Active Care Services Ltd

Micron House

Inspection report

41 Halesowen Road
DY2 9QD
Tel: 00 000 000
Website: www.example.com

Date of inspection visit: 16 December 2015
Date of publication: 25/01/2016

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

This was an announced inspection which took place on 16 December 2015. Micron House provides accommodation with personal care for 10 older people. At the time of this inspection 10 people were living at the home. When we last inspected the home in May 2013 the provider was compliant with the regulations we assessed.

There was a registered manager 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.

We received a high level of praise from people and their relatives in relation to this home. They were very complimentary about the quality of the care they received. We found the registered manager and staff were motivated and committed to providing a high standard of care to people.

People had no concerns about their safety, risks to their safety had been identified and staff had training in how to recognise abuse. The review of incidents needed to be more robust to ensure all incidents of a safeguarding nature are recognised and reported.

Summary of findings

Staff were recruited in a safe way and had relevant training and support to enhance their skills in providing people with quality care. There were enough trained and experienced staff to support people and meet their needs in a personalised manner.

People had their medicines when they needed them and the arrangements for the management of people's medicines was safe.

Care was focused on people's individual needs and we saw this was effective in managing risks to their health such as falling or developing pressure sores.

Staff were aware of how to support people's rights, seek their consent and respect their choices. We saw staff worked within the principles of The Mental Capacity Act 2005 (MCA) to ensure that the human rights of people who may lack capacity to make decisions are protected. We saw staff understood the Deprivation of Liberty Safeguards (DoLS) to deprive someone of their liberty to ensure the safety.

People were happy with the meals offered and were supported to have the meals that they enjoyed. Drinks were offered throughout the day to prevent the risk of dehydration. People's health was supported by access to appropriate health professionals.

We saw that staff were attentive and caring towards people. People described the staff as being friendly and kind. Relatives told us the staff were polite, patient and respectful towards people. Relatives told us how they had been supported during and after their family member's death and that staff had displayed a great deal of compassion.

People told us that they were happy living at the home. They knew how to raise any concerns if they needed to and we saw arrangements were in place to listen and act upon any concerns.

People enjoyed a range of activities which were tailored to meet their individual interests and encourage their independence.

People described the management of the home as very friendly and approachable. Staff felt supported by the provider who was also the registered manager and worked in the home daily. We found quality monitoring systems were in place. The registered manager had continued to make improvements so that the home was run in the best interests of the people who lived there. The registered manager had kept their own knowledge and learning up to date which ensured they were aware of new initiatives to enhance the quality of care provided.

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.

People were safe from abuse because staff were trained and knew how to protect people. There was a lack of consistency in recognising incidents that could affect people's safety.

Risks to people's health and safety had been thoroughly assessed and managed.

There were sufficiently trained and experienced staff available to meet people's care needs.

The management of people's medicines was safe and they received their medicine as prescribed.

Good

Is the service effective?
The service was effective.

Staff were trained, motivated and positively supported to meet people's needs.

Staff knew how to support people's rights and respect their choices and decisions.

People enjoyed the meals and had the support they needed to maintain a balanced diet. Healthcare professionals were involved to make sure that people's health was monitored and maintained.

Good

Is the service caring?
The service was caring.

People and their families were consistently positive about the caring attitude of the staff.

Staff showed a strong person centred approach towards the people they supported demonstrating kindness and compassion.

People's dignity, privacy and independence were promoted.

People saw their relatives when they wanted; visiting times were open and people's relatives were made welcome.

The arrangements for supporting people with end of life care were well established and compassionate.

Good

Is the service responsive?
The service was responsive.

People received the support they needed to enjoy recreational activities that they enjoyed.

People's views were actively sought and complaints procedures were in place for people and relatives to voice their concerns.

Good

Is the service well-led?
The service was well led.

There was an open and inclusive culture and the management team had the support and confidence of people in the home, their relatives and staff.

