

Mediline Supported Living Limited

Mediline Supported Living Bradgate

Inspection report

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Date of inspection visit:
24 April 2019

Date of publication:
25 June 2019

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

About the service:

Mediline Supported Living Bradgate, known as Bradgate Close, is a residential care home. This service supports people with a learning disability and autism. The service is registered to care for four people; there were four people living at the service at the time of the inspection.

The service applied the principles of Registering the Right Support and other best practice guidance. These principles ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the promotion of choice and control, independence and inclusion.

People's experience of using this service:

People's support focused on them having numerous opportunities to participate in activities they enjoyed doing but people were also encouraged to try different activities, gain new skills and become more independent.

Risks that people faced had been assessed and those identified were safely managed. Medicines were managed safely. Staff showed a good understanding of their roles and responsibilities and recognised the importance of keeping people safe from harm.

People received care from consistent, regular staff. Enough staff were employed each day to meet people's needs and help keep them safe. Staff supported people to be as independent as possible with activities of daily living, such as shopping, cooking meals, preparing drinks and personal care.

Staff received a range of training appropriate to their role and people's needs and were supported by the registered manager through regular supervision.

People were encouraged and supported to eat and drink well. People with dietary needs were given a choice of suitable meals and snacks. People were supported to access healthcare when needed.

The leadership of the service promoted a positive culture that was person-centred and inclusive. We received positive feedback about the quality of care and support people received and the overall management of the service.

The registered manager and the staff team were committed to improving the quality of life for people living at Bradgate Close and looked for ways to improve on the service provided.

Effective systems were in place to check the quality and safety of the service. The environment was safe and in a good state of repair and decoration.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good; (report published 10 November 2016). Since the last inspection the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned comprehensive inspection to confirm that the service remained good.

Follow up

We will continue to monitor the service through the information we receive. If any concerning information is received, 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 ●

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

Is the service well led?

The service was well-led

Details are in our Well-Led findings below.

Mediline Supported Living Bradgate

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 adult social care inspector undertook this inspection on 24 April 2019.

Service and service type:

Bradgate Close 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.

The service had a manager registered with the Care Quality Commission. A registered manager 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:

This inspection was announced. We gave the service 24 hours' notice of the inspection visit because it is small. We needed to be sure that someone would be in and available to assist with the inspection.

What we did:

Prior to the inspection, we reviewed information we held about the home including statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. The provider completed the required Provider Information Return. This is information providers must

send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We observed support being delivered in communal areas and we observed how people were supported during the day.

We spoke with one person living at the home and one relative. We also spoke with the registered manager and two support workers. We reviewed the care plans for three people and looked at records relating to the management of the home. These included how the home managed people's medicines, health and safety audits, quality monitoring systems, training records, accident and incident records; surveys; meeting minutes and complaint records. We undertook general observations of the home over the course of the inspection, including the general environment, décor and furnishings and bedrooms of the people who lived at Bradgate Close.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- Information and training provided staff with guidance about what to do to make sure people were protected from harm or abuse.
- Staff were confident about how to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed; risk assessments provided detailed information around people's individual risks and staff knew how to respond to keep people safe.
- Staff knew people's identified risks well and were able to support people in the home, during an activity and when out in the community in a safe way.
- Risks to people were regularly reviewed and records updated to reflect any changes in identified risks.
- Personal Emergency Evacuation Plans (PEEPs) provided guidance for staff in how to safely evacuate people in an emergency.

Staffing and recruitment

- Safe recruitment processes continued to be followed. All recruitment to the service was handled by a team of support staff at the local head office.
- Support workers from a sister home in the local area were offered the opportunity to cover shifts if these could not be carried out by the permanent staff team. People knew the wider staff team that provided support.
- Staff worked to provide a safe environment and to support people on individual activities in the community. Rotas we saw confirmed this.

Using medicines safely

- Medicines were managed safely by appropriately trained staff. Medication was administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed.
- One person wished to self-medicate and the service had risk assessed this was safe. They had also consulted with the GP. Regular checks were made to make sure the person took their medicines and had signed a MAR accordingly.
- Guidance was in place for staff to safely administer 'as required' medicines to ensure people were only given medication when needed. Records were kept when this medication was administered and used to inform health care professionals who were involved with people living in the home.
- Routine medication audits were completed.

Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection and we found the home to be clean.
- Staff received training around preventing and controlling the spread of infection and had access to personal protective equipment (PPE). This was used to good effect to help minimise the risk of cross infection.
- All areas of the home were clean and well-maintained, including food preparation and storage areas.

Learning lessons when things go wrong

- Evidence was available to show that when an incident or accident had occurred the manager responded appropriately and used these as a learning opportunity.
- Referrals to appropriate healthcare professionals had been made when their intervention and help was needed.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were comprehensive. We were assured that people living at Bradgate Close were appropriately placed, and the service could meet their needs. Assessments contained information related to people's medical, physical and emotional needs, including levels of support required and any known risks.
- Support plans identified goals and were reviewed regularly to identify ways to further develop people's independence.
- Staff knew people well and how to best meet their needs.

