Mig House Residential Care Home Limited

MIG House Residential Care Homes

Inspection report

81 The Drive
Ilford
Essex
IG1 3HF

Tel: 02085180177

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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

About the service
MIG House Residential Care Home is a residential care home for people with learning disabilities or autistic spectrum disorder. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to seven people. At the time of the inspection six people were using the service. This is larger than current best practice guidance. However. the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
Relatives of people using the service told us they felt their loved one was safe. One relative said, "I've not had any incidents. I think [family member] is safe." Systems were in place to protect people from abuse. Relatives told us they felt there were enough staff to meet people's needs. Risk assessments were completed to identify and manage risks to keep people safe. Medicines were being managed safely and measures were in place to protect people from the spread of infection. Pre-employment checks were carried out to ensure staff were suitable to support people. Systems were in place to manage incidents and to minimise the risk of re-occurrence through learning from lessons.

The service carried out assessments of people's needs prior to admission to the service to ensure they could meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat and drink enough to meet their needs. Staff had completed required training to perform their roles effectively and felt supported in their role. The service worked with other agencies to promote people's health, safety and well-being. Complaints and concerns were dealt with in a timely manner. One relative told us, "Any time I have a concern, they deal with it and put an action plan in place. It's dealt with."

Relatives told us they were happy with the care and support provided. One relative said, "They [staff] are doing really well with [family members] care." Relatives were included in decisions about their family

members care and support. People received care and support from staff who were caring and compassionate. Staff treated people in a respectful manner maintaining their dignity and encouraging independence. Systems were in place to protect people's right to confidentiality. The service was inclusive and people, and staff were respected for their differences.

Support plans were person centred and included the individual needs of people. Support plans were reviewed monthly to reflect people's changing needs. People had access to meaningful activities and were supported to maintain relationships with their family and friends.

Relatives of people using the service and staff told us they found the management team approachable and supportive. Staff were positive about the culture of the service. Effective quality assurance systems were in place to review and improve the quality of the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These 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 by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 on 10 May 2017 (published 28 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

MIG House Residential Care Homes

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
MIG House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. 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
This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be at the service to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
People who used the service were unable to speak with us. We spoke with four members of staff including the registered manager, deputy manager and two support workers. We used the 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.

We reviewed a range of records. This included two people's care records and six medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives about their experience of the care provided.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

● Medicines were administered and managed safely. Medicines records showed people received their prescribed medicines at the correct times. Relatives of people using the service did not have concerns about medicines administration. One relative said, "They [staff] make sure [family member] gets their medicines so they stay well."

● We found a gap on one person's MAR and the medicine s stock balance showed that the medicine had been administered. It was confirmed staff had administered the medicines but did not record this on the persons MAR as they had needed to support the person with a task. We were satisfied the person had received their medicine and the staff member returned to sign the MAR.

●We found prescribed creams were applied but not always signed for on the MAR by the staff member applying it, However, they had recorded it in daily records. We addressed this with the registered manager at the time of the inspection. Following the inspection, the registered manager submitted documents which showed staff meeting had taken place to address these issues. Pre-arranged medicines refresher course for all staff had been brought forward.

●Individual care records and risk assessments included information about people's medicines and any associated risks with guidance for staff.

●Where people were prescribed 'as and when required' medicines there were protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective.

●Records confirmed staff had received medicines training and their competency to administer medicines was checked. Staff told us they were confident with supporting people with their medicines.

●During the inspection we looked at medicines storage and governance arrangements and found appropriate arrangements were in place.

Systems and processes to safeguard people from the risk of abuse

●Systems were in place to minimise the risk of incidents of abuse. Records of safeguarding concerns showed the service took appropriate action in a timely manner when concerns about abuse were raised.

●Relatives of people using the service did not have any concerns about safety and told us they felt safe using the service. One relative said, "I feel my [family member] is safe."

●Staff demonstrated knowledge of the safeguarding process to keep people safe. Records showed safeguarding training had been completed by all staff. One staff member said, "If I saw anything [abuse] I would report it to the manager and I know about whistleblowing and I would contact someone."

