Oldham Care and Support Ltd

Medlock Court

Inspection report

Medlock Way
Lees
Oldham
Lancashire
OL4 3LD

Tel: 01617705081

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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

Medlock Court provides short stay accommodation and enablement support for up to 32 people. On the day of our inspection 26 people were using the service. Medlock Court is a large, single storey, purpose built building that is accessible for people who use wheelchairs or have other mobility limitations.

This inspection took place on the 10 April 2018 and was unannounced. This was a comprehensive inspection carried out by two adult social care inspectors. The inspection had been brought forward prompted by concerns relating to a specific incident. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident.

When we last inspected Medlock Court in April 2016 we rated the service as 'good' and did not find any breaches of the Health and Social Care Act 2008. Since that time we received concerns about the home from a member of the public. The concerns included the management of risk of falls, medicines management, and diabetes management. At this inspection the service remained 'good'. We found that the service had learned from previous incidents and had made improvements in order to mitigate risks appropriately.

There was a registered manager in post. 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 told us they felt safe at the service. Staff knew how to protect people from harm and what they would do if they had any safeguarding concerns. Risks to people had been assessed and plans put in place to keep risks to a minimum. Lessons were learnt from complaints, safeguarding and incidents to prevent reoccurrence in the future.

The service had improved how people's medicines were managed when they arrived at the service. The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

Safe and robust recruitment practices were in place and sufficient staff were employed to meet the assessed needs of the people living at the home.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

The home was clean and tidy. The environment was maintained to a good standard and was homely in

character.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities. This helped to protect the health and welfare of staff and people who used the service.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities of how to apply any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed.

We saw that people were able to attend activities of their choice and families and friends were invited to visit between 13:00hrs and 20:00hrs.

Audits, surveys and resident's meetings helped the service maintain and improve quality standards.

People told us the registered manager was approachable and supportive.

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 remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

Medlock Court

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.

This was a comprehensive inspection and was carried out by two adult social care inspectors on 10 April 2018. This inspection was unannounced.

We requested and received a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also contacted the Healthwatch Oldham and Oldham Metropolitan Borough Council for any information they held about the service. We were told that investigations were ongoing relating to a specific incident. No other concerns were raised.

We spoke with four people who used the service, three relatives/visitors, the registered manager, the resource manager and three care staff members. We also spoke to three health and social care professionals who provide care to people using the service.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at four care records and medicines administration records for nine people who used the service. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

The service remained safe. People said they felt safe at Medlock Court. One person said, "I feel safe and have no complaints." Another person told us, "Nobody bothers me, I feel safe." A relative told us, "It's so good her being in here because I have been able to go away on holiday knowing she was safe." A professional told us, "It is a safe environment here, staff are always vigilant to people's needs." A relative said, "You can always find a member of staff if you need them for something."

In response to a recent medicines error the service had taken steps to mitigate the risk around medicines management. The service no longer wrote prescription requests by hand when people arrived at the home. Instead, the doctor's surgery automatically generated a prescription based on the person's discharge information. The registered manager worked with a general practitioner (GP) who regularly attended the service and also spoke to the local pharmacist to find ways to reduce the risk around medicines.

We looked at nine medicines administration records (MARs) and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home which helped staff check the numbers of medicines people had. There was a photograph on each MAR and individual medicine container to help staff identify the correct person. Both staff members wore a tabard which informed people they were administering medicines and should only be diverted from this task in an emergency. Staff also wore gloves to prevent cross contamination.

We observed a medicines round. One staff member stood by the trolley and passed the medicines to another staff member who took them to the person using the service and waited whilst they had taken the tablets before returning to the trolley. Both staff members signed the MAR. This was a safe system with two staff checking the medicine was correct and only signing when they were sure the medicines had been taken. We also saw the members of staff asking people if they need pain relief. The staff member was very patient and did not rush people to take their medicines.

People were encouraged to self-medicate following a risk assessment. To ensure people were safe to do so people initially self-medicated from the medicines trolley under the supervision of staff. Once staff were satisfied the person could administer their medicines safely the medicines were placed in a locked cabinet in their room. Staff regularly checked the person remained safe to take their own medicines.

Medicines were stored on each unit in a locked room and only staff who needed to had access to the keys. The medicines trolley was attached to the wall. The temperature of the medicines cupboard and dedicated fridge was checked daily to ensure medicines were stored to manufacturer's guidelines.

Nobody on the unit required controlled drugs but there was a safe system for storage and a dedicated register for staff to sign for them. Controlled drugs are stronger medicines which require more stringent checks. Staff were aware of how to administer controlled drugs and actually administered all medicines to the same standard.

We saw in the plans of care that there were specific instructions for any person who needed medicines for diabetes. This informed staff of many aspects of care of people with diabetes. We saw quite clearly that the service took responsibility for tablet controlled diabetes but insulin was given by district nurses who were also responsible for blood tests.

Any medicines that had a use by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date and there was a safe system for disposal of medicines. The registered manager ensured medicines were returned in a tamper proof box. Any hand written prescriptions were signed by two staff which is the recommended safe method. There was a signature list of all staff who gave medicines for management to help audit any errors.

