

Midway Care Ltd

Elmdon House

Inspection report

190 Elmdon Lane
Marston green
Solihull
West Midlands
B37 7EB

Tel: 01217888356

Date of inspection visit:
03 October 2017

Date of publication:
02 November 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

At the last inspection in November 2015, the service was rated 'Good'. At this inspection, the service continued to be good.

Elmdon House provides care and accommodation for up to six people with a diagnosis of a learning disability or autistic spectrum disorder. There were five people living in the home in the time of our visit.

There was a registered manager in post at the home. 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.

People felt safe living at Elmdon House and there were enough staff to support people safely. Procedures were in place to protect people from harm and staff knew how to manage the risks associated with people's care. Accidents and incidents were analysed and action had been taken to reduce the risk of reoccurrence.

The provider's recruitment procedure minimised the risks to people's safety. New staff were provided with effective support when they started work at the home. Staff received on-going training to ensure they had the skills to care for people effectively.

The provider was working within the principles of the Mental Capacity Act (2005). Staff respected the decisions people made.

Staff were caring and knew people well. They approached people in a friendly way and we saw interactions between people and the staff were positive. People were happy with how the home was run and they were involved in planning and reviewing their care. They told us they felt listened to and they had opportunities to feedback on their service they received.

People were offered choices and supported to pursue their hobbies and interests. Staff were responsive to people's needs and understood the way people preferred to communicate. People were supported to be independent and staff respected people's right to privacy.

People's medicines were stored and administered safely. People received the care and treatment they required from health professionals. People had enough to eat and drink and staff were knowledgeable about people's dietary needs.

People knew how to make a complaint and felt comfortable doing so. Staff felt supported by their managers and enjoyed working at the home. Effective systems to monitor and review the quality of the home were in place.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Elmdon House

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 home, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 3 October 2017. It was unannounced and was carried out by one inspector.

Before the inspection visit we reviewed the information we held about the home. We looked at the statutory notifications that had been sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority commissioners. Commissioners are people who contract with the service, and monitor the care and support people receive when services are paid for by the local authority. They did not have any information to share with us.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. The information contained within the PIR was reflected during our visit.

We spoke with all of the people who lived at the home during our visit. We also spoke with the registered manager, one senior support worker and two support workers.

We looked at the records of two people and other records related to how the home operated. This included checks the management team took to assure themselves that people received a good quality service.

Is the service safe?

Our findings

At our last inspection 'Safe' was rated 'Good'. At this inspection people who lived at the home continued to receive good safe care.

The atmosphere at Elmdon House was calm and friendly. People told us they felt safe and we saw they were confident when seeking support from staff.

On the day of our visit enough staff were on duty to support people safely. The registered manager explained there were no staff vacancies, the turnover of staff was low, and no agency staff were used. A staff member commented, "Always enough of us here."

Staff were knowledgeable about the risks associated with people's care which included the risk of people choking on food and fluids and people becoming anxious. Detailed risk assessments were in place for staff to follow to keep people and themselves safe. For example, one person displayed unpredictable behaviours. To reduce this risk we saw staff used a consistent approach to positively engage with the person which we saw reduced their anxieties.

Procedures were in place to protect people from harm. Staff received training and knew to follow procedures to safeguard people from abuse. The registered manager understood their responsibilities to keep people safe. No incidents of a safeguarding nature had occurred since our last inspection.

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. Staff members were not recruited until their disclosure and barring check (DBS) and references had been received. These were then checked by the provider to ensure the person was suitable to work with people who lived at the home. The DBS is a national agency that keeps records of criminal convictions.

The home was well maintained. Records looked at demonstrated regular checks of equipment which included the hoist and stair lift took place to make sure they were safe to use. There were processes to keep people safe in the event of an emergency such as a fire. Evacuation procedures were displayed throughout the home in a format that people could understand. People had personal fire evacuation plans which meant staff and the emergency services would know what support people required to evacuate the building safely.

We checked and found people's medicines were stored and managed safely. Medicine care plans detailed the medicines people required and when they needed them. Only trained competent staff administered people's medicines and a manager observed staff practices to make sure they were competent to do so. A series of medicine checks took place so if any errors were identified, prompt action could be taken. No medicine errors had occurred in the 12 months prior to our visit.

