

Midway Care Ltd

Cole Bank Road

Inspection report

16 Cole Bank Road
Hall Green
Birmingham
West Midlands
B28 8EX

Tel: 07834977180

Date of inspection visit:
06 December 2018

Date of publication:
16 January 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

People's experience of using this service:

Relatives were very happy with the quality of care and support provided by the home. Feedback included, "I am ecstatic about the care; the staff are wonderful and my relative is content."

People were protected from harm through robust risk assessments and staff took a clear and consistent approach to reduce the risks to people. People received their prescribed medication at the right time and medicines were stored and managed safely.

Managers investigated any incidents thoroughly and ensured plans were put in place to reduce the risk of further harm.

People were supported by staff who were skilled and well trained for their role. People lived in a spacious and well decorated home which allowed them to choose where to spend their time and enabled them to take part in activities they enjoyed.

People's capacity had been assessed and where people lacked capacity to consent to support, care was taken to ensure decisions were made in people's best interests. This included involving advocates and relatives in decision making processes.

We saw that staff spent time with people and took part in activities that people enjoyed. Staff knew people's likes and routines well and ensured that people's preferences for care and support were followed.

Staff and relatives were happy with the way the service was led and managed. Comprehensive audits and checks were carried out on a regular basis and action was taken to address gaps in practice and staff performance.

Rating at last inspection:

At the last inspection, the service was rated Good (10 February 2016)

About the service:

Cole Bank Road is a residential care home that provides personal and nursing care for people with learning disabilities, autism and/or mental health difficulties. At the time of the inspection there were seven people using the service, although two people were in hospital at the time of the inspection.

The care service has been developed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism can live as ordinary a life as any citizen.

Further details about the service can be found in the full report.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor the service through the information we 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

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.

Cole Bank Road

Detailed findings

Background to this inspection

The 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.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Cole Bank Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during our inspection.

The service had a manager registered with the Care Quality Commission. 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:

The inspection was unannounced and took place on 06 December 2018.

What we did:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about by law. We also assessed the information we require providers to send us at least once a year to give some key information about the service such as what the service does well and improvements they plan to make. We contacted the local authority about information they held about the provider. We used all this information to plan our inspection.

People living in the home were not able to tell us about their experiences of using the service, therefore we used different methods to gather experiences of what it was like to live at the home. We saw how staff supported people throughout the inspection to help us understand peoples' experiences of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way

of observing care to help us understand the needs of people who could not talk with us.

We also spoke with three relatives, three support workers, the deputy manager and the registered manager. We reviewed a range of records including two people's care records, medication records and two staff files. We also reviewed records relating to the management of the home including checks and audits.

Is the service safe?

Our findings

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

Systems and processes

- Staff we spoke with had a good understanding of the types of abuse people may be at risk from and who they should report concerns to. Records showed that staff received regular safeguarding training.
- Checks, such as fire safety checks and electrical testing, were carried out to ensure the environment was safe and well maintained and there were plans in place of how to support people to evacuate in case of a fire.
- We saw that people had access to equipment such as walking aids to help keep themselves safe.

Assessing risk, safety monitoring and management

- People were kept safe because staff had carefully assessed the risks to people and there was a shared understanding of what action should be taken to reduce these risks.
- We saw that people were supported in line with the recommendations in their risk assessments and support plans. For example, we saw how staff ensured there was always a constant presence in the communal lounge to keep people safe.
- Another person was at risk from choking and there was clear guidance in the kitchen for staff to follow when preparing their food to ensure it was safe to swallow.

Staffing levels

- We saw that they were enough staff to keep people safe and provide individual support when required.
- Agency staff were being used on a regular basis as there were some staff vacancies and sickness. Two people were also being supported on a 1-1 basis by staff in hospital as they were unwell at the time of our visit. This was putting a strain on staff resources but the registered manager told us they always requested the same staff from the agency as they could get to know people better.
- One relative said, "There is a consistent staff team whenever I come to visit."
- One member of staff told us, "The staffing levels are ok. We do have enough time to sit and chat with people; it's busy but ok".
- There were systems in place to check staff suitability before they started working with people.

Using medicines safely

- People's medicines were stored safely and records showed that people received their medication as required.
- Some people required medication 'as and when needed.' There were clear protocols in place for staff to follow to help them decide if people required this medication.
- Records showed that staff received training in how to give medication safely. Their competence was checked on annual basis by senior staff.

Preventing and controlling infection

- We saw that the home was clean and that staff had access to equipment that helped to prevent the spread

of infection. Checks were carried out to ensure cleaning tasks had been completed.

Learning lessons when things go wrong

- People's care and support plans were amended following incidents to reduce the risk of re-occurrence. For example, a new handover sheet had been introduced following an incident relating to one person's specialist feeding equipment. Staff now had to sign this sheet to show certain tasks had been completed. There had been no further incidents since this had been introduced.

Is the service effective?

Our findings

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; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed in detail to ensure they received the right support.
- Care and support plans were personalised and had been reviewed and updated regularly to ensure staff gave consistent care.

Staff skills, knowledge and experience

- People were supported by staff who had received specialist training to improve the quality of support they received. This included training on using specialist feeding equipment and medication.
- One member of staff told us, "The training is very good here. It has helped me understand the people I work with".

Supporting people to eat and drink enough with choice in a balanced diet

- We saw that people were offered drinks and snacks throughout our visit. People were given a choice of where to sit at lunchtime to ensure they felt comfortable and staff were on hand to give support with eating and drinking where required.
- Records showed that staff sat down regularly with people and used pictures of food to help people choose what they wanted on the menus.

