

Middleway Care Limited

Victoria Road

Inspection report

16 Victoria Road
Acocks Green
Solihull
West Midlands
B27 7YA

Tel: 01217082637

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13 December 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

People's experience of using this service:

The provider was not consistently following current law and guidance in relation to the Mental Capacity Act (2005). For example, they had made applications for Deprivation of Liberty Safeguards (DoLS) for people who had capacity to consent to their treatment and had not notified us of the outcomes for DoLS applications as they are required to do.

The views of people, staff and relatives were consistently sought and used to inform the development and improvement of the service. Audits and checks were very effective in identifying gaps in practice and then improving these issues. People and staff were happy with the way the service was led and managed.

The premises enabled people to enjoy their own space and practice independent living skills. People used healthcare services when they needed to. Staff received training relevant for the people's needs.

There were high levels of staffing which meant people received sufficient support for trips to the community and what they wanted to do during the day. Staff managed risks to people and people received their medication when they needed it.

Staff treated people with kindness and were patient in their approach. People were supported to maintain and develop their independence and had the privacy of having their own flats.

People's needs and routines had been assessed and planned for. Staff support was arranged in a way so that individual routines and preferences could be met. People knew how to complain and felt confident that any concerns would be listened to and acted on.

Rating at last inspection:

At the last inspection, the service was rated Good (10 December 2015).

About the service:

Victoria Road is a residential care home that provides personal care for people with learning disabilities, autism and/or mental health difficulties. At the time of the inspection there were four people using the service.

The home is a large house which has been divided into individual flats. Each flat has its own kitchen and bathroom.

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

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

Why we inspected:

This was a planned inspection to check that this service remained Good.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor the service through the information we receive. If we receive any information of concern, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service dropped to Requires Improvement

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

Victoria Road

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector carried out this inspection.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on 13 December 2018.

What we did:

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

We spoke to two people who told us about their experiences of using the service. Some of the people living in the home did not want to talk to us as we were strangers to the home, but we saw how staff supported people throughout the inspection to help us understand peoples' experiences of living at the home.

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

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- Staff had received safeguarding training and knew how to recognise abuse and protect people. One member of staff said, "I have never had concerns here but I would report things to the manager or the local authority if no-one listened to me."
- There were thorough and effective systems in place to check the environment was safe and plans had been made for action that would be needed in case of emergency.

Assessing risk, safety monitoring and management

- People were kept safe because staff had carefully assessed the risks to people and there was a shared understanding of what action should be taken to reduce these risks.
- Staff were able to talk to us in detail about how they approached people when they were anxious or displaying behaviours that were putting themselves or others at risk.
- We saw that people were supported in line with the recommendations in their risk assessments. Support plans and records showed that staff used team meetings to review the effectiveness of the support they provided.

Staffing levels

- We saw that they were enough staff to keep people safe and provide individual support when required. Staffing levels were high as people required intensive support throughout the day to access the community and keep them safe. One member of staff told us, "There is enough staff on shift and we all cover each other when needed."
- People were supported by staff who were suitable to work in the home. People's suitability was checked before they started work. One member of staff said, "I had a DBS check and did references when I started." The Disclosure and Barring Service (DBS) allows providers to check staff's criminal history.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Some people required medication 'as and when' and we saw people being offered this medication in line with their support plans.
- Staff told us they received training before being allowed to give people medication.

Preventing and controlling infection

- We saw that the home was clean and that staff had access to equipment that helped to prevent the spread of infection. Records showed that daily checks were carried out in each person's flat and staff signed to say cleaning had been done.

Learning lessons when things go wrong

- Incidents and accidents were recorded carefully and analysed for patterns so that any lessons could be learned. For example, one person had a fall in the local community and a referral had been made to the local physiotherapy team for an assessment.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority were being met.
- We found that some practices were not in line with current law and guidance. For example, records showed that the provider had sought authorisation from the local authority for all of the people living in the home, even when some people had been assessed as having capacity to consent to their care and treatment. Secondly, DoLS applications for one person had not been granted but the provider had not notified us of this as they are required to do so.
- Staff did not have a clear understanding about MCA and which people had a DoLS in place; however, staff did respect people making decisions for themselves when they had capacity even if in doing so, people were putting themselves at risk.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

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

Staff skills, knowledge and experience

- People were supported by staff who had ongoing training and new staff had induction programmes which ensured there were trained in areas relevant to their roles.
- Staff were given opportunities to review their individual work and development needs in supervision sessions with managers.

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

- People told us they were supported to do their own shopping so that they could chose food they enjoyed.

- Staff knew people's dietary requirements and encouraged people to eat a balanced diet. For example, the staff had supported one person to source some sugar free desserts as this helped them to manage their diabetes.