Good

Summary of findings

The quality of the service was monitored. Improvements had been made to ensure that the service was run in the best interest of the people who lived there.

Micron 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 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 inspection took place on 16-December 2015 and was carried out by one inspector.

Prior to our inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any safeguarding matters. We asked the local authority their views on the service provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition we observed staff administering people's medicines and supporting people during their lunchtime meal.

We spoke with six people who used the service, five relatives who were visiting and one relative by telephone, the registered care manager and two staff. We also spoke with one visiting health professional. We looked in detail at the care records for three people, and the medicine records for seven people, accident and incident records, two staff files, complaints and compliments records, staff training records and the quality monitoring systems.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure in the home and in the company of staff. One person said, "I feel very safe; I can't manage on my own but they look after me very well". Another person told us, "I am safe; and they [staff] have explained to me when I have done things that could compromise my safety". A relative we spoke with told us, "There were serious issues about [person's name] safety; but we were fully consulted and the arrangements now in place are keeping them safe, we couldn't be more thankful".

Staff we spoke with told us that they had received training in how to safeguard people from abuse and how to report their concerns. A staff member said, "Anything that affects the safety of people I would talk to the manager about". Staff had received training in safeguarding and whistle-blowing to support their understanding. We saw the registered manager had learned from safeguarding incidents and made improvements to the way they recorded such incidents.

The incident log showed there had been two incidents where one person had hit another person. The registered manager was open about these incidents and told us they had not informed the local authority. Whilst staff were able to describe to us the different types of abuse this showed that they did not consistently recognise or report to the local authority as they should. The registered manager told us that the record of the two incidents did not describe clearly whether the incidents were witnessed. However if and when people make an allegation a referral to local authority safeguarding should be made to ensure people's safety is reviewed.

Risks associated with people's care had been assessed and action taken to reduce risks was detailed in their care plans. Staff were aware of the risks to people and how to manage these. For example one staff member said, "Some people are at risk of leaving the building and we know how to keep them safe". We saw that staff were vigilant about people's whereabouts to ensure they did not place themselves at risk. The registered manager had addressed safety issues within the environment; gates were secure to prevent people at risk on the main road and doors were alarmed to alert staff to people exiting the building. We saw evidence that there had been a number of incidents related to attempts to leave the building. Appropriate action had been taken to involve external agencies such as social workers and advocacy to review these incidents and agree a protection plan for the person to reduce the risk of harm. We saw from records and observation that staff knew how to manage these situations in a positive way whilst also protecting the person's rights.

Risk assessments had been undertaken and referrals had been made to health professionals for advice on how to prevent people from falling. We saw that people had been provided with walking and standing aids to reduce these risks. We saw staff supported people when they were walking to prevent falls. Management plans were in place to reduce the risk of developing pressure sores and equipment was available to prevent people getting sore skin. A visiting healthcare professional told us, "We can trust staff to pick up on any concerns about people's skin; the staff are very proactive, quick to alert us and will listen and act on our advice". We saw staff followed the recommendations from health professionals because they ensured people sat on their pressure relief cushions. A relative told us, "They have been great; because it's a little home staff notice everything that needs doing to keep people safe and well".

We saw that there was enough staff to provide people with care and support when they needed it. One person told us, "There's never a problem with staff, always someone here with us". A relative told us, "I visit all the time it's a small home but staff are always available". We saw that staff undertook cooking and cleaning tasks in addition to their caring role. Staff told us this did not present any difficulties in meeting people's needs. One staff said, "There are always at least two of us so someone is available to supervise people if the other is busy". We saw the needs of people were well managed; staff were available to supervise and meet people's needs, and to sit and talk with people, and carry out activities. One person told us, "At night I only have to press my buzzer and staff will come". The registered manager told us people's needs were assessed to determine staffing levels and was confident their arrangements met people's needs.

