Mediline Supported Living Limited

Mediline Supported Living Averill

Inspection report

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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

This inspection took place on 15 November 2018. We gave the provider 24 hours' notice that we would be visiting to ensure someone would be at the service.

Mediline Supported Living Averill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Mediline Supported Living Averill provides care and support for up to three adults with a learning disability.

The house is a purpose-built bungalow within a residential area of Newton Heath, Manchester. Accommodation comprises of three single occupancy bedrooms and spacious communal areas including a lounge, kitchen and bathrooms. At the time of our inspection the house was fully occupied.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated good.

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

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager also had oversight of another residential care home operated by the provider.

There were flexible staffing levels to meet the daily needs of people living at the service. Staff supported people in line with their personalised care records to manage individual risks and care needs. The management team had a robust overview of the staff teams training, supervision and appraisal needs.

Staff were aware of the importance of respecting people's choices. They constantly consulted people and supported them to make choices and worked within the requirements of the Mental Capacity Act 2005 (MCA). However, we found the best interests process had not been followed to ensure it as appropriate for

one person to receive their medicines covertly.

Risks to people were assessed and action was taken to minimise any avoidable harm. Medicines were managed safely and administered as prescribed and staff had regular competency checks. However, we found room temperature records were not being recorded. High temperatures can increase the risk that medicines may not remain effective. The registered manager ensured recording charts were put in place once we brought this to their attention.

People were treated with dignity and respect by staff who were compassionate and caring. Staff treated people's private information confidentially. People were able to make decisions about how their care was provided, and were involved in reviews along with family members.

Staff were knowledgeable about people's individual care needs and care plans were person-centred and detailed. People participated in a wide range of activities within the service and in the community, they also enjoyed the company of others in the service.

The service was well-led. Systems were in place to assess and improve the quality of the service and complaints were responded to thoroughly. There was an open culture and learning was encouraged to drive improvement.

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 safe.

Is the service effective?

Requires Improvement

The service was not always effective.

People could make choices and were not restricted, however, we found the best interests process had not been followed to ensure it was appropriate for one person to receive their medicines covertly.

Staff received appropriate training and ongoing support in their role. People had access to healthcare services as required.

People had access to the food and drinks of their choice and were supported to access their meals in ways which met their needs and preferences.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service remained well-led.

Mediline Supported Living Averill

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 the 15 November 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day and we needed to be sure that people who use the service would be in. The inspection team consisted of one adult social care inspector.

Prior to our inspection we asked the provider to complete a Provider Information Return. This is a form which asks the provider to give us some key information about the service, what the service does well and improvements they would like to make. We also reviewed the information we held about Mediline Supported Living Averill, including any statutory notifications submitted by the provider or other information received by members of the public. A statutory notification is information about important events which the provider is required to send to us by law.

We contacted Manchester local authority, and Healthwatch (Manchester) to obtain their views about the quality of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

Due to the nature of the service provided at Mediline Supported Living Averill, some people were unable to share their experiences with us, therefore we completed a 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. During the inspection we spoke with two of the people at the service. We spoke with the registered

manager, one senior care worker and one care worker.

We looked at staff training and supervision records for the staff team, one month of staff rotas and the staff file for one newly recruited staff member including their recruitment records. We looked at three medicines administration records in the medicines treatment room. We also looked at records of staff meetings, quality monitoring records, medicines audits, fire safety records and health and safety records relating to legionella, maintenance and servicing of equipment. We read the fire risk assessment for the home, alongside two care plans, complaint records, accidents, incidents and safeguarding records.

Good

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People's medicines were safely managed. Staff responsible for administering medicines had received training and their competency to administer medicines, to ensure their practice was safe. Medicines were stored in a locked cabinet in a secure staff room. Staff checked the daily temperature in the room, however we found no written record of this had taken place. The National Institute for Health and Care Excellence (NICE) guidelines for safe temperatures is 25 degrees Celsius for boxed medications. High temperatures can increase the risk that medicines may not remain effective. During the inspection the registered manager introduced a record chart to ensure daily temperature checks were now undertaken. At the time of the inspection the room temperature was 20 degrees Celsius below the recommended maximum temperature of 25 degrees Celsius, this meant people's medicines were being stored within the correct temperatures.

We saw there were sufficient staff available to meet people's needs on the day of our visit. Staff told us they worked as a team to ensure staff shortfalls as a result of absence was covered from within the staff team. This meant there was less reliance on the use of agency staff and provided consistency of care for people.

We reviewed one staff file and saw that satisfactory recruitment and selection procedures were in place. The file we reviewed contained an application form, two references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to check if employees are suited to working with vulnerable adults thereby supporting safe recruitment decisions.