There were policies and procedures to guide staff in the safe administration of medicines and the service had a copy of the National Institute for Health and Care Excellence (NICE) guidelines 2017 for administering medicines in care homes. This is considered to be best practice guidance for the administration of medicines. Staff retained patient information leaflets for medicines and a staff member said they used the internet to look up medicines if they needed to learn more. All staff who administered medicines were trained to do so and had their competency checked regularly by a manager. Medicines were regularly audited by staff and managers.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

We saw that topical medicines such as ointments were recorded in the plans of care. The service used body maps to show staff where to apply the medicines.

We looked at three plans of care during the inspection. We saw there were risk assessments for moving and handling, falls, tissue viability (this is to prevent pressure sores) and nutrition. The risk assessments had been reviewed and provided staff with up to date information to help protect the health and welfare of people who used the service. We saw that where necessary professionals we called in to provide information and guidance, for example speech and language therapists. We saw the risk assessments helped people keep safe and did not restrict their lifestyles.

We saw that the service had improved the risk assessment process to better manage the risk of falls. The staff at Medlock Court followed a prevention risk assessment prepared by a physiotherapist or occupational therapist. The service notified the therapists of any falls and near misses to enable them to review the risks assessments when required. The service had reviewed a 'falls protocol' which had been shared with the staff team to raise awareness about the improved system.

Staff had received training in keeping people safe, and they told us they were confident about identifying and responding to any concerns about people's safety or well-being. Staff confirmed they had access to safeguarding and whistleblowing guidance. There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member had a criminal record or been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a

decision was taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

During the tour of the building we saw the home was clean, tidy and there were no offensive odours. There were policies and procedures for the control and prevention of infection. The training records showed most staff had undertaken training in the control and prevention of infection. Staff we spoke with confirmed they had undertaken infection control training. The service used the National Institute for Health and Care Excellence guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits, annually provided the staff with hand hygiene training and checked the home was clean and tidy.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the fire procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a gas or power failure. A qualified person was updating the fire risk assessment to ensure the service were meeting safety requirements.

Good

Is the service effective?

Our findings

The service remained effective. We saw that all staff had recently refreshed their training in diabetes awareness to update their knowledge in response to a recent concern relating to the management of diabetes. A staff member told us that they felt more confident having re-trained in this area, they said, "I have already completed diabetes awareness training but It's always useful to refresh training regularly to keep it fresh in my mind."

New staff received an induction which covered key policies and procedures, Staff were supported until they felt comfortable to work with people accommodated at the home. We saw from looking at the training records, staff files and when talking to staff that training was ongoing. Training included the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), first aid, fire safety, food safety, nutrition, medicines administration, moving and handling, infection control, health and safety, safeguarding and fire awareness.

Staff told us they had regular supervision to review their practice and discuss any concerns they had professionally or personally. An annual appraisal took place to highlight areas for development and improvement.

The management team were using a new structured approach to assessment when admitting people to Medlock Court. An improved referral process was in place to provide more detail about people before they transferred to the service. This ensured that all medical conditions and risks were identified prior to admission and featured in the individual plan of care created by the service.

People who lack the 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that people had their mental capacity assessed before being admitted to Medlock Court and we saw that the service had used the correct process to apply for the DoLS and people had access to advocates or independent mental capacity advisors (IMCA). Advocates and IMCA's are external professionals who act on a person's behalf to ensure their rights are protected and any decisions made are the least restrictive.

We saw that people had been involved in planning their care and had given their signed consent to treatment.

We saw the service liaised well with other organisations and professionals. Each person had their own GP and had access to professionals such as specialist nurses, hospital consultants and speech and language therapists. People were also supported to attend routine appointments with opticians, dentists and podiatrists. This helped ensure people's health care needs were met. One professional told us, "I visit most days and the staff are always welcoming and professional."

People said they enjoyed the food that was on offer. One person told us, "The food has been very good." Our

observations of the dining experience were positive. Staff asked people where they would like to sit and we observed positive interactions between staff and people living at the service and support was offered appropriately if required. The meal served was hot and nutritious. We observed people had access to snacks and drinks throughout the day.

The service catered for special diets, soft, diabetic and Halal. We asked the registered manager how they were aware of diets for people's differing ethnicity and she said they spoke to the people who used the service, their families and a staff member to ensure they met their requirements.

We saw the kitchen was clean and tidy. The service had recently been inspected by the environmental food agency and given a five star very good rating which meant the ordering, storage and serving of food was safe. We saw that cleaning schedules were maintained in the kitchen.

Good

Is the service caring?

Our findings

The service remained caring. People told us they felt well cared for. Comments included; "They treat me very fairly;" "The staff are very welcoming to my family;" "The staff are nice and kind" and "They have looked after me. The staff are very nice." A professional said, "Staff are lovely, really caring."

People and their relatives told us staff respected their privacy and dignity. Comments included; "Staff will knock and wait if they come to my room" and "Staff always cover me up as much as possible to protect my modesty if they are helping me." We saw staff demonstrating discretion when supporting people to manage their continence needs. A professional told us, "I have always seen staff treat people with care and dignity. Furthermore, people always appear to be well presented and well cared for."