We saw staff had been recruited safely. A staff member told us, "They did checks on my references and I had a police check before I was able to start work". We saw staff files contained reference checks and checks with the Disclosure and Barring Service (DBS) – which provides information

Good

Is the service safe?

about people's criminal records. These checks had been undertaken before staff started work. The recruitment processes in place would help to minimise the risks of employing unsuitable staff.

People told us they had their medicines when they needed them. One person said, "I have no concerns about how they look after my medicine". We found that people's medicines were stored safely and we saw staff followed safe procedures for administering people's medicines. Medicine Administration Records (MAR) had been completed and written protocols were in place to guide staff for medicines prescribed on a 'when required' basis. Where medicines were required to be given in a specific way, staff could explain the precautions they would take to ensure the person's safety, however written supporting information to guide staff was needed to ensure consistency. By the end of our inspection the registered manager had addressed this. Staff told us that they had received training on how to administer medicines and competency assessments had also been completed to ensure medicine was safely administered. We checked the balances for some people's medicines and these were accurate with the record of what medicines had been administered. Arrangements were in place for the management of Controlled Drugs [CD's] but none were in use at the time of our inspection. The arrangements in place ensured that people received medicines when they needed them and in a safe manner.

Good

Is the service effective?

Our findings

People and their relatives were consistently positive about how they were looked after by staff. One person told us, "It's a lovely home; I'm very happy and very well looked after". A relative told us, "This is a wonderful home, they have really looked after [name of person] and they are much stronger, better able to walk and happy".

A staff member told us, "I had a full induction that included following other staff and I did training so I was confident I knew people's needs". We saw staffs induction was supported by a competency framework. We saw from staff files that their competencies had been assessed to ensure they undertook their tasks safely. We found there was a proactive approach to staff members' learning and development because the new Care Certificate had been implemented to enhance their induction processes further. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care.

Staff we spoke with felt that they had very positive support and training in order to understand and meet people's needs. A staff member said, "I do a lot of training in all the areas we need". We saw the training programme supported staff in developing the competences to deliver effective care. For example training in dementia awareness to meet people's diverse needs was evident as well as moving and handling to support people with their mobility. We also saw that staff had completed varying levels of recognised qualifications in health and social care. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs. A person who lived at the home told us, "They know how to look after us, how to help us with things".

Staff had regular supervisions in which to reflect on their care practices and enable them to care and support people effectively. One staff member said, "I have regular supervision; the manager goes through my care practice and how I am performing I am happy with the support". We saw staff used their skills and awareness in terms of meeting the needs of people. For example we saw they supported people with their mobility using equipment correctly. Staff knew how to defuse some behaviour that could challenge; we saw they diverted the person by asking them if they wanted to go for a walk and have a cup of tea. We saw the person went with the staff member and made a cup of tea and this approach calmed the person down. Staff were aware of how to support people with dementia in a proactive way. For example we saw throughout the day that staff actively encouraged people with daily tasks; one person was washing up in the kitchen, we saw another person help to set the table. We saw staff recognised the importance of interacting with people; they utilised opportunities to talk with people and reminisce. A relative told us, "Whenever I visit they are always talking with people; it's really nice and interactive, like a family".

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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

We saw staff incorporated the principles of the MCA by seeking people's consent before they assisted them with their care needs. A person told us, "They always ask before they help me because sometimes I don't want help". We saw staff respected people's choices about where they sat in the lounge, what time they got up or went to bed and what they ate. We spoke with relatives who confirmed they had been consulted regarding decisions where their family member lacked capacity. We saw for example that where people could not consent to aspects of their care, the arrangements had been discussed with their family, the doctor, social worker and an advocate so that decisions made on people's behalf were taken in their best interest. We saw where people had made arrangements to protect their choices such as Power of Attorney [POA] or Do Not Attempt Resuscitation [DNAR] this was documented in the person's care records so that staff knew what action to take or who to contact about decisions.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS). They had applied to the

Good

Is the service effective?

supervisory body where they considered restrictions on two people's liberty were necessary to keep them safe. We spoke with one of these people who confirmed they had been consulted and were aware of the restrictions in place. We saw that staff were aware of the steps needed to keep the person safe and practiced in a manner that did not restrict the person unnecessarily. For example we saw the person could move around the home and gardens, and use the lift independently. A staff member told us, "We just make sure we know where they are and at times we have to remind them why they cannot leave the home". Staff we spoke with confirmed they had training in this area and training records reflected this. A relative spoken with confirmed that they had been fully consulted about the restrictions in place and was happy these kept the person safe.

