

Midway Care

Midway Care Midway Support Services

Inspection report

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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?

Requires Improvement 

Overall summary

This was an announced inspection which took place on 11 and 16 June 2015. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary service within supported living services and we wanted to be sure that staff would be available to assist with the inspection.

Midway Support Services specialises in supporting young adults with learning and physical disabilities. At the time of our inspection the service was supporting 16 people in provision across Birmingham and Warwickshire.

At our last inspection in June 2014 there were two areas where the service was not meeting regulations. These related to the monitoring of the service, and the management of medicines. We found the provider had improved the systems in place for the management of medicines and the manager was making progress on ensuring effective systems were in place to assess, monitor and improve the quality and safety of the service provided.

Summary of findings

A registered manager is required to manage this service. A new manager was appointed in March 2015 and at the time of our inspection they were in the process of registering with us. 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 received a safe service, procedures were in place to reduce the risk of harm to people and staff were trained and knew how to report and deal with issues regarding people's safety.

People received their medicines as prescribed and safe systems were in place to manage people's medicines.

Training and supervision was provided for staff, to ensure they were able to perform their role well.

People enjoyed their food and had a choice of food to ensure a healthy diet. People's health care needs were met.

People received care from staff who were respectful and caring and ensured people's privacy and dignity was maintained.

People were able to participate in various social activities if they wished. People were encouraged by staff to be independent and were confident their concerns would be listened to and acted upon.

The management structure had been strengthened and steps were taking place to ensure the monitoring of the service was more robust.

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 received a safe service. Procedures were in place to help keep people safe and staff knew how to reduce the risk of harm to people.

Risks to people were assessed and managed.

Arrangements were in place to ensure that people were supported to take their medication.

Good



Is the service effective?

The service was effective.

People were supported in a way that they wanted.

Staff were trained and supported in their role. Staff had the knowledge and skills they needed to support people and ensure that they remained healthy.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind and caring.

People were supported to make informed decisions about their care and support.

Staff ensured that people's privacy, dignity and independence was respected and promoted.

Good



Is the service responsive?

The service was responsive.

People needs were met in a way that suited them and their expectations.

People were able to raise their concerns. Arrangements were in place to respond to people's concerns and complaints.

Good



Is the service well-led?

The service was not consistently well led.

People received a service that met their needs.

Improvements were needed so that quality monitoring systems were robust.

Requires Improvement



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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 11 and 16 June 2015 and the inspection was announced. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications

received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

We visited the homes of three people and spoke on the telephone with one person that used the service. We also spoke on the telephone with four relatives. We met with the manager, provider's representative and six staff members. We looked at safeguarding and complaints records and sampled four people's care records. This included medication administration records and daily reports. We also looked at the recruitment records of three care staff and looked at quality assurance records.

Is the service safe?

Our findings

People that used the service told us that they felt safe with the staff that supported them. One person told us, “I am really happy and feel safe with the staff that support me”. Another person told us, “I do feel safe living here, much safer than where I lived before. The staff really help and support me”.

People were protected from the risk of abuse because staff had received training that enabled them to identify the possibility of abuse and take the appropriate actions. All staff spoken with were able to describe different types of abuse. Staff told us that they knew who to report to if they had any concerns that people were at risk of abuse. Staff were aware of how to escalate any concerns if they felt that action had not been taken. Records we held and saw during our visit showed that the provider had reported concerns appropriately to the relevant people and had taken the appropriate actions to ensure people were kept safe

People told us that staff encouraged them to carry out tasks safely. One person told us, “The staff help me and encourage me to do more and more things for myself. I do some cooking”. All staff spoken with told us that risk assessments and risk management plans were available in people’s homes to tell them how to care for people safely. Staff told us that they would promptly report any concerns or changes in people’s care to a senior staff member.

People were kept safe because the provider had assessed staffing levels to identify how many staff were required to meet people’s needs. The manager told us that the staffing levels for an individual were assessed as part of the pre

assessment process. A person told us, “The staff are good and reliable. There is always enough staff to support me”. A relative told us, “The main care staff are very good. They do use some agency staff. It would be good to have a more stable staff team. The manager told us that recruitment was taking place so that vacant posts were appointed to. She told us that only regular agency staff were used.