We observed that staff had formed meaningful relationships with people. One person told us, "I feel like I am amongst friends here." A professional shared, "Staff seem to know people well I have never heard a bad word from people about the service they receive here."

People's known communication methods were used to determine what it was people wanted but we also saw that where people did not communicate verbally staff appeared to know what the person wanted or waited for a response from the person to see their reaction. This helped ensured that people received the care they wanted.

A person who used the service told us, "My relatives are always warmly welcomed." A relative said they were always made welcome, "I come every afternoon and I am always made to feel welcome." We saw the registered manager and other staff welcome visitors into the home.
Visiting was limited to set hours however all the relatives and visitors we spoke with told us that they understood why this was the case and they had ample opportunity to visit. One relative told us, "We wouldn't want to interrupt people's therapy time or meal time; I think the visiting times are fair."

We saw that plans of care informed staff of the abilities of each person and were directed to prompt people to do what they could for themselves. Where possible people were encouraged to be independent. One person told us, "They are helping me to make a drink. I like to be independent." Another said, "I am getting to go home. I feel I am ready;" One person told us that they help out around the home to regain their skills, they said, "I like to set the tables and move the pots."

All the records we asked to look at were stored securely. Staff received training in information management and confidentiality which ensured information would only be shared with people who needed to know people's personal details.

Good

Is the service responsive?

Our findings

The service remained responsive. People's needs were assessed before they were admitted to the home. The information collated during the assessment formed the care plans and risk assessments that were in each person's care file. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These needs included age, disability, religion and other protected characteristics. People and their chosen relatives told us they were included in the creation of their care plans.

Daily records showed what a person had done during the day or how they had been and helped form the basis for staff handovers. A handover was held at the start of each shift and was used to pass information to staff to ensure there was continuity of care.

There was a suitable complaints procedure accessible to people who used the service and their relatives. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We saw that the manager responded to concerns and complaints in a positive manner to find a possible suitable resolution to them. One person told us, "I have no complaints at all with the service."

People told us that they were happy with the range of activities on offer. One person told us, "We have done some exercises this morning. Bingo arts and crafts, facial expressions and climbing the stairs." A relative told us, [name of relative] has been getting involved in some activities, the activities person is great, really bubbly. Although, they don't push people in to taking part if they don't want to." We saw that activities included; baking, board games, quizzes and arts and crafts. Medlock Court also had some upcoming events planned, these included; the royal wedding celebration, a garden party and a world cup theme day. The service had access to the internet so that people could access the internet during their stay and had purchased some iPads for people to use.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from November 2017. We looked at how the home shared information with people to support their rights and help them with decisions and choices.

Some people receiving care at Medlock Court had communication difficulties or problems with accessing information, including living with dementia, hearing loss, a learning disability or poor vision. Care plans included information on how people's communication needs could be supported. The registered manager told us documentation such as care plans could be printed off in larger fonts, or could be explained directly to people. Signs and visual clues were available to support people to orientate themselves within the service, including pictures where appropriate. Care plans contained information about people's specific communication needs, any barriers to communication and how staff could help people communicate. For example, by ensuring people had time to process information or had any aids they might need such as clean

glasses or hearing aids.

Good

Is the service well-led?

Our findings

The service remained well-led. There was a registered manager in place who had been at Medlock Court since August 2017. 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.

We found that the service had learned from recent incidents and had responded appropriately to mitigate the risks of falls, medicines administration and improved the awareness of diabetes across the workforce. Records showed that accidents and incidents were properly recorded, responded to and reviewed to enable the service to improve the safety and quality of care.

There was a culture of openness, accountability and honesty at Medlock Court. Staff meetings were held for day and night staff at variable times/days and minutes of these were reviewed. The registered manager also held meetings at short notice when specific information needed to be shared with staff in a timely manner. The minutes of these were shared with staff not in attendance on that day. This meant staff were kept up to date regarding their role and the people they supported.

Staff were positive about working for the service. One told us "It's a great place to work, we all get along really well and the manager is really open and approachable." Another said the registered manager "Is always available to help and takes an interest in everyone who comes through the door." A professional told us, "I have found the service to be well-led, the office door is always open and the manager listens, we work together well."

Staff said they felt listened to and there was a suggestion box in place so they could make comments to improve the service. Feedback was sought by people using the service on the third day of their stay to identify any immediate concerns or improvements required. A further satisfaction survey was completed when the service ended. We looked at six completed surveys and saw that the comments were positive.

There were systems in place to monitor, analyse and improve the service. The registered manager completed regular audits which included; staff files, care plans and training. Where improvement actions were identified these were passed to the staff for action and the registered manager monitored to ensure actions were completed. Accidents and incidents were recorded and monitored to look for ways to minimise the risk of a reoccurrence. The registered manager had a good oversight of the care plans and related documentation, such as the MARs and discussed plans to improve how they manage medicines records.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

We saw that the registered manager had developed a detailed action plan that clearly outlined outstanding work to be done and provided a timeline for actions to be completed. This action plan included plans to build on the role of the assessment and review officer's role within the service and to work with the wider community to spread awareness about the enablement service.