People were complimentary about the meals. One person said, "I love the food we choose what we want and they will cook anything". We saw people enjoyed a fish and chip meal from the local shops; the registered manager put these into newspapers and used the meal to talk about the 'old days' when people ate their fish and chips from newspapers. We saw this generated a lot of conversation amonst staff and people. Staff prepared and cooked the meals and had a good understanding of the importance of good nutrition and hydration. They were aware of people's specific dietary needs. For example one person had Roe as they disliked the Cod with their chips. We saw people had been referred to the dietician and Speech And Language Therapist (SALT) for advice and staff monitored people at risk of not eating or drinking enough. Weight checks were undertaken to ensure any deterioration was identified.

One person told us, "I see the doctor if I'm unwell, I also have seen the nurse and dentist". We saw people's routine health checks were addressed. We spoke with the district nurse who confirmed that staff understood when to seek their assistance. Staff were aware of people's medical conditions and how to support them. A staff member said, "We have been shown how to support people with pressure sores, we know about losing weight, getting infections and the signs to look for". A relative said, "My relative has gained weight, eats much better and is more mobile, I'm very happy with the care and attention they get".

Good

Is the service caring?

Our findings

Everybody we spoke with was very positive about the caring nature of the registered manager and her staff team. People said that staff were kind and very helpful. One person said, "Staff are lovely". A relative said, "They are attentive and show a lot of care and compassion". Another relative told us, "The manager has created a lovely home with a family feel".

We saw that staff were kind and patient and spoke to people politely. There was a person-centred approach to communicating and engaging with people; staff knew people well and actively spent time with them. We saw staff engaged in meaningful and enjoyable spontaneous activity with people, for example talking, singing and reminiscing. They frequently enquired about people's well-being and checked if they were comfortable. We saw they replaced blankets on people's legs, and provided footstools for comfort.

We saw lots of examples of staff demonstrating compassion towards people; taking the time to sit and comfort people, reassuring them when they were anxious. We found that staff knew people well and understood how to respond to each person's diverse needs in a caring and compassionate way. For example we saw a person who lacked capacity was supported in a sensitive and compassionate way. They were given regular explanations so that they understood that they lived at the home. We saw this resulted in the person's anxiety decreasing so that they did not feel the need to leave the building. A staff member said, "Some people get very confused and upset, if you have to talk to them, explain where they are, and reassure them it helps them".

We visited people who were cared for in their bedroom. A person told us, "Whilst I've been ill the staff have been marvellous; they check on me, bring me drinks and food they are very caring". A relative told us, "I never worry about [name of person], they look after her exceptionally well and she is very happy living here".

A staff member told us, "We treat people like they were our own family and the manager encourages that". We heard from staff that they regularly discussed the key principles of care such as kindness, respect, compassion and dignity. The registered manager checked that staff practiced the principles of good care; a competency framework was in place to support staff learning and understanding. We saw staff understood the values of the service and the way in which they were supported and trained ensured they put these principles into practice.

People told us that they were involved in planning their own care and this was confirmed by their relatives. One relative said, "I am always asked about my views because [name of person] is unable to make decisions". One person told us, "They did talk to me about my care and living here". We saw that where decisions had been made on behalf of people who lacked capacity that staff had provided both them and their family with information in a way they understood. We also saw that the services of an advocate had been used to represent people's views where they were unable to do this for them self. We saw people had been supported to make decisions in relation to their funeral arrangements, losing capacity or whether they wished to be resuscitated. This demonstrated people had been given options and had made decisions about their care. We saw that regular reviews took place with people and their families to ensure their care remained relevant to them.