Accident and incident records were completed. A system was in place to analyse the records to help reduce the risk of further incidents occurring. For example, one person had fallen during the night time shortly before our visit. We saw a night light had been placed in their bedroom. This meant if the person got up

during the night they would be able to see where they were walking.

Is the service effective?

Our findings

At our last inspection 'Effective' was rated 'Good'. At this inspection people who lived at the home continued to receive good effective care.

One person said, "They (staff) are very good." We saw staff were skilled and confident in their practice. They had received an induction which included shadowing more experienced colleagues and working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

Staff completed ongoing training so they had the skills to care for people effectively. One staff member said, "I had hoist training and I had a go in the hoist." They told us this training had been really useful because it had helped them to understand what the experience felt like for people. The staff team also had opportunities to complete additional qualifications, such as social care diplomas.

Staff told us they felt supported by their managers and they had regular opportunities to meet with their manager to discuss their role and identify how to further develop their skills.

Staff read people's care records and attended a 'handover' meeting when they came on duty. This meant they had up to date information such as, how people were feeling and what they had chosen to do to occupy their time.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider was working within the principles of the MCA. All of the people who lived at the home had been assessed and some did lack capacity to make all of their own decisions. A best interest decision had been made for one person who lacked capacity to consent to medical treatment. The outcome of this decision was recorded. Authorisations to deprive some people of their liberty had been sought and approved in line with legislation.

Staff had a good understanding of the principles of the MCA. They gave examples of applying these principles to protect people's rights, such as, respecting people's decisions to refuse care.

People chose what they wanted to eat and we saw people were offered nutritionally balanced meals. Staff provided people with the support they needed to enjoy their meals and we saw one person who was at risk of choking was gently reminded by staff to eat their meal slowly.

People received the care and treatment they needed from health professionals including district nurses. People had 'hospital passports'. These documents included important information about people. For

example, how they preferred to communicate. This meant when people visited hospital health care professionals would have information they needed to meet their needs.

Is the service caring?

Our findings

At our last inspection 'Caring' was rated 'Good'. At this inspection people who lived at the home continued to receive good care.

One person put their thumb up in the air when we asked them about the staff who supported them. Another person smiled and gave us eye contact when we asked them if the staff were kind. Information recorded in their care plan assured us this meant 'yes'.

Staff approached people with friendliness and encouraged them to have meaningful interaction with them. We spent most of our visit in communal areas of the home and we saw interactions between people and the staff were always positive.

Staff demonstrated they knew people well. They spent time with people to find out 'all the small things' that were important to them. For example, they knew it was important for one person to have the same breakfast cereal each morning. Another person would not eat their food until it was all mixed together. Staff also watched people's body language, to find out what they liked and disliked. Staff said this helped them to gain an understanding of how people wanted their care to be provided.

Staff told us they really enjoyed working at the home. One said, "I love coming to work, it's such a nice family home." Another told us they felt cared for. This was because they had recently been absent from work and they had been sent cards and flowers by people and their colleagues. They said, "I couldn't wait to get back to work, I love my job."

Records showed people and their relatives were involved in the planning of their care. Monthly 'keyworker' meetings took place which gave people opportunities to be involved in reviewing their care with a member of staff who knew them very well. Meeting minutes were in an 'easy read format'. This helped people to be involved as they understood the information presented in this way. People were encouraged to maintain relationships important to them and there were no restrictions on visiting times.

The staff team demonstrated their commitment to continually support people to be as independent as possible. For example, we saw one person was encouraged by a staff member to use their self-propelled wheelchair to move around the home. Another person was provided with adapted cutlery when they ate their lunch which meant they were not reliant on staff to help them.

People told us their right to privacy was respected by the staff. For example, one person explained they chose to spend time in the bedroom watching television and staff did not enter their bedroom until they were given permission to do so. We saw staff discreetly asked people if they needed assistance with their personal care and this was provided in their bedroom with the door closed to maintain their dignity.

Confidential information regarding people was kept locked so people were assured their personal information was not viewed by others.

Is the service responsive?

Our findings

At our last inspection the home was rated as 'Good' in their responsiveness towards people. At this inspection people who lived at the home continued to receive good, responsive care.

