

Midway Care Ltd

Midway Care Midway Support Services

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 ●

Summary of findings

Overall summary

Midway Care Midway Support Services provides personal care for younger adults with learning disabilities, autistic spectrum disorder or mental health needs. People receive support in their own homes or supported living services. At the time of our inspection the service was supporting 27 people. This is the first time the service was inspected since it was registered in September 2016.

There was a registered manager in place who was present during our inspection. 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 2008 and associated Regulations about how the service is run.

Prior to our inspection visit we had received several notifications that people had been put at risk of harm. We received information of concern regarding medicines, staff behaviour, suitability of agency staff and how people were supported from the risks associated with their specific conditions. We found that the provider was taking effective action to keep people safe and minimise any risks of harm.

People were protected from avoidable harm by staff who knew how to protect them from the risk of abuse. There were enough suitable staff to meet people's care needs and keep them safe. Assessments had been undertaken to identify the support people required to take their medicines safely. Medicines were administered by staff who were trained to do so.

The needs of people were met consistently by staff who had the right competencies, knowledge and skills. Staff felt confident they could meet the needs of the people they were supporting. People were supported in line with the Mental Capacity Act 2005. Staff offered people choices and respected their decisions. When relatives were involved in making decisions about people's care, further action was required by the provider to identify they had the legal authority to do so. People had been supported to eat meals they liked and achieve a healthy body weight when they wanted. People were supported by a variety of mental and physical health professionals including the provider's other services which supported people whose behaviour could challenge.

People were supported by regular staff who knew and understood their likes and preferences. Staff understood people's preferred communication styles so people would be supported to express their views and feelings. Staff respected people's lifestyle choices and helped them to explore and recognise their individual personalities.

Staff knew the activities that people enjoyed and had supported people to engage in things they liked. There was a range of ways for people to feed back their experience of the care they received and any concerns they may have. People's experiences were used to improve the service they received.

The registered manager was aware of their responsibilities to the commission. Action had been taken to ensure the service would be compliant when changes to how the service is inspected are introduced in the near future. The provider monitored the quality of care people received and drove a culture of continual improvement.

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.

People were protected from harm by staff who knew how to identify and report signs of abuse.

People were supported by enough staff to meet their specific needs.

People's medicines were administered by staff who were trained to do so.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

Staff respected people's wishes and supported people in line with The Mental Capacity Act 2005.

People were supported to make use of the services of a variety of mental and physical health professionals.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring.

People were supported to express their views by staff who understood people's specific communication styles.

People were supported by staff who respected and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

Staff knew how to support people to follow their interests and

hobbies.

People said the registered manager and staff were approachable and would take action to address their concerns.

Is the service well-led?

Good ●

The service was well-led.

People who used the service expressed confidence in the leadership and quality of the service they received.

The provider conducted regular reviews and took action to improve the quality of service when necessary.

People and staff were involved in developing the service.

Midway Care Midway Support Services

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 checked 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 comprehensive inspection took place on 28 September 2017 and was announced. The registered provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to ensure there were care records available for review had we required them. The inspection team consisted of one inspector and an expert by experience who spoke with people's relatives on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we reviewed any information we held about the service. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we met with five people who used the service, five care staff and a team leader at the provider's offices, we also spoke with the relatives of two people on the telephone. We spoke with the registered manager, head of operations and the quality and compliancy manager. We sampled the records including four people's care plans, staffing records, complaints, medication and quality monitoring. We reviewed information we received from a person who commissions packages of care from the service.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe when supported by the service. One person told us "I am fine here". People's relatives told us, "He is safe living there. There is no sign of anyone bullying him" and, "I do think she is very safe there. They look after her very well". We observed five people who used the service visit the provider's offices and noted they were comfortable to approach staff and appeared at ease. One person asked to speak with the registered manager about an issue of concern. We noted the registered manager offered reassurance and put the person at ease.

People were protected from avoidable harm and potential abuse. People had been supported to recognise the types of harm they might be at risk of and how they could help protect themselves and report any concerns. This helped people live independent lives while remaining as safe as possible. Staff received training and demonstrated they knew how to protect people from the risk of abuse.