All the staff that we spoke with confirmed that the required employment checks had been undertaken before they started working. The manager had audited recruitment records and had identified some shortfalls in documentation. We saw that steps had been taken to ensure the required information was in place prior to appointments being offered.

People were kept safe in emergencies. All staff spoken with knew what to do in the event of an emergency and how to report accident or incidents so these could be managed effectively.

People that we spoke with told us that staff supported them to take their medication safely. A relative told us that their family member was well supported with their medication and the staff had worked with health care professionals so that their medication had been reduced.

All staff spoken with told us that they felt they had the training and skills they needed to administer medication safely. One staff member said, “The training is good and we also do competency checks on staff to make sure they give medication safely”. People who had been prescribed medicines on a ‘when required’ basis had these medicines given in a consistent way. We found that people’s records had sufficient information to show the care staff how and when to administer these when required medicines.

Is the service effective?

Our findings

One person told us, “I think the staff have the training, they understand me and my needs.” Another person told us, “The staff listen to me”.

Staff were knowledgeable about the people that they supported. Staff had some understanding with regards to the Mental Capacity Act 2005 (MCA) and staff understood the need to ask people’s consent. Staff were able to explain how they obtained consent to provide care on a daily basis. Staff understood that any restrictions in place needed to be in the best interest of the person and needed authorisation by the court of protection. Staff were able to explain what restrictions were in place and why, and indicated that DoLS authorisations had been requested, or where in the process of being requested for the people that needed them.

All the staff spoken with told us that they had received the training and support needed to enable them to carry out their role. One new staff member told us about their induction and they told us that it had prepared them for their role. Staff told us that there had been recent changes to how training was planned and organised. Staff were very positive about the changes. One staff member told us, “The training is really good now and I feel more confident in my

role”. Staff told us that they had received supervision and that team leaders were available for advice and support. A staff member said, “The team leaders are available most days to support us or if they are not available you can ring the on call and you get the support you need day and night”.

Some people were involved in planning their own menu and shopping and helping with food preparation. One person told us, “I do a little bit of cooking. The staff are very good and help me. They encourage me to plan healthy meals”. Another person told us, “I have the food that I like. I am having macaroni cheese today”. Staff told us that they understood the need to ensure that nutritional needs were met. Staff told us that if they were concerned about people’s eating and drinking needs referrals would be made to other professionals including dietician services.

People’s health care needs were met. One person told us, “If I am not well I tell the staff and I go to see the doctor”. “A relative told us, “I think [person’s name] health care needs are very well met. The staff are very good and pick up on things straight away and will take [person’s name] to the doctors”. Records looked at showed that people were supported to attend a range of medical appointments such as dentist and opticians so that their health was maintained.

Is the service caring?

Our findings

People we spoke with told us that they were well cared for by staff. They told us that the care staff treated them with respect and kindness. One person told us, “The staff that work with me are excellent”.

Staff that we spoke with had a good understanding of people’s needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people’s privacy and dignity when providing personal care to people. All the staff that we spoke with showed concern for people’s wellbeing.

People told us that they had been involved in making decisions about their care. One person told us, “The staff

ask me and involve me in everything, they ask me what I want to do and help me plan things. I do look at my care records” and “The staff listen to me and ask me for my views”.

Staff told us that they discussed the importance of confidentiality during their induction. We saw records that showed that staff signed a confidentiality agreement as part of their contract of employment. This required staff to not discuss people’s personal information outside of the care environment.

Staff told us that people’s care records provided enough detail about how a person’s care should be provided and included detail about how to care for the person in a way that promoted the person’s dignity and independence.

Is the service responsive?

Our findings

People who could tell us told us that they felt they were listened to and involved in their care. One person told us, “The staff are good and they listen to me”.

Staff were knowledgeable about people’s needs. They were able to describe to us how they met people’s care needs and how they supported people to express their choices and maintain their independence by encouraging them to do as much as they could for themselves with staff support.