People were protected from abuse. Staff followed the providers safeguarding policies and procedures and knew how to recognise abuse. Staff received safeguarding training and understood their responsibilities to raise concerns and discuss these with managers and colleagues.

The provider continued to manage risks well and was proactive in reducing risks and protecting people from the risk of harm. Risk assessments in place guided staff in the steps they should take to reduce risks whilst mindful of ensuring that measures in place to reduce risks did not impact on the person's independence. Systems were in place to protect people from avoidable harm and abuse. This included systems to keep track of people's finances and the management of environmental risks.

Incidents and accidents were monitored and analysed by the provider. Learning and actions for improvement following incidents were discussed at team meetings, care reviews and with individual staff in supervision meetings when required.

Arrangements were in place for checking the environment to ensure it was a safe place for people to live. Safety checks were carried out which covered electric, gas, legionella compliance and fire safety. People had a personal emergency evacuation plan (PEEP) detailing the support they needed in the event of a major incident/emergency.

The service continued to be safe, clean and tidy. The provider had policies and environmental risk assessments in place to minimise risks to the people who used the service; monthly audits on infection control and health and safety were completed.

Requires Improvement

Is the service effective?

Our findings

People who lack 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 Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where restrictions were in place, for example to limit lone access to the community, this had been assessed appropriately and was in the best interests of the person to keep them and others safe. Where any restrictive practices were in place, a DoLS application had been submitted to the local authority for authorisation as required by law. At the time of our inspection, one person was subject to a DoLS authorisation in order to keep them safe. The registered manager provided evidence that they had submitted a DoLS application for this person, which was pending approval from the local authority.

We saw that staff sought people's consent before providing any care or support to them. However, we found one person at times received their medication in their food, due to being non-compliant with taking their medicines. We found the best interests process had not been followed. While the person was told the medication was there they lacked the capacity to understand this. There had not been any consideration of best interests in relation to covertly administering this medicine. We signposted the registered manager to case law around this matter to enable them follow best practice guidelines.

People who used the service received effective care and support from well trained and well supported staff. Many of the people who worked at the home had done so for a number of years and had developed a sound knowledge of the people who used the service and how they liked their needs to be met. Discussions with the registered manager, observations of and conversations with staff showed they had an in-depth knowledge and understanding of the needs of the people they were looking after.

Prior to working with people who used the service staff told us that they had been given a thorough induction into the service, which covered all aspects of provision and allowed time to get to know the people who lived at the home. During this period key training linked to the Care Certificate was delivered, such as moving and handling, infection control, first aid, and food hygiene. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Previous training and experience was acknowledged and records indicated that staff had further qualifications in care, such as Qualification and Credit Framework (QCF), formally known as the NVQ.

People's health and social care needs had been assessed and support plans developed to ensure their needs were met as they preferred. Assessments in people's care plans were detailed and provided clear information about how to provide support to the person. Information had been included from the person, their family and other involved professionals. This showed the home had a holistic assessment process in place to ensure they could meet people's needs in line with best practice.

People's dietary needs had been identified as part of their plan of care. We saw the individual was supported to improve their daily living skills and encouraged to help with shopping and the preparation of their meals.

Staff told us that people's individual's needs were assessed in the planning of weekly menus. People's weights were regularly monitored and recorded.

The home was purpose built to meet the needs of people who use the service. This meant that the service worked in line with the 'registering the right support' policy. The service was able to offer a service that was small in scale that enabled a genuinely personalised and empowering service. People's rooms were personalised and contained belongings that were chosen by them.

People were supported to attend annual health checks with their GP when required. Staff were observant of people's changing health conditions and sought prompt medical advice for them. Hospital passports had been developed to provide clinical staff with detailed information about each person should there be a need for them to be admitted to hospital.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Everyone we spoke with described a caring, kind, friendly and respectful staff team. They told us they were always treated well. Comments included, "I like it here and the carers are all nice" and "I get on with all of the staff."

Staff interacted with people in a very warm and friendly manner. They did not rush people and gave people the time that they needed to communicate their needs and preferences. Before assisting people with their personal care, we heard staff providing joyful interactions to people and asking them in a warm and friendly manner how they were feeling. During the inspection people showed signs of well-being. They smiled, laughed and engaged with staff in a relaxed and happy manner.

Staff regularly engaged in meaningful conversations with people, having two-way discussions about things that interested them. For example, chatting about who was visiting them that day, daily news items, and what activities people wanted to do.

People were supported to maintain their independence. For example, in managing money, food preparation, shopping and household tasks. People's bedrooms were personalised and reflected their individuality and personality. During the inspection we observed one person who had a sensory impairment receiving minimal support with their lunch time meal. The senior care worker on duty encouraged the person to manage their own meal as much as possible. This person also used an adapted spoon to support their independence with meals.