Staff told us about the provider's whistle blowing policy and how they were encouraged to raise concerns. One member of staff told us, "I will raise concerns; we are here to help people". The registered manager told us about a dedicated email address staff could use to raise concerns directly with senior managers. Although staff we spoke with were not aware of this facility they were confident to raise concerns through the provider's other processes. We reviewed records of safeguarding investigations and found that when necessary the provider had taken appropriate action to reduce the risk of untoward incidences from reoccurring. Prior to our inspection visit we received information that staff were not supporting people to manage their finances appropriately. We sampled the financial records of two people who were supported by staff to manage their personal finances and saw that all expenses had been accounted for. This had protected people from the risk of financial abuse.

Prior to our inspection visit the provider had notified us of several incidents when people's behaviour had put them at risk of harm. We found that the provider had taken action after each incident to review people's care needs and identify how to reduce the risk of similar incidences from happening again. Staff we spoke with knew how to support people in order to protect people from the risks associated with their specific conditions. People's behaviour was monitored so they could receive prompt intervention if it was felt their conditions were deteriorating. There were records of the risks and triggers associated with people's conditions and the action staff were to take in order to keep people safe. Staff were able to take effective action if they felt a person was at risk of harm. The provider had reviewed accidents and incidents for trends in order to reduce the risk of them happening again.

People told us there were supported by enough suitable staff to meet their care needs and keep them safe. One person's relative told us, "He has the same team. He has a main carer, which is good because he needs the consistency of one person". The registered manager told us about the actions taken when they had received information of concerns about staff practices. These included disciplinary action and additional supervisions. This had ensured that staff were aware of how to support people safely and in line with their care needs. Staff we spoke with said they regularly supported the same people and were familiar with their specific needs. We saw that people were familiar with the staff who were supporting them and the other

people who were visiting the provider's offices. Records showed that support by consistent staff had improved some people's conditions. The provider's human resources department conducted recruitment checks to ensure people were supported by suitable staff. We saw the provider had taken action when they received information of concerns about the suitability of some agency staff working at the service. The quality and compliancy manager had conducted additional checks including an unannounced inspection of a care staffing agency to ensure that people were being supported by suitable agency staff.

Assessments had been undertaken to identify those people who required support to take their medicines safely. One person's relative told us, "The staff supervise her taking her tablets. They are kept in a locked cupboard". One person we spoke told us that staff had explained their medication and what it they were for. Another person told us they had been supported to administer their own medicines and staff would check to see that, "I have filled in the MARs [medicine administration records] properly". This gave people independence and ownership over their medicines when they wanted.

Medicines were administered by staff who were trained to do so. During our inspection some staff were attending a medication administration refresher course at the provider's offices. The registered manager had notified us prior to our inspection when medication administration errors had occurred. We saw that these errors had been investigated and when necessary further action taken to reduce the risk of them happening again. People received their medicines as prescribed.

Is the service effective?

Our findings

People we spoke with told us that staff were good at meeting their needs. One person told us, "I Love it here. I wouldn't be anywhere else". Another person said, "I never thought I'd get anywhere. [Staff's name] has been fantastic". People told us and records showed that people's health and welfare had improved when they started using the service.

The needs of people were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. One person's relative said, "As far as I can see they are well trained". One member of staff told us, "I am confident I can support [person's name]". Another member of staff told us, "Yes, yes, we get plenty of training". All the staff we spoke with felt confident they could meet the needs of the people they were supporting. Staff confirmed they received informal and formal supervision from senior staff on a regular basis to reflect on their practice. We saw that the head of operations had reviewed and improved the induction programme for new staff which included meeting senior managers to learn about the values of the service. Staff we spoke with confirmed their induction had equipped them with the knowledge and confidence to meet people's care needs.

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. We observed staff ask people what they wanted and respected their wishes. One person told us about some specific support they had received. They said, "My care workers said, 'Are you sure you want it?' I said 'Yes'". Staff demonstrated an understanding of people's rights to choose how they were supported and respected their decisions and lifestyle choices. A member of staff told us, "We discuss things and give people the chance to make an informed choice".

