

Midland Heart Limited

Broad Meadow

Inspection report

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Date of inspection visit:
20 March 2019

Date of publication:
08 April 2019

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

About the service: Broad Meadow is an extra care housing scheme for people aged 50 years and over. Broad Meadow provides on-site emergency response and planned domiciliary care to people within their own homes in the scheme. At the time of this inspection 168 people lived in the scheme, but only 45 people used the domiciliary care service.

People's experience of using this service: People told us they felt safe and well supported by the staff from the service. The provider followed robust recruitment checks, to employ suitable staff, and there were sufficient staff employed to ensure domiciliary care visits were carried out in a timely way. People's medicines were managed safely.

Staff received appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on the administration of medicines and on how to protect people from the risk of harm. Staff received regular supervision to fulfil their roles effectively and had yearly appraisals to monitor their work performance.

People had choice and control of their lives and the staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a wide range of facilities on-site; these included a restaurant, coffee shop, hairdresser, pub, gym and library. People living with dementia were able to take part in bespoke activity groups and social events. There was a planned programme of activities open to everyone living in the scheme.

Staff knew about people's individual care needs and care plans were person-centred and detailed. People gave us positive feedback about the staff and described them as "Excellent, caring and friendly." We were told the staff treated people who used the service with compassion, dignity and respect.

People told us the service was well managed and organised. The registered manager assessed and monitored the quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection: Good (the report was published 21 July 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Broad Meadow

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements.

People who live in the Broad Meadow extra care housing scheme are accommodated in a range of one or two bedroomed flats, located on one site. Not everyone using Broad Meadow receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service two days' notice of the inspection-site visit because we wanted to make arrangements to speak with people who used the domiciliary care service.

What we did: Before the inspection we reviewed information available to us about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority that worked with the service. The provider sent us a provider information return prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

At this inspection we spoke with the registered manager and four staff. We held a meeting with five people who used the service who said they would be happy to meet and speak with us. We looked at three people's care records, including their initial assessments, care plans and risk assessments. We looked at medication administration records (MARs) where staff were responsible for administering medicines. We also looked at a selection of documentation about the management and running of the service. This included quality assurance information, audits, recruitment information for two staff, training records, policies and procedures, complaints and staff rotas.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People who used the service said they felt safe, confident and happy when being supported by staff. One person said, "Staff are lovely, kind and caring."
- People had easy access to information about safeguarding and the contact details for the local authority, as these were on the notice boards in the entrance hall of the scheme.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. There had been no concerns raised in the last 12 months.

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

- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These provided staff with a clear description of any risks and guidance on the support people needed. Staff understood to promote people's independence and freedom, yet minimise the risks.
- There were systems in place for monitoring, recording and reporting accidents and incidents. The registered manager had oversight of these and monitored them for any trends or patterns. They recorded where lessons were learnt.
- People told us, "We have pendants and bracelets for calling for assistance if we need it" and "There is someone on duty overnight so if there is an emergency they can get you the help you need."

Staffing and recruitment.

- People told us and we could see for ourselves there were enough staff available to meet people's needs and to keep them safe. During our meeting people told us, "Staff usually turn up on time and stay the right length of time" and "If they are going to be a few minutes late they ring you and let you know."
- A robust recruitment and selection process was in place.

Using medicines safely.

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Staff received medicine management training and competency checks were carried out regularly.

Preventing and controlling infection.

- Staff followed good infection prevention and control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs were completed and care and support regularly reviewed.
- Staff followed best practice guidance, which led to good outcomes for people and supported a good quality of life. For example, people living with dementia had access to specific activities tailored to meet their needs including a dementia café once a week and a dementia library. One person told us, "I absolutely love it here. The support I receive is fantastic."

Adapting service, design, decoration to meet people's needs.

- People had access to outdoor space. Each flat had either a patio or balcony opening out onto a secure garden area in the centre of the scheme.
- All windows were fitted with restrictors for safety. For people living with dementia there were restrictors on the balcony doors.
- Corridors in the main entrance and foyer areas were wide, spacious and had hard flooring, so were good for people using walking aids or those who used mobility scooters.
- All areas were designed in dementia friendly colours and had plain carpets in the corridors outside the flats. There were handrails and wide corridors throughout the building.

Staff support: induction, training, skills and experience.

- People were extremely positive about the support and care they received. One person told us, "All the staff are well trained and know what they are doing. I have complete confidence in them."
- There was a comprehensive induction and training programme in place for staff. Staff told us, "New staff do a lot of 'shadowing' of more experienced staff and we do face-to-face and on-line training."
- Staff had regular supervision and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff.

Supporting people to eat and drink enough to maintain a balanced diet.

- There was a strong emphasis on the importance of people eating and drinking well. The majority of people who spoke with us said they used the on-site restaurant and coffee shop facility and they met up daily at lunch time for their meal.
- Where required, staff assisted people with shopping for food and supported people with making simple meals and snacks.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People told us they received good healthcare. They accessed the GP and hospital in a variety of ways and

told us, "[Name of registered manager] organises my appointments", "We can go on our own if we are able to get there" and "My family go with me."

