "[Name called] is very good." We found that the service had contingency plans in place to deal with emergencies such as, adverse weather conditions and staff absenteeism.

The registered manager told us that it was people's responsibility to ensure that the equipment used to support them such as hoists were regularly serviced. We found that it was the staff's responsibility to make sure that equipment used was in good working order and fit for purpose. One staff member said, "We have all been trained in moving and handling and how to use the hoist. There are always two of us if we have to use the hoist." This ensured people's safety was paramount.

Comments from some people and their relatives in relation to staffing numbers were variable. One person said, "Yes I think there are enough staff to care for me and to meet my needs." Another person said, "I don't use Midsummer Care every day as I have a regular carer, however, when I do make a request they are always prompt to find me a carer." The person commented further and said, "The staff are usually punctual, but sometimes they get stuck in traffic. They would ring me to let me know. I do understand because they are humans and not robots." A relative commented and said, "I don't think they have enough staff. Lately they have been sub-contracting to another agency that is not so good."

Staff were able to describe the service's recruitment practice. They told us they had completed an application form and attended a face to face interview. They also had

Good

Is the service safe?

to provide two references one of which was from a recent employer, eligibility to work, proof of identity and a Disclosure and Barring Service (DBS) certificate. We saw evidence in the staff files we examined that the appropriate documentation had been obtained.

There were systems in place to ensure that people received their medicines as prescribed. One person said, “The staff help me with my medicines. I tell them what medicines I need and they give it to me on a spoon, and then record it in their record.” The person further commented and said, “I also have my own medicine record sheet that I ask them to sign as well.” They explained the reason for having two medicine sheets was in case they had to be admitted to hospital, the medical staff would be aware what medicines they had been prescribed for and when they were last administered.

Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. The registered manager told us that to ensure medicines were administered safely, staff were only allowed to administer them from a pharmacy filled dossett box or an original pharmacy labelled container. We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines. We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been fully completed and in line with best practice guidelines.

Good

Is the service effective?

Our findings

People told us staff were sufficiently skilled and knowledgeable. One person said, "I think they are all very well trained and have certificates." Another person said, "They get a lot of training." A third person commented and said, "Yes they are trained I suffer with swallowing difficulties and I requested that the staff member who regularly cares for me should be provided with training on dysphasia so they would be confident to care for me. The manager arranged for the carer to have the training." This ensured staff were given the support they required to carry out their responsibilities effectively.

Staff told us they had been provided with training to enable them to carry out their roles and responsibilities. One staff member said, "We get lots of training and it is all face to face." Another staff member said, "The manager delivers all the training. She is very good and if you are not sure about something she would go over it until you understand." They also said, "We don't get bored when we attend training because [name called] makes it so interesting." We saw evidence that some staff had achieved a recognised national care qualification at level 2 and were undertaking further training to achieve a level 3 qualification.

People told us they were appropriately matched with staff who were aware of their needs. One person said, "I cough a lot and the carers are aware of my condition. If I am not feeling a 100% they are quick to notice and get the help I need." The person commented further and said, there were a couple of staff that I did not feel comfortable with and the manager sorted it out for me." Another person said, "I get the same staff who knows me well and I can relate to. I never have male carers." Staff told us they were provided with information about the people they supported. One staff member said, "We always read their care plans and talk with them to find out how they like things to be done." Another staff member said, "I visit a client once a week for a social visit. At first they were not sociable but now they are since I have been visiting them consistently. They like to talk and I listen to them." From discussions with staff members we found that they had a good understanding of the needs of the people they were supporting and communicated with them effectively.

The registered manager told us that all the staff had to undertake a three-day induction training, which covered the core elements of the care certificate. This ensured staff acquired the appropriate skills to meet people's individual needs. At the end of the induction staff competencies on the subjects covered were assessed. They were then allocated to work alongside an experienced staff member, until they felt confident to work alone. One staff member said, "I had no experience of working in care, but after my induction training everything just fell into place. This was because the induction was so good." We saw evidence that spot checks on staff's performance were undertaken to ensure they were working in line with best practice guidelines.

Staff told us they had received training on a variety of subjects, which included safeguarding, dementia awareness, health and safety, food hygiene, safe handling of medicines, moving and handling, first aid and privacy and dignity. One staff member said, "Our knowledge and skills are kept up to date. I had a text this morning from the manager to inform me that I've been booked in next week for moving and handling update."