Staff respected people's dignity and there was an individualised approach to meeting people's personal care needs. We saw staff support people to attend to their personal care on an individual basis and when they wanted or needed this. One person said, "I choose when I want to have a bath or wash my hair they are very good like that". We saw staff promoted people's dignity by ensuring their appearance was addressed and that they had the support they needed. There was an example of the registered manager going beyond her duties to ensure that a person's clothing and belongings were retrieved from their home so that they could dress in their own clothing. We spoke with this person who told us how pleased they were to have their own clothes and jewellery. Our observation of their practice showed that staff were motivated, caring and compassionate towards people.

Staff promoted people's independence. We saw throughout the day that there was a high level of interaction between people and staff who understood the importance of encouraging people to get involved in daily chores and tasks. We saw people helped with all aspects such as the laundry, tidying and wiping tables. We saw people accessed the kitchen to make tea when they requested it, and helped to wash and dry up. This showed

Good

Is the service caring?

staff understood what was important to people and their need to feel valued. A staff member said, "We try to support people to do the things they want to, if that's making a cup of tea and it makes them happy we do it".

People told us and we saw that there was no restriction on visiting times. During our inspection there was a lot of family activity and people told us this was usual for the home. A person said, "Families are always popping in, it's really nice because we know them all". A relative told us, "We have a good relationship with the manager and staff; they make us very welcome, and we see every time we visit that people are really cared for well".

People had been given support when making decisions about their preferences for end of life care. We spoke with two relatives who told us how they had been supported by the home during and after their family member's death. One said, "It was our wish mom stayed here and everything was done to keep her comfortable and pain free". We heard that the family and staff were supported by health care specialists. The family told us that staff had been particularly supportive and compassionate, "They looked after mom beautifully after her death; they didn't have to but they dressed her and put her make up on, it was such a lovely thing to do". We also heard that the family had received a sympathy card from the home telling them 'It was a privilege to care for your mom'. The family told us that they continued to visit the home because of their experiences and the support they had received.

Good

Is the service responsive?

Our findings

People told us that they had been involved in the assessment of their needs prior to them moving into the home. One person told us, "The manager visited me and we talked about my care needs, and my preferences". We saw that people's care plans were centred on their needs and that their wishes and preferences had been listened to. A relative told us, "We discussed her health, her communication and safety, all have been dealt with really well I'm very happy".

Staff were knowledgeable about people's individual support needs and how best to support people. For example they knew how to support a person who regularly refused personal care. A staff member told us, "We understand [name of person] will regularly refuse care but we try different approaches and still give them a choice". A health care professional told us, "They take into account the person's mental condition and recognise the need to provide essential care. They have advised me of this approach so if the person refuses I come back and try again". We saw that staff used a person-centred approach that ensured they balanced the need to give the person choice and control whilst taking their condition into account. This ensured that care was focussed upon the person and how they preferred their care needs to be managed. Care records that we looked at contained information about each person's life history, their likes, how they communicated as well as their needs. Staff told us they read people's care plans and regularly discussed any changes. Relatives told us they were regularly updated and changes to people's care were communicated to them. We saw on the day that the registered manager discussed such issues with a family member.

People we spoke with told us that their religious needs had been met. We heard that two churches visited on a regular occasion and offered a service with communion and singing. We saw and heard from people and their relatives that there was always activity or games on offer for people to enjoy. A person said, "We play bingo, games, keep fit, read, watch DVD's and we have different meals; like today it's fish and chips from the shop". A relative told us, "There's always something happening when I visit; what's really nice is its normal stuff that they enjoy". Staff provided the daily activities within the home and told us this was flexible and dependant on people's choices. We saw that people very much chose what they wanted to do to occupy them and this included doing various domestic chores, one person told us, "I like to help".