Staff were mindful of people's appearance and understood the impact on their well-being. Everyone at the service was dressed smartly, in clean and matching clothes. Personal care was well attended to. One person said, "I love going clothes shopping, I like to look smart."

When people required support to make decisions and did not have friends or family to assist them, local advocacy services were contacted. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

The provider had policies and procedures in place to take account of people's communication needs and any care needs arising from their social or religious background. Staff training included equality and diversity. Staff were prepared to take into account people's needs arising from protected characteristics defined in the Equality Act 2010.

All records were stored confidentially in an office and staff were taught about confidentiality and data protection topics. Staff were also informed about not putting confidential information on social media.

Good

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The provider continued to ensure that people's care records were reviewed regularly and kept up to date. Information contained within care plans was personalised to people's individual needs. There was detailed information including guidance for staff in supporting the people's physical, psychological, social and emotional needs. Records provided staff with the guidance they needed and included information about the person's past history, their interests, likes and dislikes. This enabled staff to support them in the way they wished to be supported to live full and active lives.

The support plans contained relevant and up to date information. For example, we noted one person lived with epilepsy. The care plan contained detailed information about the condition and how it specifically affected this person. It also contained detailed information for staff to use in an emergency.

People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's pre-assessments gathered information about their communication needs if they have speech, hearing or sight impairments. This enabled the registered manager to respond to people's needs by producing large print documents and reading information to people. We observed staff supporting one person who was not able to communicate verbally by sitting with them and asking them simple closed questions.

Communication passports were in place and these showed how staff should communicate with people in line with their preferences. These passports also included information relating to people's likes and dislikes, hobbies and interests.

People enjoyed varied meaningful activities and access to the local community. People were supported to access activities they enjoyed such as attending day centres, swimming, art and drama groups. Records showed activities were discussed at staff meetings.

At the time of the inspection there was no-one receiving end of life care. We saw from care plans that discussion had taken place regarding people's future wishes so that staff would be able to meet people's needs and preferences when the time came.

Staff told us and records showed that religious festivals, birthdays and other commemorative days were celebrated in the home. Staff understood and respected people's cultural and spiritual needs. Details of these were included in people's care plans. Two people regularly visited their local church with staff support. Care workers had a good knowledge and understanding of equality, diversity and human rights, which they told us meant treating people "equally and fairly" and "respecting people's differences."

A complaints policy was in place and information on how to complain was displayed in the hallway of the home. This was also available in Easy read format. 'Easy read' refers to the presentation of text in an accessible, easy to understand format. However, none of the people spoken with had had cause to raise concerns and were happy with the service provided. The complaints folder showed the last complaint received was in 2015.

Good

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The registered manager was experienced and had worked at the service for a number of years. 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.

The registered manager was also registered as the manager of another residential service close by. They divided their time between the two services. There were strong management arrangements in place at the service, with the registered manager being supported by senior care workers. The senior care workers had achieved a level three qualification in health and social care, so were experienced and well trained. This meant a senior staff member was always on duty at the service.

The registered manager led by example, and all staff we spoke with felt the registered manager was a visible, approachable and fair manager. They told us they put the needs of the people who lived at the service first, and worked closely with staff to ensure they felt supported and confident in their roles. One member of staff said, "This is the best job I have ever had. The manager is lovely, very supportive."

Arrangements were in place to monitor the quality and safety of the service. The registered manager or senior care staff completed regular audits, for example health and safety; medicines and infection control checks. We discuss with the registered manager improving the auditing for when reviewing the medicines, to ensure the room temperature is considered, the manager was in agreement with this. Where improvements had been identified, these had been addressed.

Systems were in place to audit people's finances. This included weekly and monthly checks of people's personal monies held at the service. Documentation was held when monies was requested from people's appointees and audit trails were documented to show withdrawals and spending.

Systems were in place to receive people's feedback about the service. The provider sent out surveys to all of their services and analysed the results. Once this was done, people and their relatives were provided with a feedback summary report entitled, 'You said….We did…." This enabled people and their families to express their views as to any changes that could be made to the service. Some examples of what was implemented from this were trips and holidays. The registered manager also had an open-door policy for any feedback between these times.

We saw that the service held regular staff meetings and the minutes showed that staff were able to contribute. Staff we spoke to told us that they felt valued and able to have an input into how the service could improve outcomes for the people who lived there.

The home worked in partnership with multiple agencies. These included local authority, physiotherapists, speech and language therapists, opticians, GP's and epilepsy specialists. There was evidence in people's support plans outlining professionals involved and the roles they held in a person's care.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We found notifications were made in a timely way and that appropriate records were maintained.

It is a legal requirement that each service registered with the CQC displays their current rating. The rating awarded at the last inspection and a summary of the report was on display on the main noticeboard at the service and on the provider's website.