Staff told us that they asked people about what help they wanted. Staff told us that any concerns or changes in care needs would be passed onto the manager. Records looked at showed that systems were in place to assess people’s needs and plan people’s care.

A healthcare professional told us that the service was very good at supporting a person who at times had behaviour that challenged others. They also told us that staff were very good at following guidelines put in place by healthcare professionals. Another healthcare professional told us that Midway Support Services had supported a person to be more independent and they were able to eventually live independently in the community.

One person told us that they lived in their own house and that they were, “The boss”. They told us that staff supported them with cooking and household jobs and that they

attended a day centre and were able to do the things they enjoyed at the evening and weekend. Another person told us that they enjoyed shopping and going for meals. They told us that they were so happy now with the staff that supported them they were hoping to be able to start to do more things and be more independent.

A relative told us that their family member was supported to do lots of things that they enjoyed. They told us, “[person’s name] has a good life now the staff can support [person’s name] to do lots of enjoyable things they have a lovely time”.

One person told us that they had spoken with staff if they were unhappy about something and they felt that they had been listened to. Another person told us that they had not needed to raise any complaints but they would be happy to speak with any of their support staff if they needed to. All the relatives that we spoke with told us that they would raise their concerns if they needed to. A relative told us that they had asked to speak with the provider and this was responded to promptly and their concerns were dealt with. We saw that records of complaints had not always been well maintained. They did not always record the outcome of a complaint and the action taken to resolve it. The manager told us that this was an area that she had been working on to make improvements and to ensure that complaints and concerns raised were dealt with effectively.

Is the service well-led?

Our findings

People told us that they were happy with their care. One person told us, “It is fantastic I am very happy where I live”. Relatives that we spoke with told us many positive things about their family members care. Some relatives told us that communication at times could be better and some relatives although very positive about the care staff wanted to see a more settled staff team in place.

The manager was appointed in March 2015 and was in the process of registering with CQC. The manager was supported by five team leaders who oversaw the individual houses and worked directly alongside the care staff. This showed that there was an appropriate management structure in place to manage the service. The manager had informed us of any notifiable incidents so they fulfilled their legal responsibilities.

At our previous inspection in June 2014 there were two areas where the service was not meeting the regulations. These related to the monitoring of the service, and the management of medicines. We found the provider had improved the systems in place for the management of medicines and regular audits were completed to ensure that the medication practice was safe. We saw a system was in place to record, report and investigate medication errors. The manager was making progress on ensuring effective systems were in place to assess, monitor and improve the quality and safety of the service provided. The manager told us that she was in the process of developing a questionnaire to seek feedback from people that used the service and relatives and professionals. This information would then be used to evaluate and improve the service. We saw that improvements were in the process of being made to ensure care records were accurate and there was a complete record for all the people that used the service. The manager was also improving systems for managing risks and ensuring that systems in place were robust and that any learning needed to improve the service

and mitigate risk took place. For example, a safeguarding investigation had taken place and as a result of the investigation improvements had been made to the staff handover system to improve communication between staff so they supported the person in a personalised way and to prevent reoccurrence of the incident.

The manager told us that improvements had been made to how staff training was planned and delivered and plans were in place to ensure staff received regular supervision and support to carry out their role.

Although the provider had made some DoLS applications not all applications that required referral to the local authority, had been made and it was unclear why the delay had happened. The manager told us that they were now making progress with these applications.

The provider told us that they had strengthened their senior management structure in March 2015. The service was supported by an operations manager and two area managers to oversee this service and the providers other services in the West Midland area. We saw that the operations manager in conjunction with the manager had completed an audit of the service in March 2015 and were actively working through the actions identified so that improvements were made to improve the service.

All the staff we spoke with told us that they felt supported in their role. Staff told us that the changes in management had meant the service had experienced some difficult times. However, staff were very positive about the current manager. They told us she was very supportive. A staff member told us, “ She [the manager] is very approachable and helpful, it is just what we needed”.

Staff told us that meetings within the individual house’s took place and they were able to share their views about the service. Minutes showed that care practices issues were discussed in these meetings and this ensured that staff were kept informed about the service and their responsibilities as staff members..