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

- The home was large and spacious and people could choose to spend time in communal areas or in their own bedrooms. There was a large lounge and dining room and a separate second lounge which was used as a sensory space. We saw people enjoying spending time in this space during our visit.
- There was a large accessible garden which staff told us people enjoyed in warmer weather.
- We saw that people's rooms were personalised and contained belongings and items that were important to them.

Supporting people to live healthier lives, access healthcare services and support

- All people had hospital passports which were used to tell healthcare professionals about their conditions and how they liked to be supported.
- Healthcare professionals visited the home regularly to support people's health needs and records showed that they were involved in reviewing people's care and support.
- Staff were vigilant and reported any concerns to healthcare services and relatives promptly. One member of staff told us about how they completed regular skin checks and had referred one person to the GP when they were concerned. This had resulted in the person being prescribed antibiotics.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority were being met.

- Records showed that where people lacked capacity, the registered manager had sought authorisation from the local authority and conditions on DoLS were being met. Records showed that people were seen regularly by their Relevant Person's Representative (RPR). A RPR is appointed to support a person who is deprived of their liberty under the MCA.

- Where people were not able to consent to treatment or understand risks, records showed that staff made sure decisions were made in people's best interests. This included involving other professionals and relatives where appropriate. For example, one person was receiving covert medication following consultation with their advocate, GP and staff.

Is the service caring?

Our findings

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

Ensuring people are well treated and supported

- We observed people being treated with kindness and respect by staff. Staff took time to talk with people and played games, which people enjoyed.
- Relatives were positive about the care and support their loved ones received. One relative said, "[Person's name] refers to the home as home and is always keen to go back after a trip out." Another told us that their relative was always well dressed and clean shaven.
- During our visit, staff were being deployed to spend time with people who were in hospital to ensure they were with a familiar face who understood their needs.
- People were supported to keep in touch with friends and family and relatives were made to feel welcome when they visited the home.

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

- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has particular responsibility for a person's care plan, well-being and progress.
- Staff used a variety of communication methods to help people understand what was happening and to make choices. For example, one member of staff told us how one person used facial expressions to make their wishes known. There was also a large accessible noticeboard in the dining room which had symbols for menus and activities which could be used to help people choose.

Respecting and promoting people's privacy, dignity and independence

- We saw that people had the opportunity to develop and maintain their independence and were involved in making drinks and snacks, clearing the table and cleaning routines. People were encouraged to mobilise independently. We saw staff took care not to do things people could do for themselves. For example, some people were using specially adapted cutlery and bowls to enable them to feed themselves rather than rely on staff.
- People's privacy and dignity was respected. We observed staff dealing with people's anxiety in a calm and measured way in line with their support plans. The registered manager had appointed a 'dignity champion' to promote good practice amongst the staff team and promoting dignity was a regular agenda item at staff meetings.

Is the service responsive?

Our findings

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

Personalised care

- Staff knew people's likes and dislikes and how important routines were to them. There were a good range of activities available to people in the home. These had been provided in line with people's preferences and interests. For example, one person loved trains and had books and magazines which they enjoyed looking at. Another person liked clocks and the sensory room had a range of clocks for them to watch.
- People also enjoyed trips out into the local community and further afield. Some people had recently gone to Blackpool for a holiday and staff had found a specially adapted hotel which met people's care and support needs.
- One relative told us how their loved one was made to feel welcome when they first came to live at the home. They said, "The transition was really well managed."

Improving care quality in response to complaints or concerns

- Relatives knew how to complain and told us they were confident any complaints and concerns would be acted upon promptly by the staff team.
- The service had received two complaints in the last 12 months and both had been investigated thoroughly and resolved.
- Relatives told us and records showed that they were involved in reviewing care plans to ensure people's needs continued to be met. One relative said, "I'm always involved in decisions and kept informed of any issues."

End of life care and support

- Some people's care plans recorded their wishes and preferences for how they wished to be cared for in the future. Where people lacked capacity, these plans had been drawn up and agreed with people's relatives or advocates.

Is the service well-led?

Our findings

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- We observed that the registered manager and deputy manager were visible and knew people, relatives and staff well. Managers spent time with people and led by example to demonstrate how people should be supported with respect.
- The registered manager told us about how they were tackling issues around staffing to ensure people received the best quality support. This included addressing staff attendance and performance following random spot checks and this was welcomed by the staff we spoke with.
- Staff records showed that managers discussed staff performance in supervision meetings and were clear about any improvements that were required.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care

- The service was well-run. Relatives and staff were consistently happy with the way service was led and managed. One relative told us, "The leadership is very good" and one member of staff said, "I am happy with the managers here. I can go to them anytime."
- A range of audits and checks were carried out by managers at all levels in the organisation. These included registered managers carrying out audits in other homes run by the same provider to ensure that practices were looked at from a fresh perspective. One such audit had identified some risk assessments that needed to be updated. This was done promptly following the audit.
- We saw that the local pharmacy had also carried out a recent audit of medication with very positive results.
- The registered manager had the opportunity to attend regular meetings with managers from other services to ensure they were kept up to date with best practice.

Engaging and involving people using the service, the public and staff

- People, staff and relatives were encouraged to give regular feedback on the service and responses were analysed and actions required were identified and completed. For example, the registered manager had agreed to change staff rota patterns as a result of staff feedback and these changes were being introduced in the next month.

Working in partnership with others

- We saw compliments from external professionals which indicated the service worked well with other agencies for the benefit of people. Comments included 'wanted to compliment staff on their knowledge' and 'great handover of information.'
- The registered manager told us that the service worked well in partnership with the local GP, pharmacy and community services. Records showed that these agencies were regularly involved in people's care.