

Midland Heart Limited

Willowfields

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?	Good ●

Summary of findings

Overall summary

The inspection took place on 8 and 9 November 2016 and was unannounced. At our last inspection on the 4 November 2015 the provider was rated overall as Requires Improvement. We found that improvement were required in the Safe, Effective and Well led questions. We found from this inspection that improvements had been made.

Willowfields is registered to provide personal care services to older adults in their own homes as part of an extra care scheme. On the day of the inspection, 34 people were receiving support. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act (2008) and associated Regulations about how the service is run.

Care staff knew what actions to take where people were at risk of harm and people felt safe. Medicines were managed as they were prescribed and people were able to get pain relief as needed.

Care staff were able to get support as needed and they had the appropriate skills and knowledge to meet people's needs. People were only supported with their consent and care staff showed a good understanding of the mental capacity act and its potential impact upon people's human rights where they lacked capacity.

People were involved in sharing their views as part of the assessment process and how they were supported by care staff. People's views were also gathered as part of the review process and any decisions made about their support involved them. People were encouraged to be as independent as they could and their privacy and dignity was respected.

The provider had a complaints process to enable people to share any concerns they had about the service they received.

The appropriate systems were in place to monitor the quality of the service by way of regular checks and audits.

The provider carried out surveys so people could share their views on the service and meet with the registered manager on a regular basis.

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 was safe.

People were supported safely.

There was sufficient care staff.

Where people were supported with their medicines this was done as prescribed.

Is the service effective?

Good ●

The service was effective.

The provider ensured care staff had the appropriate information on the Mental Capacity Act 2005 so people's human rights were protected. People's consent was sought before care staff supported them.

Care staff had access to the appropriate support so they had the right skills and knowledge to meet people's needs

Care staff were required by the provider to complete an induction to support them to meet people's needs.

Is the service caring?

Good ●

The service was caring.

Care staff were kind caring and listen to what people had to say.

People decided how they were supported.

People's privacy, dignity and independence was respected.

Is the service responsive?

Good ●

The service was responsive.

People were able to share their views as part of an assessment and reviewing process.

People had a access to a complaints process to be able to complain where necessary.

Is the service well-led?

Good ●

The service was well led.

The service was well led and the registered manager was supportive to people and care staff.

People were able to share their views on the service they received.

The registered manager ensured the quality of service people received was monitored by way or regular checks and audits.

Willowfields

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.

Our inspection took place on 8 and 9 November 2016 and was unannounced and was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We sent out 31 questionnaires to people and 12 were returned, 31 to relatives and three were returned, 20 to care staff and three were returned and four to professionals and none were returned. We reviewed 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 requested information about the service from the Local Authority. They have responsibility for funding and monitoring the quality of the service. They did not share any information with us.

We visited the provider's main office location. We spoke with four people who used the service, two relatives, three members of the care staff and the registered manager. We reviewed five care records for people that used the service, reviewed the records for three members of the care staff and records related to the management and quality of the service.

Is the service safe?

Our findings

A person said, "I do feel very Safe" and another person said, "I do feel safe with the staff supporting me". A relative we spoke with said, "They do look after him [person receiving service] safely". Care staff we spoke with showed a good understanding of how to keep people safe. One care staff member said, "I would report any abuse to the senior, record down what happened and if needed contact Dudley safeguarding". Care staff were able to give examples of different forms of abuse to show that they would recognise abuse if it happened. We saw that care staff had recently completed further training in safeguarding to refresh their knowledge and care staff confirmed this.

We found that where there had been incidents of a safeguarding that the appropriate actions had been taken and the relevant authorities notified.

One care staff member explained how equipment was used to support people who were unable to get out of bed without support and were at risk of falling. We found that where risks were identified with how people were supported that the appropriate risk assessments were carried out. These risk assessments showed how risks should be managed or reduced along with identifying where there were no risks. This ensured care staff would know how to support people safely. Care staff we spoke with confirmed these assessments were in place. We saw that risk assessments were carried out in a range of areas for example, how people were supported with their medicines, the environment where people were supported, tasks that involved manual handling and where people had specific health concerns like epilepsy, choking or the onset of memory loss.

A person said, "There is enough staff, they arrive when needed". A relative said, "There is enough staff". Care staff we spoke with all told us there was enough staff. They confirmed that staff vacancies were being recruited to on a timely basis, care staff hours had been increased so more care staff were recruited and a new staff rota had been implemented which improved the amount of staff on each shift. The registered manager told us that staffing levels were based on the hours of support commissioned by the local authority for each person. However where people's support needs had increased they would apply to have the hours increased to meet people's support needs on an individual basis. While some people we spoke with felt there was not enough staff at times, we found from our observations and how people were being supported that there were enough care staff. The registered manager had also implemented travelling time between each call so care staff had an amount of time built into their work to travel from one person's home to the next.