When a person was felt to lack mental capacity the registered manager had conducted assessments to identify if the person could provide informed consent about how they wanted their care to be provided. When a person lacked mental capacity the registered manager held meetings with others who knew the person well and legal advocates in order to identify care which would be in the person's best interests. We noted however that people's records did not consistently identify individuals who had the legal power of attorney to make decisions on their behalf. People were supported by appointees to manage people's finances when they lacked the mental capacity to manage their own.

People we spoke with told us they enjoyed making their own meals and were supported by staff to go shopping. One person's relative told us, "[person's name] uses an [electronic device] iPad and staff help her choose her food to order. They help here choose healthy food to cook". This enabled people to choose what they wanted to eat and promoted their independence and life skills. Two people told us they had been supported by staff to eat healthier when they had expressed an interest in losing weight.

We were invited to join five people who used the service for lunch and saw that staff knew what people liked

to eat. Records showed that staff regularly discussed peoples' meal preferences with them and provided guidance on healthy eating. When necessary staff had involved other health professionals to ensure people received nutrition in line with their care needs.

People were supported to make use of the services of a variety of mental and physical health professionals including GPs and clinical psychologists in order to manage their specific conditions. When necessary the registered manager would signpost people to the provider's other services which supported people whose behaviour could challenge. This ensured people received prompt and appropriate support when needed. A member of staff told us how they supported a person to attend regular health checks in order to manage a specific condition.

Is the service caring?

Our findings

People who used the service told us that the staff were caring. One person told us, "My carers are brilliant. They are very kind". One person's relative said, "They are very caring. They encourage him to do things for himself without telling him what to do"

People were supported by regular staff who knew and understood their history, likes, preferences, needs, hopes and goals. We observed people who used the service and members of staff greet each other warmly when they met up for lunch at the provider's office. In one instance a person invited a member of staff for a game of pool and another person told us how a member of staff had stayed with them during a stay in hospital. They said this had reassured them. Staff we spoke with referred to the people they supported with dignity and were keen to help them express themselves. Staff took an interest in people's lives and spoke passionately about how they supported people to achieve things which were important to them such as improving their fitness and participating in voluntary work. Staff supported people to maintain relationships with those they were close to and offered advice on how to nurture and develop loving relationships when they wanted to find a partner.

People were proactively supported to express their views and staff were skilled at giving people the information and explanations they needed and the time to make decisions. One person's relative told us, "We are very pleased with the way they treat [Person's name]. They give him guidance and their manner puts him at ease. They always respect his choices". Staff had received guidance to understand people's preferred communication styles so they could support people to express their views and feelings. One member of staff told us, "[Person's name] needs to be given information in small batches, otherwise it is very easy for them to become overwhelmed". Staff told us about another person who used pictures to explain how they were feeling and what they wanted to do. Records sampled contained details for staff of people's communication needs. These included details of hand gestures some people would make to express themselves.

People were regularly approached to review their care and comment on the service they received. One person's relative told us, "[Person's name] has a care plan and we go to the planning meetings. We are fully involved". Comments in recent service user questionnaires included, "I attended the meeting about me the other day" and, "Yes, [staff] they always listen". This helped people to feel their views were important and included in how the service was run.

People told us staff treated them with respect. One person's relative said, "He has his own bedroom and they respect his privacy when he goes there". People were supported to lead an independent life as possible while remaining safe. People told us how staff supported them to make their own meals, clean their homes, enter into relationships, find employment opportunities and attend colleges in the community if they wanted. The head of operations told us about the provider's policy of 'positive risk taking' which enabled people to explore independent tasks they felt comfortable to undertake. Staff respected people's lifestyle choices and helped them to explore and recognise their individual personalities. This helped boost people's confidence and sense of satisfaction.

Is the service responsive?

Our findings

People described how staff responded to their needs and preferences as consistently good. One person told us, "It's good fun. I am out every day". One person's relative told us, "He enjoys shopping, going to the pub, disco and a club to play snooker. The staff also encourage him to go walking to aid his weight loss".

