

Midland Heart Limited

Ellys Road

Inspection report

1 Ellys Road
Radford
Coventry
CV1 4EW
Tel: 024 76 256859

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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 

Overall summary

We inspected Ellys Road on 19 February 2015 as an unannounced inspection. This was the first time the service had been inspected.

Ellys Road is registered to provide accommodation to a maximum of seven people. The service provides support to people of all ages with learning disabilities. There were five people living at the service when we visited.

A requirement of the provider's registration is that they have a registered manager. 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. At the time of our inspection there was a registered manager at the service.

People and their relatives told us they felt safe and staff treated them well. Staff understood how to protect

Summary of findings

people they supported from abuse. The provider had procedures in place to protect people against the risk of abuse and to minimise risks to people's health and wellbeing.

Medicines were stored and administered safely, and people received their prescribed medicines as intended.

There were sufficient staff to support people safely. Staff had the support and training they required to meet the needs of people who used the service.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. People were able to make everyday decisions themselves, which helped them to maintain their independence.

People received healthcare that met their needs and people's privacy and dignity was respected.

People enjoyed taking part in interests and hobbies that met their individual needs and preferences. People maintained links with friends and family who visited them at the home when invited.

Advocacy services were available for people who wanted to use them. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services could support people in making decisions about their health and care requirements, which could help people, maintain their independence.

People were supported to develop the service they received by providing feedback. The provider acted on the feedback they received to improve services.

The provider completed a number of checks to ensure they provided a good quality service to promote continuous development.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff available to keep people safe. Staff knew how to safeguard people from harm. People were protected from the risk of abuse as the provider took appropriate action to protect people. Medicines were managed safely, and people received their prescribed medicines as intended.

Good



Is the service effective?

The service was effective.

Staff had the training they required to meet the needs of people who used the service. When required, people were supported to attend healthcare appointments to meet their individual needs. The rights of people to make their own decisions were protected.

Good



Is the service caring?

The service was caring.

People were able to make choices about how to spend their time, and these were respected by staff. People were encouraged to maintain their independence, to make decisions for themselves, and they had privacy when they needed it.

Good



Is the service responsive?

The service was responsive.

People were supported to take part in interests and hobbies that met their preferences. Care plans were regularly updated to show people's changing needs. People were able to provide feedback in meetings and quality assurance questionnaires, which were acted on by the provider.

Good



Is the service well-led?

The service was well led.

The manager was approachable, and both the manager and staff were given support from the provider. There were procedures to monitor and improve the quality of the service. The provider made improvements where issues had been identified.

Good



Ellys Road

Detailed findings

Background to this inspection

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

We inspected the service on 19 February 2015 as an unannounced inspection. This inspection was undertaken by one inspector.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about

important events which the provider is required to send to us by law. Commissioners are people who contract the service, and monitor the care and support the service provides when services are paid for by the local authority.

We spoke with three people who lived at the service, and two relatives. We spoke with two care staff and with the manager of the service.

We observed the care and support provided in communal areas to the five people who lived at Ellys Road.

We looked at a range of records about people's care including four care files, daily records and charts for two people. This was to assess whether people's care delivery matched their records.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when they received care from staff at the home. We saw people were relaxed with staff and the atmosphere at the home was calm. One person told us, “Yes, I feel safe.” Another person indicated to us with hand gestures that they were happy there.

The provider protected people against the risk of abuse. We found staff attended regular safeguarding training which included whistleblowing procedures. Staff we spoke with had a good understanding of the different types of abuse, and what action they would take if they had concerns about people. Staff told us the provider requested references to check on their character and suitability before they worked with people. All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm.

The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required to safeguard people from harm. They kept us informed with the outcome of the referral and actions they had taken. People who used the service were protected from the risk of abuse, because the provider took appropriate action to protect people.

The manager had identified potential risks relating to each person who used the service, and plans had been devised to protect people from harm. For example, one person was supported to go out, and sometimes they displayed

agitation with members of the public. Risk assessments detailed the person could choose when they liked to go out, and the measures staff should take to minimise the risk of harm to the person and members of the public.

The provider had plans for emergencies such as a fire. There were also contingency arrangements if people could not return to the home after being evacuated. There were clear instructions for staff to follow, so that the disruption to people’s care and support was minimised and people were kept safe when not in the building.

People told us, and we saw there were enough staff available to meet people’s needs safely. Staff had time to sit and talk with people and spend time chatting with them. Care staff told us there were enough staff available at the home to meet people’s needs and support people with activities within and outside the home. One member of staff told us, “There are always enough staff on duty.”

