Lifeways Community Care Limited

Mythe End House (Registered Care Home)

Inspection report

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Date of inspection visit:
14 February 2017

Date of publication:
19 April 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and carried out on the 14 February 2017. Mythe End House (Registered care home) is a residential care home providing individualised support for up to six people with a learning disability or an autistic spectrum disorder. At the time of the inspection five people were using the service.

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

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. Medicines were managed safely.

People were receiving effective care and support. Staff received training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS). Staff were extremely passionate about their job roles and felt integral to the process of providing effective care to people. Relatives said the management team were approachable.

The service was caring. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they like to do and how they liked to be supported. People were supported with an emphasis on promoting their rights to privacy, dignity, choice and independence. People were supported to undertake meaningful activities, which reflected their interests.

The service was responsive to people's needs. Care plans were person centred to provide consistent, high quality care and support. People who were using the service and their relatives were able to raise concerns and were listened to.

The service was well led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. Staff, relatives and other professionals spoke positively about the registered manager.

Due to the complex communication needs of people living at the service we looked at a 'Gloucestershire Voices' report from June 2016, which gave people and relatives views on the service. People who live at Mythe End House gave lots of feedback and answered many questions about the care and support they receive.

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.

Medicine administration, recording and storage was safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

Risks had been identified and were well managed in a way which promoted independence.

There were sufficient staff with the time, skills and knowledge to meet the needs of people. There were robust recruitment procedures in place.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and on-going support through regular meetings on a one to one basis with a senior member of staff or registered manager.

People received good support to meet their healthcare needs. People were provided with a varied and healthy menu and food and drink that met their requirements.

Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected through the use of Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were supported to access the community and were encouraged to be as independent as possible.

We received positive feedback about the support provided from people, their relatives and professionals.

Is the service responsive?

Good

The service was responsive.

Each person had their own detailed support plan.

People were supported to follow their preferred routines and take part in meaningful activities. People were able to either plan for the week or choose what to do each day.

Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

Is the service well-led?

Good

The service was well-led.

Regular audits of the service were being undertaken.

Quality and safety monitoring systems were in place.

Staff felt very supported and worked well as a team. Staff were clear on their roles and this helped them to support people in an individualised way.

Mythe End House (Registered 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.

The inspection was completed 14 February 2017 and was unannounced. The inspection was carried out by one adult social care inspector. The previous full comprehensive inspection was completed in October 2014 where one breach of regulation had not been met. A focussed inspection was then carried out in July 2015 and there were no breaches of regulation at that time.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we looked at all three people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff. We spoke with five members of staff and the registered manager of the service. Because we were unable to speak with many people due to their communication difficulties or learning disabilities we spent time observing what was happening in their home. We spoke to two relatives of people who live at the home.

Due to the complex communication needs of people living at the service we looked at a 'Gloucestershire Voices' report from June 2016 which gave peoples and relatives views on the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am safe. I am not unhappy living here". One staff member said, "People are definitely safe. We all feel supported". Relatives gave us positive feedback and one said, "[The person] is really safe, it is a tremendous place".

People, staff and rota's confirmed there were sufficient numbers of staff supporting people. Some people needed additional one to one staff either in the home or to access the community, where this was the case this was provided for them outside of the normal staffing levels. One relative said, "They try to keep staffing consistent. There are some new faces but overall I think the staff are doing a good job".

People's medicines were safely managed. People's medicines were stored safely and their medicines were given as prescribed. People were supported to take their medicines as they wished. One person's medication preference record said '[The person] has a cup of milk with their morning medication and has a gel applied on their knees. Staff are to apply the gel and [The person] will rub it in themselves'. This showed people were involved and taking responsibility for their medicines which encouraged independence.

There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicines were being managed safely. Guidance was available for staff in what to do if a medication error occurred. Examples of this were; people refusing medicines or given medicines at the wrong time. The guidance stated to contact the person's GP and inform on-call and to complete a medication incident form. There had been no medicine errors in the previous six months.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One staff member said, "I would whistle-blow if I needed to. I would contact CQC if I was concerned".

The provider had implemented a robust procedure for people's finances. Each person had been involved in a best interest meeting with relatives and other professionals to ascertain their ability to manage their own finances. A financial capability and risk assessment workbook had been completed for everyone. People's money was audited monthly by a team leader. In addition the registered manager regularly checked people's finances .. We were informed this was to minimise any risk of financial abuse to the people living at the home.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us people had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for five staff which evidenced staff had been

recruited safely.

There was a detailed maintenance plan which was completed at the start of the year. This identified any work required in the home, who was responsible for completing the work and when it was scheduled to be completed. Staff and relatives felt maintenance issues were identified promptly and the work required was completed in a timely manner. There had been building work at the property for approximately ten months. This had been discussed and documented with the people who were living there. One health professional said, "Staff seem to be managing the major building works well, so that they cause as least disruption to people".