People were regularly supported to express their views about how they wanted to be supported. People were involved in developing their care plans and supported by staff who understood their preferred communication styles. People were invited to interview new members of staff and express which staff they wanted to be supported by. We saw the provider respected their choices. Care plans contained this information and guidance for staff so they knew how to support people in line with their needs, choices and preferences.

Staff told us about the activities that people enjoyed and records showed that people had been supported to engage in things they liked such as swimming and pottery classes. In one instance we saw staff had made a person their favourite drink with homemade cakes when they were unable to visit a local café due to bad weather. Records showed the person had enjoyed their afternoon. We saw that activities were varied and reflected people's expressed interests.

People were supported to take part in social opportunities and maintain relationships which were important to them. One person's relative said, "We visit at least once a week and he comes home at weekends to spend time with us and his sister. His key worker has just rung to find out our plans for Christmas". People told us they regularly attended activities in the community such as attending college courses, visiting pubs and doing voluntary work. People told us this had supported them to keep in touch with their family and friends. One person told us how they were supported to regularly meet up with their boyfriend.

People's changing care needs were identified promptly and regularly reviewed with the person. This ensured people received effective support to meet their needs and maintain their safety. There were systems in place to make sure that changes to care plans were communicated to staff and other health professionals. In one instance we saw that staff began monitored a person's mental health when they felt their condition was deteriorating. This resulted in the person receiving the appropriate support promptly and their condition improving.

There was a range of ways for people to feed back their experience of the care they received and any concerns they may have. One person said, "I am happy to go to [staff member's name] if I need help. They are very good". One person's relative told us, "We would speak to the manager if we had any serious concerns". When necessary staff took action in response to information received in order to improve the support people received. People were given copies of the provider's complaints process in formats which suited their communication styles. We looked at one complaint record and saw that it had been handled promptly and a fair and full response provided. Records showed the complaint had been resolved to the complainant's satisfaction. This had resulted in the person visiting more places of their choosing. People's

experiences were used to improve the service they received.

Is the service well-led?

Our findings

All the people we spoke with told us that they felt the service was well run. One person's relative told us, "It is well managed, but we don't really have need to see them. Staff at her home are helpful enough". Another person's relative said, "They [registered manager] always seem helpful". A member of staff told us, "I'm really proud to work for Midway". A person who commissioned packages of care from the service was very positive about the support the service provided to their clients.

The registered manager was aware of their responsibilities to the commission and a review of records showed they had notified us of the type of events they were required to. The quality and compliance manager had taken action to ensure the provider would be compliant when changes to how the service is inspected are introduced in the near future. The registered manager and head of operations could explain the principles of promoting an open and transparent culture in line with their required duty of candour. Induction processes had been improved so staff could meet with senior managers and share their views of the service. During our inspection visit, we saw that staff were confident to engage with senior managers to review the service people received.

Senior staff lead by example and were available to staff for guidance and support. One member of staff told us, "They [the registered manager] are very good. I can speak with them or the team leader". Another member of staff said, "There's always help at the end of the phone at nights and weekends". Staff had regular supervisions to identify how they could improve their performance and the quality of care people received. The registered manager had worked in partnership with other health professionals within the organisation in order to obtain expert advice and share good practice. This promoted a culture of learning and development at the service.

The provider had a clear vision and set of values. We saw staff respected people's decisions and we saw the importance of promoting people's independence and respecting their choices was regularly reflected in people's care plans. This valued people as individuals and their rights to live independent and fulfilling lives.

People could comment on how they wanted to be supported by a variety of systems which met their communication styles. People's wishes were reflected in their care plans and in improvement plans for the service. People had the opportunity to influence and develop the service they received such as being supported by staff of their choosing.

The provider monitored the quality of care people received. We saw that they had taken action to improve people's activities and when necessary to improve how people were supported. Systems were in place to ensure regular auditing of the service and reviews were conducted to identify trends and when further improvements were necessary. The registered manager reviewed the service with managers from the provider's other services in order to identify and share good practice. This had led to an improvement in staff inductions and how people's medicines were managed. This drove a culture of continual improvement.