One person said, "They (staff) come if I need them." The registered manager said, "We are experts in the people we support because we know them so well." We observed staff were responsive to people's needs and had a good knowledge of how they preferred their support to be provided.

We saw staff understood the way people preferred to communicate. This included using pictures, gestures and 'Makaton' (a language that uses signs and symbols to help people to communicate) which helped the staff to understand what people were trying to tell them.) Staff described to us in detail people's preferred routines and behaviours. For example, one person shaking their head or turning their face away meant they were feeling anxious, and staff would offer reassurance and comfort at this time.

One person enjoyed drinking champagne and they had recently been supported by staff to attend a family wedding where they had the opportunity to drink champagne. Another person liked watching 'cowboy films.' We saw during our visit staff supported them to choose a film to watch.

People's preferences had been taken into consideration in how their bedrooms were decorated. For example, one person liked James Bond and Birmingham City Football club. The décor in their bedroom reflected this.

Care and support had been planned in partnership with people and their families and in a way that met their personal goals and care needs. Care plans were person centred and contained detailed information about people's preferences and daily routines. For example, one person liked their pillows to be positioned in a specific way to ensure they were comfortable when they were in bed.

A keyworker system ensured people were supported by a consistent named worker. Keyworkers were responsible for personal shopping, developing care plans and completing monthly care reviews with people. Staff confirmed they had enough time to read people's care plans and told us they signed them to confirm they understood the information. This meant staff had up to date information about people's health and wellbeing.

People were supported to pursue their hobbies and interests. A range of social activities were available that met people's individual needs. On the day of our visit people had chosen to stay at home. We saw one person completed word search puzzles and played a game of draughts with a staff member. Afterwards they told us they had enjoyed playing the game and they had won. People told us they had opportunities to go to the theatre, shopping and out for meals. Pictures on display in the home showed us these social activities had taken place.

People knew how to make a complaint and felt comfortable doing so. One person said, "I speak up, I have a

tongue in my head." The provider's complaints policy was on display in people's bedrooms and in the entrance hall of the home. It was in picture format so people could understand the information. One complaint had been received since our last inspection and records showed this had been resolved to the complainant's satisfaction.

Is the service well-led?

Our findings

At this inspection, we found the home continued to be as well-led as we had found during the previous inspection. The rating continues to be Good.

One person said, "I like (registered manager)." Another said, "No problems" when we asked them if they were happy with how the home was run. We saw the registered manager was a visible presence in the home and worked alongside the staff team during our visit. This approach ensured they had an overview of how staff were providing care and support to people.

Staff spoke positively about their managers. One said, "I feel listened to and managers are really approachable." Team meetings took place each month and staff confirmed they had opportunities to contribute items to the agenda.

An out of office hours, on-call system was in place. This meant staff could speak to a member of the management team at any time if they had any concerns.

There was a clear management structure to support people and staff at the home. The registered manager was supported by a deputy manager and a team of senior care workers. The registered manager felt supported by the provider. They said, "I pick up the phone if I need support and senior staff complete quality checks too." We asked the registered manager what they were most proud of at the home. They said, "The homely feel and the staff team."

There were effective systems to monitor and review the quality of the home. The management team and the provider completed regular checks to identify any issues in the quality of the care provided. This helped to drive forward improvements. For example, regular checks on the environment and people's medicines. These checks helped to ensure the service ran effectively and in line with the provider's procedures.

The management team were responsive to people's feedback. People told us they felt listened to and their requests were promptly acted upon. Quality questionnaires were also sent out to gather people's views on the service they received. We saw four people had completed quality questionnaires in September 2017. The feedback had been analysed and showed us people were happy living at the home, they felt listened to and did not feel any improvements were required.

A scheme was in place which recognised the commitment and contributions staff made to benefit the people who lived at the home. This showed the provider had a way of identifying good care and encouraging all staff to develop their skills to improve the service.

The registered manager knew which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received notifications from the home as required. The registered manager understood the importance of us receiving these promptly so we could monitor the information and ensure any necessary actions had been taken.

It is a legal requirement for the provider to display their ratings so that people are able to see these. We found their rating was displayed within the home and also on their website.