Risk assessments were detailed and available to staff. These covered areas such as; health and well-being, mobility, being in the community, living safely and taking risks. These had been updated and reviewed regularly. One person required a behaviour management plan which gave staff guidance on certain behaviours that could possibly be displayed when anxious. This gave preventative steps, reliable signs and reactive strategies for staff to follow. This had been updated in November 2016.

Staff showed a good awareness in respect of infection control and food hygiene. There were different chopping boards which were used for different foods to minimise the risk of cross contamination. Any areas such as cleaning and recording checks that had been done that required improvement were clearly documented in staff team meeting minutes. One set of minutes from 1 February 2017 said, 'The kitchen file is not being completed properly. This needs to be done and will be checked'.

All staff had received fire safety training and people had personal emergency evacuation plans (PEEP). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency. There were regular fire safety checks in place. The last fire drill had been completed the day before our inspection and had been clearly documented. Each person had a 'missing person information sheet' which gave specific details should they go missing. One person's sheet said, '[The person] always wears a red baseball cap when they go out'. This gave valuable information for the police if required.

Good

Is the service effective?

Our findings

The service was effective. Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received excellent levels of training which was of good quality and informative to enable them to do their job effectively. These included mandatory courses such as Safeguarding, MCA and DoLS and First Aid. Staff were able to continue their development by attending other courses. One staff member said, "The training is good. I can ask to do other courses. I would like to do a course on Down's Syndrome".

Staff had completed an induction when they first started working at the home. This was a mixture of face to face and online training, and shadowing more experienced staff. New staff members attended a nine day training programme organised by the provider. The registered manager also informed us each new member of staff had an induction pack which detailed core tasks and training they needed to complete. The Care Certificate had been introduced and new members of staff were completing this as part of their induction.

Staff received regular supervision and an annual appraisal which enabled the registered manager to formally monitor staff performance and provide staff with support to develop their skills and knowledge. This was to ensure people continued to receive high standards of care from staff that were well trained. Staff had supervision every other month and records showed us that these had all been completed. One staff member said "I feel fully supported".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and legally authorised under the MCA.

The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed and records confirmed this. DoLS applications had been made appropriately for some people and the registered manager was awaiting further contact from the local authority regarding the outcomes. Staff had received training on MCA and DoLS and they were able to describe the principles and some of the areas which may constitute a deprivation of liberty.

People were able to choose what they would like to eat. This was discussed with people individually due to different communication needs. One staff member explained to us choices were given daily to other people as too much information would be confusing for them and planning in advance did not always work well. One person had been risk assessed to cook for themselves. Menus were varied, healthy and included personal choices. One person was offered a choice the day of our inspection and chose chicken curry for their dinner. Each person had a risk assessment about eating and drinking. This included areas such as

choking, medicines, coughing and any behavioural issues for example hiding food. People's weight was recorded every month.

People had contact with health and social care professionals and this was documented in their care plans. People could access doctors, opticians and dentists when required. In each care plan, support needs were available for staff with regard to attending appointments and specific information for keeping healthy. One relative said, "[The person goes to the doctor's and we are informed of any outcomes. We are also involved with their health needs. For example; [The person] needed an injection and we were asked for our advice on how they may react to this news".

Good

Is the service caring?

Our findings

The service was caring. People we spoke with were unable to communicate with us about being well cared for but they seemed happy and interacted well with the staff on duty. One member of staff we spoke with was passionate about the service and said they were happy in their job role. One relative said, "[The person] is happy. It's an absolutely brilliant place". The Gloucestershire voices report stated that one relative said, 'The staff at Mythe End House have always been professional, friendly and competent'.

By speaking to staff and looking at records it was evident promoting people's rights and supporting people to increase their independence and make choices was important to the team. The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Each keyworker was responsible for planning and facilitating people's support plans which involved a review to update changing needs. A report showed us keyworkers would review people's needs every month. Each set of notes was very detailed and included hopes and dreams for the future. One person's notes said 'This month [The person] has enjoyed dancing, walking, TV, DVD's and bowling. We have fed the ducks and they have had their nails painted'. There were goals set for the next month so that independence could be encouraged. One person's goals were to eat healthier, clean their room and sort their own washing out. These goals would be achieved by staff support until the person could do them on their own.

People had a small team of people to support them. This ensured continuity and enabled the person to get to know the staff. Support plans gave staff information on what was important to them, likes and dislikes and how they liked to be supported. One person liked flower arranging, listening to music and eating garlic bread. One person didn't like crowded places. There was guidance for staff to follow in crowded places for this person. It was clear from speaking to staff that they knew people and their preferred routines well. One staff member said, "I like being out with the guys. I'm getting to know them much better".

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people;s care files in relation to their day to day care needs. Advocates, who are individuals not associated with the service were used to support people if they were needed.

People were supported to dress accordingly to their individual tastes. They looked well-presented and well cared for. People's choices around clothes and what they liked to wear was documented in their support plans. People were encouraged to help with looking after their clothes. One person's support plan said, 'Once I have had a shower please remind me to put on my deodorant and then let me get into the clothes I have chosen to wear. Please wait outside while I get dressed'.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to and were

made to feel welcome by the staff on duty. Staff told us supporting people to maintain contact with family and friends was an important part of providing good care and support. All relatives we contacted had no issues with visiting their relatives when they wanted to. One staff member said, "We have good relationships with families".