Staff support: induction, training, skills and experience

- Staff were seen to be competent, knowledgeable and skilled in their role and supported people effectively.
- Training was provided for staff throughout their employment to maintain up-to-date skills and knowledge.
- Regular supervisions were being recorded and staff said they could approach the registered manager at any time if they had a problem.
- Staff told us they felt supported on a day to day basis by the registered manager and by other colleagues.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service continued to work within the principles of the MCA; DoLS applications had been completed appropriately and authorised by the relevant authority.
- Staff ensured that people were involved in decisions about their care. Staff encouraged people to make

decisions about their lives. Where people were not able to make a decision for themselves, a best interest decision was made involving relevant people. This included consideration of the least restrictive options and these decisions were well documented.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day.
- Staff were knowledgeable of people's individual dietary needs. One person was being assisted to follow a low sugar diet to improve their health.
- Staff promoted choice and knew people's preferences with regards to what they liked to eat.

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

- People's bedrooms were furnished and decorated to suit their individual tastes. Bedrooms were personalised if this was the person's choice and we saw rooms reflected people's personalities.
- People had access to a large outdoor space and enjoyed spending time in the garden. The registered manager had plans to develop the garden area further.
- Redecoration and repairs were attended to in a timely way by the landlord.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Documentation regarding people's health needs was thorough and comprehensive.
- Health action plans were completed. These helped inform health care professionals about people's preferred care and support needs, for example during appointments or hospital admissions.
- Staff responded promptly to people's changing needs and notified relevant professionals and family members following any identified changes in need.
- People were supported to maintain good health. Regular appointments were made, for example with GPs, dentists, chiropodists, opticians and local clinics. People's needs were met as effectively as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care and support from staff who knew their needs, personalities, likes and dislikes well.
- We observed staff talking to people about what interested them, or what they planned to do with their day, to help engage with them.
- It was clear from observations that staff had developed strong relationships with people. Staff were seen to be genuinely patient, kind and compassionate. We saw one support worker kneel down and talk quietly to an individual. The support worker communicated in signs and single words that the person understood.
- People were supported to maintain relationships and spend time with their family members and friends. There were no restrictions on visitors to the home.

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

- People were supported to make decisions about their support and staff ensured people were provided with life choices on a day to day basis. One person was shown items of food available for lunch, for example tins of soup and beans. The person was given choices even though staff knew their preference was for baked goods and when shown croissants opted for these.
- People, where able and their relatives, were involved in creating and reviewing their care plans.
- People's views were sought, listened to and used to plan their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed being respectful towards people.
- Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality. One member of staff said, "It's vital we respect people. Everybody is different."
- Staff had received training on equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act.
- Staff were aware of what made people anxious and used distraction techniques and simple language to reassure people.
- Records relating to people's care were stored securely within the home. People's right to privacy and confidentiality was respected by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were detailed and contained relevant and up-to-date information regarding people's needs. One person's care plan reflected that they would come downstairs for food when they were hungry and we observed that staff made regular checks if people preferred to stay in bed.
- The service ensured that all relevant records were completed in a timely manner when people's needs changed so that staff had access to the most up-to-date information.
- The care people received was person centred and based on individual needs. Staff knew people well and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.
- One person we spoke with was happy to stay at home during the day and enjoyed spending time chatting with staff.
- People were supported to access a range of activities in the community on a regular basis. People also had access to employment opportunities. One person worked on a voluntary basis in a shop in the local community.
- Activities were planned around people's needs and preferences, including visits to family members, friends and relations. The home celebrated special events in the calendar, such as Halloween and Valentine's Day.
- The service continued to meet the communication needs of people with a disability or sensory loss in line with the Accessible Information Standards.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people. However, no complaints had been made. The registered manager and staff were in regular contact with relatives.
- A relative we spoke with reported they had no issues with the support. One relative we spoke with told us they felt informed and involved. They were consulted at regular intervals and received questionnaires to give feedback on the service provided. They considered the atmosphere at the home to be 'relaxed'.

End of life care and support

- At the time of the inspection no-one using the service was in receipt of end-of-life care.
- The registered manager told us people would be supported to remain at the home if this was their wish when approaching the end of life.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The manager was aware of their obligation to notify CQC of all of the significant events occurring within the home.
- The home informed relatives of any concerns with people's health or if an incident had happened, fulfilling their responsibilities of the Duty of Candour, a legal requirement to be open and honest when things go wrong.
- Prior to our inspection we checked the provider's website and saw that the rating awarded at the previous inspection was displayed, as is the law. This rating was also displayed in the home.
- The management team and staff were responsive and keen to share information during the inspection.
- The managers and staff promoted a culture of person-centred care by engaging with everyone using the service and family members.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service had a registered manager. They told us they felt supported by both the provider and by the consistent staff team in place at the home.
- The registered manager understood their role and what was required to ensure the service provided good care to people.
- Staff received supervision and support from the registered manager to develop their practice.
- Other administrative and financial support was provided by a team of staff based at the provider's local head office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others.

- The service continued to involve people and family members in discussions about the care.
- The registered manager and staff worked closely with other agencies to achieve good outcomes for people. This included making links with the local community, working with day services, commissioners and health and social care professionals.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor key aspects of the service.
- Audits and checks were completed on a regular basis by other registered managers independent of the service to identify areas for improvement.

- Regular staff meetings provided opportunities to discuss current practice and support any changes that were needed to best support people and improve their quality of life.
- Staff told us they felt listened to and were supported by the registered manager.