- People were encouraged to remain active and fit. They had access to a gym and those receiving care packages were assessed and supervised by an occupational therapist.
- A community nurse visited Monday to Friday. They had a communication book on-site, and staff wrote any concerns about people's health needs in there. The nurse visited people who needed their support and liaised with the doctor as needed. This oversight of people's health had been effective and had cut down on the need for GP visits.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

- Training was provided for staff on the MCA. Staff we spoke with showed they understood the importance of consent and we saw capacity issues were explored when planning people's packages of care and support.
- People confirmed they were asked to sign their care records to document they consented to the care and support provided.
- Only two people, out of the 45 receiving care and support, lacked capacity to make decisions about their care and support. Capacity assessments, where needed, had been carried out by social services or the person's GP.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- The service had a person-centred culture. Both staff and management were fully committed to ensuring people received the best possible care in a vibrant and enabling community.
- The registered manager and support workers encouraged people to mix and make friends by organising activities for people. For example, bingo, line dancing and karaoke sessions. This was facilitated by the staff who assisted people from their flats to attend.
- People told us, "I really enjoy living here" and "I have made a lot of new friends since coming into this building."
- Staff communicated with people in a caring and compassionate way. People told us they were well looked after. They said, "My favourite thing about living here is the staff" and "The staff are lovely, everybody is."
- Staff listened to people and provided sensitive support to ensure their needs were promoted.
- The provider had a policy and procedure for promoting equality and diversity within the service and staff had received training on this.
- People told us staff treated them on an equal basis. We saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was gathered during the pre-admission process. Notice boards also contained information for people to read about equality and diversity, to help them understand their rights.
- Personal information about people was securely stored and staff understood the need for confidentiality.

Supporting people to express their views and be involved in making decisions about their care.

- People were supported by a small team of staff who covered each other for leave or sickness. This meant people received a continuity of care from staff who they knew and trusted.
- We observed staff and people together and saw there was a good working relationship and people were happy and relaxed in the company of staff.
- Staff we spoke with understood the importance of supporting people to be as independent as possible whilst respecting people's choices. Through our discussions they demonstrated to us that they had good knowledge and understanding of people's needs, wishes and choices around their care.
- People told us they were involved in making decisions about their care. They said, "I was involved in setting up my package of care to make sure it met my requirements", "Care is discussed with the registered manager as and when needed", "I have signed consent forms about my support with personal care and medicines" and "I have a review every three to six months and my views and wishes are listened to."
- An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them. The registered manager understood the role of advocacy and had contact details available if anyone who used the service required the support of an advocate.

Respecting and promoting people's privacy, dignity and independence.

- Staff had completed training on privacy and dignity and the provider carried out observations of staff at work as part of their assessing and monitoring of good practice.
- The provider had a dignity strategy that was on display for people to read and outlined what the values were within the scheme. One person said, "Staff are caring, respect my privacy and dignity and are very supportive."
- People remained as independent as possible. They made their own choices and had control in their day to day lives. For example, one person told us they volunteered in the coffee shop and restaurant, another volunteered and ran the reception area a few times every week.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were referred to the scheme through social services. An assessment was carried out prior to admission, to identify each person's support needs. Care plans were developed outlining how these needs were to be met. Involving people in this assessment helped to ensure support was planned to meet people's individual care preferences.
- Risk assessments had been completed and care plans were in place to make sure people stayed safe and well. We saw that care plans and risk assessments had been reviewed to make sure they contained relevant information and were up-to-date. Each person had a record of all interactions of care and support.
- People told us the service was responsive to their needs and the registered manager went out of their way to assist them with any problems or changes to care and support they might require.
- The registered manager constantly monitored the input from their staff and used feedback from reviews to reassess the current care packages.
- People told us, "Someone from the office comes out to check on the staff. If I was not happy with the care I would ring them" and "I would speak with the staff if I had any problems. They are good like that, they listen."
- The registered manager and staff had a good understanding of people's needs and found creative ways of supporting them to have a good quality of life. The activity co-ordinator produced an activity planner that was on display and sent out to each flat.
- People were able to socialise on-site without worrying about getting home. Facilities included a gym for people and staff; a green house; a bar, a restaurant and coffee shop all run by volunteers, a library, a computer room, a main function room and a hairdressers.
- People told us they attended meetings when they occurred and enjoyed the social activities arranged for them by the service. They said, "We have a choir", "There is a green house if you want to grow plants", "We do painting, have coffee mornings and fetes" and "There is a couple of trips that have been organised, we're going out for a meal with the activity co-ordinator."

Improving care quality in response to complaints or concerns.

- The provider had thought about the provision of accessible information for people and families, as there were user friendly formats of information available.
- People had access to a copy of the provider's complaint policy and procedure in a format suitable for them to understand. One complaint about noise from a person's flat had been received in the last year. This had been resolved quickly and effectively.

End of life care and support.

- Each care file contained people's wishes and choices regarding end of life care. These gave staff details of who to contact in an emergency and what people wanted regarding their care and support.

- Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.
- The registered manager explained professionals would be involved as appropriate to ensure people were comfortable and pain free at the end of their lives.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The service benefited from having a registered manager who was committed to providing good quality care to people who used the service.
- People who used the service said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. People said, "I think the service is well managed" and "The registered manager is very approachable."
- The registered manager and staff understood their roles and responsibilities.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards.

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

- The service had a welcoming and friendly atmosphere. Staff morale was good and the atmosphere was warm, happy and supportive.
- The culture of the service was open, honest, caring and fully focused on people's individual needs.
- Our observations were that it was well run and people who used the service were treated with respect and in a professional manner.
- The registered manager demonstrated an open and positive approach to learning and development. Regular checks were carried out by staff and the registered manager to ensure people were safe and happy with the service they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service, staff and health care professionals.
- Feedback from people, health care professionals and staff was obtained using satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service.
- People living with dementia were included in activities and meetings. For example, dementia classes were held each Friday; these included doing jigsaws and painting. Additional bingo was put on once a month for people living with dementia; they used bigger cards to aid their sight and understanding of the game. The activity co-ordinator told us, "People love to socialise. One person comes down and just has a cup of tea, so long as they are in the room with us that's all that matters and they have a nice afternoon."

Working in partnership with others.

- The scheme had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- The scheme was registered with the local neighbourhood watch. It received weekly visits from the community police officer who also held monthly meetings with people. People said these helped them feel safe and kept them up to date with local community issues.