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

- People lived in their own flats within the home. The flats were spacious and had their own kitchens and bathrooms as well as living spaces. This enabled people to practice and develop their daily living skills and have privacy when they so wished.
- People's flats were personalised with their choice of décor, colours and belongings that reflected their interests.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations

- People told us they were able to access healthcare services when they needed to.
- Records showed that there were plans in place to promote and support people's health and wellbeing. For example, one person had epilepsy. Staff kept detailed records of their seizures, which were then be shared with specialists to review their medication.
- Records also showed that people attended healthcare appointments with dentists and opticians etc. on a regular basis and a chiropodist was visiting the home at the time of our inspection.

Is the service caring?

Our findings

Caring- this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us they were happy with the support they were receiving and they liked the staff team. One person said, "The staff team are brilliant – they help me with the laundry, cooking and medication."
- One member of staff told us, "[Person's name] tells me that this is the best place he has ever been."
- We observed people being treated with kindness and respect by staff. Staff used humour and reassurance to support people when they were getting anxious and were patient when people asked the same questions repeatedly.
- People were supported to keep in touch with friends and family.

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

- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has particular responsibility for a person's care plan, well-being and progress.
- During keyworker sessions, people were asked about their health, mobility, activities and whether they had any concerns. Staff kept detailed records of these discussions, along with any changes to people's support they had requested.

Respecting and promoting people's privacy, dignity and independence

- We saw that people had the opportunity to develop and maintain their independence. They were involved in discussing skills and experiences they wanted to improve and achieve.
- People's privacy and dignity was respected. For example, people told us they had their own key for their flats. We saw that staff always knocked and asked before they entered a person's flat.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- Staff knew people's likes and dislikes and how important routines were to them. We saw that people were able to follow their daily routines and that support was arranged around these preferences. For example, one person liked to stay asleep all morning as they preferred to be awake at night and this was respected.
- There were sufficient staff for people to go out on a daily basis if they so wished and keyworkers supported people to plan trips and activities. One person told us how they had visited a car show recently which they had very much enjoyed.
- Staff knew how people preferred to communicate and allowed people to choose how they wished to make their needs known. One person used their own style of sign language to communicate with staff but staff did not sign back as this would make the person more anxious.
- Staff continually looked for ways to support people to manage their anxiety and conditions more positively. For example, staff told us how they had introduced a reward system for one person. The registered manager had also actively recruited female staff to the home as some people responded better to female staff.

Improving care quality in response to complaints or concerns

- People knew how to complain and told us they were confident any complaints and concerns would be acted upon promptly by the staff team.
- Records showed that the service had not received any complaints in the last 12 months but there was clear policy and procedure in place if the need arose.

End of life care and support

- Some people's care plans recorded their wishes and preferences for how they wished to be cared for in the future. For example, one person's file contained specific instructions for their funeral, including what songs they wanted played

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- The service was well-run. People and staff were happy with the way service was led and managed. One person told us, "[Registered manager's name] is the best manager ever. I can talk to them and they will sort things out."
- Managers carried out a comprehensive range of audits and checks at all levels in the organisation. These included registered managers carrying out audits in other homes run by the same provider to ensure that practices were looked at from a fresh perspective. Other audits included checks on people's care records, the environment and medication records.
- Managers also completed spot checks at different times of the day and night to ensure staff were providing good quality care.
- Actions were taken to address any gaps identified by audits; for example, one audit had identified a gap in one member of staff's training and this had now been completed.

Continuous learning and improving care; engaging and involving people using the service, the public and staff

- Systems were in place to ensure the service was continuously learning and developing and the provider had plans to make further improvements to the service. Feedback was obtained from people, relatives and staff through questionnaires. Action was taken in response to any concerns. For example, one relative wanted more regular updates and communication from staff which had since happened.
- Feedback from these groups was also collated into a development plan for the service. Many of the actions in the development plan had been completed including recruiting more female staff and booking a summer holiday for people.
- The registered manager had the opportunity to attend regular meetings with managers from other services to ensure they were kept up to date with best practice.

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

- We observed that the registered manager and deputy manager were visible and knew people and staff well. Managers spent time with people and led by example to demonstrate how people should be supported with respect.
- The registered manager told us the provider was very supportive and responded promptly to requests for support or resources. For example, a new maintenance person had been employed to ensure repairs were completed more promptly.

Working in partnership with others

- The registered manager told us that the service worked well in partnership with the local GP, pharmacy and community services, including the local learning disability team who visited the home regularly. Records showed that these agencies were regularly involved in people's care for the benefit of people's wellbeing.