Staff told us they received regular supervision. One staff member said, "I enjoy supervision. It provides you with the opportunity to discuss issues and your personal development." The registered manager confirmed that each staff member received three monthly face to face supervision, regular spot checks and a yearly appraisal. We saw evidence in the files examined that staff had been provided with regular supervision and spot checks to ensure care was delivered appropriately and in line with people's care plans.

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. The application procedure for this in domiciliary care service is called Court of Protection.

We found that the service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This was to

Good

Is the service effective?

ensure that people who could not make decisions for themselves were protected. The registered manager said that at the time of our inspection no one using the service was being deprived of their liberty unlawfully.

People told us that staff always asked for consent before assisting them. One person said, "They ask permission and tell you what they are doing. For example, they would say, I am going to put the slings on now, are you okay with it." The person commented further and said, "We have a two way communication."

Some people told us that their relatives prepared their meals; however, the majority of the people living in the supported living complex were provided with lunch and tea from the restaurant on site. One person said, "I make my own breakfast." Another person said, "I don't eat breakfast. Sometimes I may have yoghurt. The staff would usually prepare a sandwich or salad for my lunch and a hot meal in the evening. I tell them what I want to eat and how to prepare it." Staff told us some people requested for drinks and snacks to be left out for them. This enabled them to have adequate amounts of fluids and snacks throughout the day. The registered manager told us if people were at risk of poor food and fluid intake or had difficulty with swallowing they would be closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via their GP. This demonstrated people had access to specialist advice if required.

People told us they had access to healthcare services to maintain good health. One person said, "I make my own GP and hospital appointments. I guess the staff would support me if I needed any help, but I am quite independent." Another person said, "My son makes all of my healthcare appointments." Staff told us that people's care plans included details of their GP. Therefore, if they had a concern about a person's well-being they would be able to contact their GP. We saw evidence in the care plans we examined, that staff worked closely with health care professionals such as the district nurses and the community occupational therapist.

Good

Is the service caring?

Our findings

People told us they had developed caring and positive relationships with staff. They also told us that the staff were caring, kind and compassionate. One person said, "I love all the staff who care for me, they are my hands." Another person said, "You cannot fault the staff they provide good care. I used to be a nurse so I know what good care is."

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. One staff member said, "We get to know people really well, and build up a rapport. This is because we read their care plans and visit them regularly." Another staff member said, "Whenever I can I would sit and talk to the clients to make them feel that they matter. They show me pictures of their family members. Some of them enjoy talking about their partners and what work they did." The staff member commented further and said, "They always thank me and say I make them feel special." We saw evidence that there was a consistent staff team. This helped to ensure that staff got to know people really well.

Staff were able to describe how they responded to people's well-being in a caring and meaningful way. One staff member said, "If a client is not well we would get the GP with their permission and inform their relatives." Another staff member said, "If we found a client on the floor we would definitely dial 999."

People told us they were supported to express their views and be involved in making decisions about their care and support. One person said, "I tell the staff what I need help with. They never rush you." Another person said, "The staff always ask how I like things to be done." A third person commented and said, "They do what I ask them to do without a fuss."

Staff told us the support provided to people was based on their individual needs. One staff member said, "We always find out from the clients how they like things to be done and encourage them to maintain their independence. For example, if a client is able to button their clothes we would allow them to do so." The registered manager confirmed that people's views were acted on. She said, "We listen to the clients and act on what they say. We never pass judgement." The registered manager told us that people were made to feel that they mattered. This was done by staff spending quality time with people they were supporting and if they wished to share their wealth of knowledge and life experience with staff they were listened to. They commented further and said, "Some people would only tell you what they want you to know however, with a built up of trust they would confide in you and tell you more."

Staff told us that people could be assured that information about them was not breached. One staff member said, "We would never disclose information about clients to other clients or have a discussion in their presence." Another staff member said, "Sometimes if an ambulance is called in an emergency a client may ask me who it was for. I always have to remind them about my responsibility to them and others by not breaching confidentiality." The registered manager confirmed that the service has a confidentiality policy. She said that all staff were made aware of their responsibility to ensure that information relating to people's care was only discussed in line with their duties and on a need to know basis. We saw there were systems in place to ensure records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

People told us that staff promoted their privacy and dignity. One person said, "They call me by my preferred named and make me feel special." Another person said, "When assisting me with personal care they allow me to do what I can they never hurry me." A third person commented and said, "If I am having a shower they give me space and would do something else such as, make the bed." Staff told us that it was important to ensure that people's dignity was preserved. One staff member said, "We make sure curtains and doors are closed." Another staff member said, "We never enter people's flats unless we knock and ask to be invited in."