The care staff we spoke with all told us that they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before they could support people on their own. These checks were carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm to people could be reduced. We found that the provider had a recruitment process in place to ensure that all newly recruited care staff had the appropriate skills, knowledge and experience to be appointed. We found that the appropriate references were being sought to check the character of potential care staff and ensuring proof of their identification was part of the recruitment process before care staff were appointed into the job role to support people.

A person said, "I do get my medicines as I need them and i can get pain relief when needed". Another person said, "My tablets are given to me at the correct time". A relative we spoke with told us their family member [person receiving the service] were not being supported with their medicines. Care staff told us that they were unable to support people until they had received medicines training and their competency was checked. A care staff member said, "I have had medicines training". We were able to confirm this from the information we saw and care staff were able to explain how specific people we had identified were supported with their medicines based upon their health care needs.

We found that a Medicines Administration Record (MAR) was used to show when people were supported with their medicines. Care staff we spoke with explained the process they went through and showed us in a number of people's homes where medicines were stored. Where people were supported with medicines 'as and when required' we found these medicines were prescribed and the appropriate guidance was in place where people lacked capacity. This was to ensure care staff would give people these medicines in a consistent way to reduce the risk of these medicines being given inappropriately.

Is the service effective?

Our findings

A person said, "Staff know how to support me". Another person said, "The staff here do have the skills needed to support me". A relative said, "I would say the staff here have the skills and knowledge to support people".

Care staff we spoke with told us they felt supported. A care staff member said, "I do get supervision and I am able to attend staff meetings". Care staff told us they felt they had the skills and knowledge to support people and that they received yearly appraisals where they were able to discuss their development needs. We were able to confirm this from the records we saw.

A care staff member said, "Training is made available". We saw that care staff were able to access training and the registered manager had a programme of training in place to ensure care staff had the skills and knowledge needed to support people appropriately. We saw that training was also provided to ensure care staff were able to support people where they had specific support needs for example, choking risks or challenging behaviour.

We found that newly appointed care staff were able to go through an induction process which involved the use of the care certificate. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. Care staff we spoke with who had recently been employed confirmed they had completed or were going through this induction process.

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 when this is in their best interests and legally authorised under the MCA.

A person said, "Staff do ask before they do anything". Another person said, "My consent is sought". A relative said, "They [care staff] would not be able to support her [person receiving the service] without getting her consent". A care staff member said, "I do get people's consent before I support them". Care staff we spoke with all told us that people would not be supported without their consent being sought. Care staff also told us that where people were unable to give consent that they would use a range of options like knowing people's preferences or speaking with relatives to find out how people would want to be supported.

Care staff told us they had received training in the MCA and the Deprivation of Liberty Safeguards (DoLS) which we were able to confirm. They were also able to explain how MCA and DoLS would be used to ensure people's human rights were not restricted in how they supported them. At the time of this inspection there was nobody using the service assessed as lacking capacity.

People who were supported with their meals told us that care staff always ensured they had enough to eat and drink. A person said, "The staff always make sure I have a drink before they leave on a morning". Care staff told us that people were either supported to go down stairs to the canteen or they would prepare people something to eat. Where people had dietary requirements care staff knew this and were able to show a good understanding of how people's nutritional needs and choices were met. Where a dietician or a Speech and Language Therapist was needed to supply appropriate guidance to how people were supported we found this to be an integral part of the service provided to people.

We found that care staff knew how people were to be supported where they needed emergency health care. Care staff were able to describe the processes they followed where they found someone on the floor and they needed medical attention. We also found that people had access to health care professional. For example, a dentist, chiropodist or a doctor where they were found to not be well. A care staff member said, "If someone was not well we would contact the doctor and let their relatives know". We found that care records had important information about people's health care needs and where they had appointments to see health care professionals care staff supported them where possible.

Is the service caring?

Our findings

A person said, "The staff are caring, kind and they listen". Another person said, "Staff are caring they are brilliant". People told us, through our pre inspection questionnaires that care staff were marvellous and caring. A relative we spoke with said, "Staff are on first name terms and they are so caring and kind".

A person said, "Communication is good between the staff and me". Another person said, "Staff do listen to what I have to say". A Relative said, "Staff explain what it is they are going to do and let her [person receiving the service] decide". Care staff we spoke with explained how people were encouraged to make decisions and they listened and supported people how they wanted. We found that people were able to make decisions about the support they received. For example whether a person had their meal in their flat or went downstairs to the canteen with support from care staff. People were supported and encouraged by care staff to share their views. We saw from our observations that people communicated with care staff in a friendly manner and the culture was one of openness. People were encouraged to visit the office anytime and raise concerns with care staff whenever they needed. The registered manager told us that people's views as to how they were supported was an important part of the service care staff delivered.

We found that regular meetings with people were taking place where people were able to share their views as to how they wanted to be supported, the service quality and where they had concerns about the service they were also able to share this. We found that the registered manager acted on the views of people as a way of making improvements to how people were supported. For example, the registered manager invited guest speakers from a range of organisations that worked with and supported older adults as a direct request from people.