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. There had been many compliments about the staff at the home from relatives and professionals. One relative said, "They are really good and I have no problems. I am fully involved. The plans in place are excellent".

Each person had a support plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people. Each care file had a one profile page detailing likes, dislikes and how to best to support people so it was easy for staff to identify individual preferences. One person's profile said, 'Always make things fun for me'. Staff confirmed any changes to people's care were discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as what activities people had engaged in, their nutritional intake and also any behaviour which may challenge so staff working the next shift were well prepared. The daily notes were recorded hourly with a structure to enable staff to monitor people's wellbeing throughout the day. This gave staff the ability to notice any patterns of behavioural changes and to respond to these. Daily notes included what people ate and drank throughout each day. One person's daily notes said, '[The person] ate in their room, brought their plate down after and then we all enjoyed a game of bingo. No concerns'. Each person had documents for staff to understand their needs. One person had 'a typical week' and 'my life story' and 'about my diet' records. These gave staff specific information on how to support people in these areas.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff. A hospital grab sheet was available for each person which provided emergency services with essential information about the person. One person's hospital grab sheet said, 'I am able to communicate verbally. I will also show you if I want something or I will point to it'.

People who used the service were able to choose what activities they wanted to do. This was specific for each individual and included activities in the community and at the home. One person enjoyed reading, arts and crafts, drawing and watching TV. When we arrived for our inspection we saw staff taking people to the local garden centre, which was a short walk away. People were encouraged to plan and take part in activities. One staff member said, "[One person] goes rambling, swimming and attends dance classes. We try and do different things. Last week we went to a fruit farm, which people enjoyed. We give choices and find activities that are affordable. Most people here like films so we often put them on for us all to watch".

Staff attended regular team meetings and team leaders had their own separate time allocated for a meeting every month. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these took place regularly. Staff told us, "Team meetings are important and there are notes to read if we can't attend".

Meetings for people who lived at Mythe End House were not appropriate due to people's communication difficulties and so a monthly key-worker session was used to try and involve people in what they wanted to do or needed to discuss. The registered manager told us that this was more beneficial for people as they don't talk in big groups.

In 2015 all of the people and staff team participated in a local charity boat race at the Tewkesbury big weekend. Family and friends were invited to attend. People ran a stall selling cakes which staff had spent the previous week baking and the home won a trophy for the most charity sponsorship raised. The proceeds went to a local animal shelter. There were photos of everyone involved in the hallway of the home and staff were passionate about their achievements and of getting "everyone involved". The home plans to make this a yearly event as it was such a success.

People, relatives and staff were aware of who to speak to and how to raise a concern if they needed to. An easy read complaints form was available for people if they wished to raise a concern. The registered manager said, "Any complaints or concerns are addressed. We are always looking to improve". One relative said, "They always listen. The manager is really good and always gets back to us".

Good

Is the service well-led?

Our findings

The service was well led. There were many positive comments about the provider, the registered manager and the overall leadership of the service. Staff told us they felt very well supported by the registered manager and provider. They said they felt valued and their work was appreciated. One member of staff told us, "I feel listened to and supported. My supervision and the team meetings are helpful. The managers and team leaders really listen". One relative said, "The manager keeps us informed. If we had any problem we know it would be sorted out. They are great".

Regular audits of the service were taking place. This included daily, weekly and monthly audits by the registered manager and team leaders. During the weekly audits support plans were reviewed and updated. The registered manager strived to continually improve the service. Areas that were checked were; health and safety, the premises, people's care files and medication. Staff were knowledgeable about what needed to be done and there were checklists to ensure things were checked regularly.

The organisational records, staff training database and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and all in one place to see. Examples of these included a lone working policy and shift related work schedules. A large number of easy read policies were available for people if they wanted them. Some examples of those available were; Dignity and respect, Independent advocacy and how to make a complaint.

The registered manager felt fully supported by the provider who would visit the service and quality assure their systems, processes and records regularly. An in-depth audit was due to take place the week after our inspection where the area manager would visit the home. We have received a copy of this audit since the inspection. Areas for improvement were identified and colour coded for priority.

The provider had introduced an "above and beyond reward" for staff who deserved recognition for excellent care. This had been introduced to ensure staff felt valued and were appreciated. The staff team appeared to work well together. We noticed staff talking to each other about what they were doing throughout the day of our inspection. The registered manager was available for any questions or updates and encouraged staff to ask. It was clear the management were approachable.

Staff attended regular team meetings. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these took place regularly. There had been three staff meetings since September 2016. The minutes were detailed and had specific outcomes.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. Incidents and accidents were analysed to identify themes or trends so that preventative action could be taken. There had been an incident with one person accessing the community without staff. The incident reports had been shared with the persons family, the local safeguarding team

and CQC. Records had been updated since the incident and a risk assessment had been put in place. This person was now accessing the community by themselves.