The registered manager told us that people were able to have whoever they wished visiting them She said, "The clients have their own front doors and can allow their relatives and friends into their flats at any time. There are definitely no restrictions."

Good

Is the service responsive?

Our findings

People told us the care they received met their needs. Some people said they or their family member were involved in their care assessment and in the development of their care plans and how they wished to be supported. One person said, “The manager visited me and my daughter to find out about my preferences and what I wanted help with.”

The registered manager explained prior to a service being provided to people an assessment was undertaken to identify their support needs and care plans were developed outlining how these needs were to be met. These included frequency of care and timings of visits. Within the care plans we examined we saw evidence that assessments had been undertaken. People had been made aware of the charges to their care package. The plans were reviewed regularly and if needed changes were made. We found that every six months the entire care package was reviewed with people and their representative. This was to ensure that the care provided was still relevant to their identified needs.

Staff told us that people’s care plans were personalised and contained detailed information on their level of independence, personal history and preferences. One staff member said, “The care plans contain detailed information about the clients’ individual preferences. They are clear and easy to follow. A new staff member would have no problem at all providing care to the clients.” The staff member commented further and said, “We do not provide care in a regimented manner, the clients can change their minds on how they wish to be supported and we respect their wishes and update the care plan to reflect this.”

Staff told us they supported people to follow their interests and take part in social activities. One staff member said, “Daily activities are arranged for the clients in the supported living complex and we encourage them to attend and socialise to avoid isolation.” The staff member commented further and said we do activities such as bingo, board and ball games. Outings and film nights are also arranged. Sometimes entertainers come in. We recently had Birds of Prey. They loved the animals.” In the care plans we looked at we saw evidence that some people attended day centres several times a week

People told us they knew how to make a complaint. Those spoken with said they had never had the need to make one. The registered manager told us that the service had a complaints policy and people were issued with a copy of the policy when they started to use the service. She also told us that the service had not received any complaints. The registered manager commented further and said, “If I receive a written complaint from a client I would see it as failing that individual and would be determined to put things right.” It was evident that lessons would be learnt from complaints and they would be used to improve on the quality of the care provided.

Good

Is the service well-led?

Our findings

People and their relatives told us that the culture at the service was positive, open, inclusive and empowering. One person said, "I would recommend Midsummer Care. The manager is so approachable and listens to what you have to say."

Staff told us that the registered manager ensured that the culture at the service was open and transparent. One staff member said, "She is approachable and supportive and good at her job." Another staff member said, "She always has a smile on her face. She is the best boss I have ever had." Staff told us that the manager acted on suggestions made. For example, one staff member said, "We needed to replace the bag we put our personal protective equipment (PPE) in as the handles were broken. As soon as it was mentioned the bag was replaced." The registered manager confirmed that staff views were acted on and staff were encouraged to make suggestions. We also saw minutes of meetings to confirm this.

Staff told us when mistakes occurred there was honesty and transparency. The registered manager provided feedback in a constructive and motivating way. If required additional training was provided to minimise the risk of future errors occurring.

Staff told us that good management and leadership was visible at the service. They told us if they were experiencing difficulty in their day to day duties the registered manager or supervisor would work with them to provide support. This inspired them to deliver a quality service to the people who used the service. All the staff we spoke with were enthusiastic about their roles and understood the service's vision and values, which was to ensure that people were treated equally and were at the heart of the service and received quality care.

The registered manager told us that she was aware of the attitude values and behaviours of staff. These were monitored formally and informally through observing practice, staff supervision and appraisal meetings. She also told us that recruiting staff with the right values helped to ensure people received a quality service. We found that the service worked with other organisations to make sure they were following current practice and providing a quality service. For example, the registered manager was a member of the Skills for Care. (This is the employer-led workforce development body for adult social care in England that works with employers to make sure staff have the right skills and values to deliver high quality care).

The registered manager told us that she was aware of her registration requirements, including the submission of notifications that were notifiable by law. (A notification is information about important events which the service is required to send us by law in a timely way).

The registered manager told us there were systems in place to check the quality of the care provided. We saw evidence that audits relating to medication recording sheets and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.