People spoken with said is they had any concerns or complaints they would tell staff. A relative told us, "I've got no complaints but if I did the manager would listen". Information was displayed to people who used the service and their relatives about how to make a complaint. We looked at the registered managers response to a complaint made by a relative. We saw that the complaint had been formally acknowledged by letter and a meeting had been held with the relative to help address and resolve the issues they had raised. This demonstrated that the registered manager was aware of and working to the duty of candour regulations which require them to be open and transparent about events within the home.

Good

Is the service well-led?

Our findings

People had confidence in the registered manager and told us they were very happy with the way the home was run. One person who lived at the home told us, "She's very good; asks our opinions and looks after us really well". A relative said, "This home is small, friendly and run like a family, we are always welcomed". Another relative said,"They are dedicated staff, it's well run and we are always involved".

We saw the registered manager had a competency framework that they used with staff to underpin their knowledge. We observed that staff clearly understood and worked to the values of the home. One staff member told us, "It's their home so we do what we can to make them happy, safe and comfortable". We saw staff had the training and support to carry out their care tasks. A person told us, "I didn't want to come into a home but my quality of life has improved it is a lovely little home".

We saw that the registered manager and staff were visible and always had time to chat with people. A relative told us, "There's a very friendly approach towards us and the people who live here". The leadership structure consisted of the registered manager, senior and care staff and tasks were clearly defined. A staff member said, "I love working here, it doesn't feel like a home".

The provider was the registered manager and worked in the home on a daily basis. We saw she had good oversight of the culture and standards within the home. During our inspection we saw that she spoke with people and their relatives which demonstrated an open and inclusive approach. One relative said, "She always asks us what we think when things are changing, it's very friendly and informal".

We saw that people were regularly asked their views via the use of questionnaires. These focused on all aspects of the care provided; whether staff were patient, didn't rush people, met their dignity needs and so on. Families had also been canvased about their views and we saw that all of the feedback was positive which showed that people and their relatives were happy with the service provided. We saw that where people had fed back things they would like these had been addressed, for example people had been provided with alternative meals and a selection of Jazz music had been purchased for people to enjoy.

Providers are required to inform the Care Quality Commission, (the CQC) of important events that happen in the home. The registered manager had ensured incidents regarding depriving people of their liberty were reported to us the CQC which they are required to do by law. However they had not notified us of the 'hitting' incidents' so we could check that appropriate action had been taken. Staff were aware of whistle blowing procedures and knew how to report any concerns about bad practice. One staff member told us, "Absolutely nothing would be tolerated here we wouldn't hesitate to report it".

We saw the registered manager monitored standards within the home. Audits were carried out on the safety and quality of the service. We saw examples of links with local organisations such as the West Midlands Care Association which evidenced the registered manager was keeping up to date both with their own learning and with new initiatives. We saw that they had recently achieved the Gold Standard Award from the local authority commissioners. We also saw that they had achieved a Five Star Food Hygiene rating with regards to the storage and preparation of food.

Before our inspection visit we contacted the local authority commissioning team no concerns were raised by them about the care and support people received.

The registered manager had put people at the centre of their plans by ensuring staff had the skills and expertise to meet the changing needs of people. For example they had introduced the new Care Certificate to enhance their induction processes. We saw the registered manager had a vision for the future of the home which was to continue with the redecoration, new windows and other building improvements in order to provide a comfortable place for people to live.

The registered manager had reviewed the safety of the environment and the use of alarms on doors to alert staff to people's movements. The front gate to the home was also locked with a coded lock. We found it difficult to access the home as there was no door bell and the arrangements in place required a telephone call ahead to access the property. Relatives spoken with had no concerns about access arrangements. Whilst the manager was able to demonstrate that anti-social behaviour in the immediate location had resulted in them securing the premises, access to the home needed to improve. She advised a door bell would be fitted to enable this.