We saw each person had a care plan which detailed how they needed to be cared for, and when they needed support. The manager explained this information was used to determine the number of staff needed to support people safely according to their care and health needs.

We observed how medicines were administered to people. We spoke with a member of staff who was responsible for administering medicines. They told us all the staff were trained in the safe handling of medicines. We saw people received their prescribed medicine at the right time. We saw that medicines were kept in appropriate locked cabinets. Suitable procedures were in place to check medicines. Checks we made showed staff handled and administered medicines safely.

Is the service effective?

Our findings

We observed people could get food and drinks throughout the day, when they needed them. Some people prepared their own meals which helped them maintain their independence. The staff told us, “People are free to choose what they like to eat. They have open access to the kitchen to prepare their meals and drinks. We also prepare meals for people who are not able to do this for themselves.” One person confirmed, “I make my own coffee.” Another person told us, “My favourite food is pie, we have that once a week.”

People told us they had a weekly meeting with staff where menu choices were discussed. Staff told us people used communication cards and pictures to choose what they wanted to eat each week. One staff member said, “People can tell us their dietary preferences, and we shop accordingly.” We saw one person liked Caribbean food, and this type of food was included on the menu at the home.

We saw staff supported people when they needed it, including at mealtimes when people were eating or preparing food. Care staff explained how they encouraged people to make healthy choices and to vary their diet by buying a range of foods, for example, foods with low sugar content. This helped people to maintain a nutritious and healthy diet. We saw people had foods that met their health needs and matched the information in their care records, for example, specialist meals for people who were on a ‘soft’ diet.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. We saw the staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. Staff demonstrated they understood the principles of the MCA and DoLS. They gave examples of when they had applied these principles to protect people’s rights, for example, asking people for their consent and respecting people’s decisions to refuse care where they had the capacity to do so. We saw staff asked for people’s consent before they assisted them during the day.

We saw the provider made DoLS applications to the appropriate authorities where these were required. Procedures were followed to ensure that people were not unlawfully deprived of their liberties.

Staff told us they received induction and training that met people’s needs when they started work at the home. We observed staff using specialist skills, for example, different communication techniques with people depending on the need of each person. Staff said the manager encouraged them to keep their training up to date. We saw the manager kept a record of staff training and when training was due, so that attendance was monitored. One member of staff told us, “Training is regularly organised to keep my skills up to date.” They added, “I’ve learned a lot here, they’ve supported me to take nationally recognised qualifications.” Staff had the skills they needed to support people effectively.

We found staff were supported using a system of supervision meetings, observations, and yearly appraisals. Staff told us regular supervision meetings provided an opportunity for staff to discuss personal development and training requirements to keep their skills up to date. Regular supervision meetings also enabled the manager to monitor the performance of staff, and discuss performance issues.

Staff we spoke with told us they had a staff ‘handover’ meeting at the start of their shift which updated them with any changes since they were last on shift. Staff explained this supported them to provide effective care for people because the information in the handover helped keep them up to date with events at the home and any changes in people’s health. A record of what had been discussed was kept so that staff not present during handovers could refer to the records.

We looked at the health records of people who used the service. We saw that each person was supported to attend regular health checks, and people were able to see health care practitioners such as their GP or dentist where a need had been identified. One staff member said, “People have health checks in their local community, and we support them to go to the doctors, or for other checks if they need us to.”

Is the service caring?

Our findings

People we spoke with told us they were comfortable with the staff. One person told us, “I like [Name].” One relative told us, “[Name] really enjoys it there, staff are dedicated.” We observed staff had a good rapport with people which encouraged good communication and interaction. People who lived at the home showed confidence and familiarity with staff and with each other. Staff spoke with people in respectful, positive ways using their preferred name and asking people’s opinion and preference before supporting them with tasks. A staff member told us, “Ellys Road has long serving staff. Staff have a close and long standing relationship with people who use the service. Staff and the people who stay here have trust and confidence with each other.”

People had privacy when they needed it. We saw staff asked people discretely whether they needed support with their personal care. Staff supported people with personal care in the privacy of their bedroom or bathroom.

There were a number of rooms in addition to bedrooms, where people could meet with friends and relatives in private. People told us they made choices about who visited them at the home. One person told us, “My friend visits me here. “ This supported people to maintain relationships with family and friends.

People told us they had personalised their own rooms to suit their tastes. One person we spoke with agreed to show us their room. They had organised their room how they wished. They told us, “It’s my room and I can have it how I like.”