People told us their independence was respected by care staff. A person said, "I do feel more independent". Care staff told us that people were encouraged to do as much as they could for themselves". We found that while some people preferred care staff to support them as much as possible care staff recognised the importance of people not losing their skills and being able to do as much as they can. A care staff member said, "People are encouraged to actively take part in personal care support so they remain as active as possible".

We found that people's privacy and dignity was respected. A person said, "Staff respect my dignity and privacy because they always close the door when I am having a wash". Another person said, "My privacy and dignity is respected by staff, they make the process of personal care enjoyable". A relative said, "The staff always explain what they are doing and close the door". A care staff member said, "I always shut the door during personal care and I will cover people over so as to respect their dignity". We found that care staff knew the importance of supporting people in a dignified manner and ensuring their privacy was respected.

Is the service responsive?

Our findings

A person said, "An assessment and care plan was carried out and was involved". A relative said, "An assessment and care plan was completed and I have a copy". Care staff we spoke with confirmed these documents were all in place and they were able to access them if needed. We found that people's support needs were assessed and a care plan was in place to show how their support needs were being met. People told us they had a copy to refer to and that reviews were taking place. Relatives we spoke with had mixed views as to whether reviews were taking place. This was where they were less involved as the person receiving the service had the capacity to make their own decisions. We found that documentation was in place to show that reviews were happening and that people or their relatives were involved.

We found that care staff knew people well and knew how they wanted to be supported. We found that people's preferences were identified on their care records and while care staff did not need to arrange activities people's preference to how they were supported was known.

We found that care staff were trained to understand equality and diversity. Care staff we spoke with were able to explain how they ensured people were supported in a way that promoted their equality and diversity. We saw from the assessment process that this information was gathered so care staff would have the information they needed to support people appropriately.

A person said, "I have had to complain and it was resolved". A Person told us, through our pre inspection questionnaires that they had not needed to complain and couldn't imagine that this situation was likely to change as the support they received was so good. Both relatives told us they knew how to complain but had never had to. Care staff we spoke with were able to explain the process they would follow if a person or relative wanted to raise a complaint. A staff member said, "I would inform the manager so they could deal with it". Other care staff said they would try and see if they could resolve the complaint and if not pass it onto the manager. We found that there was a complaints process in place that people could use to make a complaint. The process was identified in the service users guide people were given when they joined the service and it was displayed in the reception area. We found that the provider had a complaints logging process so all complaints could be managed in a timely basis following the provider's process. Where complaints were received these were dealt with appropriately. The provider's head office kept a record of all complaints being dealt with by the registered manager and a reporting process was in place for identifying when they were resolved and for monitoring trends.

Is the service well-led?

Our findings

A person said, "The service is well led I am always able to get support in an emergency". Another person said, "The service is well led". A relative we spoke with said, "Over the last 12 months the service has improved, communication has improved. I would say it is a well led service". Care staff we spoke with all said the service was well led due to how management had improved. We found the office environment and culture to be relaxed and open. The office door was open and people were able to speak to staff as needed. The reception area was managed by people which showed people were involved in how the scheme was operated.

A person said, "I do know who the registered manager is and the service and staff are so friendly". People we spoke with knew who the registered manager was and care staff told us they were supportive and approachable when needed. Care staff we spoke with told us that now there was a registered manager in post they were able to contact her when required. We found that the registered manager had a relaxed manner around people and care staff which led to a happy environment and they were observed having a laugh and joke together.

We found that incidents and accidents were being reported and recorded as required following both health and safety legislation as well as the requirements of the provider. Care staff we spoke with knew how accidents should be reported and trends were monitored by way of all accidents being reported to the provider's head office and where concerns were identified the registered manager would be required to take the necessary action.

Care staff we spoke with were aware of the whistleblowing policy and knew the purpose in enabling them to raise concerns anonymously where people were at risk of harm. We saw that information was readily available to care staff so they would know how and when to use this policy and the registered manager ensured processes for safeguarding people at risk of harm was displayed.

We found that regular spot checks and audits were carried out by the registered manager and the provider. These checks and audits ensured the quality of the service was maintained to an acceptable standard and people received the service they expected. Care staff we spoke with confirmed the registered manager was seen conducting these checks and audits.

The provider had a on call system in place to enable people to gain support in an emergency during the times the office was closed. Care staff we spoke with confirmed they were aware of the oncall system and that they were able to gain support outside the times the office was closed.

A person said, "Yes I have had a questionnaire to complete". Relatives told us they were unsure if they had received a questionnaire. Care staff we spoke with were also unsure if they were able to complete questionnaires as a way of sharing their views about the service. We found that questionnaires were being used within the service as a way of gathering views on the service, which care staff were also involved in. We found that the outcomes from these surveys were displayed and discussed with people so they were aware

of the actions to be taken to make any improvements. The registered manager also held regular meetings with people so they had the opportunity to share their views on the service. On the day of our inspection a meeting was taking place with people which we took part in.

We found that the registered manager understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.