We saw people at the home made their own choices, and their preferences were respected by staff. When we arrived at the home at 9.30am we found two people were already out visiting a day centre, two people were up and having their breakfast, and one person was still in their bedroom. People made choices about when they got up, and where they spent their time in the home. One person decided to remain in their bedroom during our inspection. We saw one person helped themselves to breakfast and a drink in the kitchen, and another person was watching television. We saw later that one person went out for a walk to the local shops, and another person took part in craft activities with a member of staff. One person told us, “I can go out when I like.”

People and their relatives were involved in planning and agreed to the care plans devised. We saw that most people had a relative involved in care review meetings. For people who did not have relative involvement, there was access to advocacy services. An advocate is a designated person who works as an independent advisor in another’s best interest. Advocacy services support people in making decisions, for example, about their health and care requirements which could help people maintain their independence. One person had requested an advocate, and this was being arranged by the manager.

Is the service responsive?

Our findings

People told us the service supported them with interests and hobbies that met their needs. One person we spoke with told us about their hobbies and interests. We saw the person had a book where they recorded pictures and information about their interests. For example, they went on holiday each year, and pictures showed time spent at the beach and with friends. They told us this was important to them to remind them of their experiences, and to share with friends and relatives when they visited them.

Staff knew people well, and could describe the different activities people enjoyed. One person liked bowling, another person liked listening to Elvis, and another person liked visiting restaurants. We saw the information staff gave us matched the information in people's care records, and what people told us. People and staff at the home told us trips out helped people to maintain their independence, and people could go out wherever they wished.

We found people who used the service and their relatives were involved in planning their own care. The files included personal photographs and life histories, people's hobbies and interests, and up to date risk assessments. Care plans were tailored to meet the needs of each person according

to their support requirements, skills and wishes. Care records showed people's likes and dislikes, and how they wanted to receive care. We saw care plans were up to date and reviewed regularly. We observed how people were cared for, and saw people's care matched the information in their care records.

People told us they were involved in meetings at the home to discuss their care and decisions about how the home was run. For example, meetings involved discussions about holidays and food choices. Staff explained meetings were held once every two months, and people were asked whether they were happy at the home, or whether they would like anything to change.

There was information about how to make a complaint available on the noticeboard in the home. Complaints information was also contained in the service user guide that each person received when they moved to the home. People and their relatives told us they knew how to make a complaint, and would raise issues with staff members or the manager if they needed to. We saw complaints were logged, so that complaints could be evaluated and any investigations into complaints were monitored. We saw complaints were investigated and responded to in a timely way.

Is the service well-led?

Our findings

People, relatives and staff told us they could speak to the manager when they needed to because the manager worked alongside staff at the home. One relative told us, “The service is well run.” One member of staff told us, “The manager is very approachable.” Staff told us they worked together as a team to support each other. They added, “The staff have all been here a while, and staff work well together.”

The manager told us the home had a new provider. They told us, “The new provider has been very supportive, we have had all new policies and procedures at the home introduced, and staff have been fully trained.” We saw the manager attended meetings with other managers in the group, and other professionals to discuss updates in practice, and to gain advice about how their service could be improved.

The provider had an improvement plan to ensure the service continuously improved. We saw the improvement plan detailed changes to be made to the garden area, and a re-decoration programme. We saw that some of the garden had already undergone improvements by introducing flower beds and landscaping, so that people had an opportunity to take part in gardening activities.

The manager had sent notifications to us about important events and incidents that occurred at the home. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the

manager and the provider completed an investigation to learn from incidents. These investigations showed the provider made improvements, to minimise the chance of them happening again.

We saw people were asked to give feedback about life at the home. The manager told us that the service ran yearly quality assurance questionnaires which were completed by people who used the service. We reviewed the latest questionnaire which had been analysed by the provider. This detailed compliments and complaint information, and how the service had implemented improvements following feedback.

We saw team meetings took place to gather views from staff. The meetings were recorded and where improvements or changes had been suggested these improvements had been written into an action plan which was followed up by the manager at subsequent meetings. For example, a recent staff discussion had led to updated infection control procedures to dispose of clinical waste. This showed the provider responded to feedback from staff.

The provider completed checks to ensure the manager and staff at the home provided a good quality service. The provider completed audits in areas such as medicines management, health and safety, and care records. We saw the provider also made unannounced visits to the home to check quality. Where issues had been identified action plans were put in place to make improvements. For example, in a recent infection control audit, a recommended was made that new pull cords were introduced in bathroom areas, and new cleaning schedules put in place. This had been implemented. Action plans were monitored by the provider to ensure actions had been completed. This ensured that the service continuously improved.