Assessing risk, safety monitoring and management

●Risk assessments for people using the service were comprehensive and detailed. Effective systems were in

place to identify, manage and mitigate people's personal risks. For example, one person had risk assessments about their behaviour and another person had a risk assessment about their health conditions, which included measures to minimise the risks.

●Risk assessments relating to fire safety were carried out by the service. People using the service had up to date personal emergency evacuation plans which detailed the support they needed in the event of a fire.

●Risks assessments relating to the environment of the service were carried out by the service. Premises safety checks including gas, electricity and portable appliance testing were carried out. This ensured the safety of the premises was reviewed.

●Systems were in place to monitor the safety of people using the service. Signing in books ensured staff monitored who came into the service.

Staffing and recruitment

●Relatives of people using the service did not have concerns about staffing levels. One relative told us, "There's always enough staff." Staff told us there were enough staff at the service to enable them to spend time supporting people. One staff member said, "We have enough staff. We have to because we take people out to their activities and for them to be safe."

●There were staff available to meet the needs of people using the service. We observed staff were available to support people when they needed it.

●Staffing rotas showed staff were available on each shift. Staff cover for holidays, training and illness was available. This meant processes were in place to ensure adequate staff cover.

●Safe and effective recruitment practices were followed by the service. This meant the service could be assured that staff employed were suitable to provide safe care and support. Checks such as criminal record checks, employment histories, references, proof of a person's identity and eligibility to work in the UK had been carried out during the recruitment process.

Preventing and controlling infection

●Systems were in place to reduce the risk and spread of infection. Staff were aware of their role and responsibilities in this area.

●Staff had received training and told us how they minimised the risk of infection by using correct hand washing and cleaning techniques. The service provided personal protective equipment (PPE) for staff to wear including gloves and aprons and we observed staff wearing these when carrying out personal care or serving meals.

●Food hygiene certificates for the service were up to date and daily checks ensured food safety standards were maintained. Food hygiene standards had been rated as five (very good) by the local authority

●Cleaning schedules were in place to ensure and monitor the cleanliness of the service.

Learning lessons when things go wrong

●There were systems in place to learn lessons following incidents and accidents. Staff were aware of the reporting procedure. The registered manager reviewed lessons learnt from each incident with input from staff at the service.

●People's support plans and risk assessments were updated following any accidents or incidents to mitigate the risk of reoccurrence.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 carried out before people were admitted to the service. This included their background and family history, support and communication needs, health conditions and physical and mental needs. This assessment was completed to determine the person's level of dependency and if the service could provide the support they needed.

● Relatives of people using the service told us staff knew their family members well and understood their needs. People had a key member of staff, a keyworker, who liaised with them and their relatives to ensure their care and support preferences were met.

Staff support: induction, training, skills and experience

●People and their relatives were confident about staff ability to carry out their role.

●Staff were positive about the induction process. Staff completed an induction course when they began working at the service. This included the completion of specific training and working alongside experienced members of staff.

●Staff were supported to develop in their role. Some staff had been at the service for a number of years and told us they had opportunities to develop during their time at the service.

●Records showed staff completed a programme of training considered mandatory by the provider and refresher courses to effectively perform their role. Staff told us they found the training helpful. One staff member said, "We have on-line training and continuous training together in meetings too."

●Staff felt supported in their role and were positive about one-to-one supervisions and appraisals. These meetings enabled staff to discuss any issues they may have and to set goals for their development.

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

● People were supported to eat a balanced diet that met their individual preferences. People were supported to plan their meals through weekly residents' meetings and individual discussions. Pictorial menus were used to enable people to make meal choices. One relative told us, "There's snack and drinks and a full menu." People who required a softer diet had their menu choice prepared in a way that was appetising and staff were trained to support them with their meals.

● Relatives told us their family member was supported with eating their meals by staff who were patient and understood their needs.

●Meals were culturally appropriate where needed and ensured people's preferences were met.

●Snacks and refreshments were offered to maintain people's nutritional needs. Fluid, food and weight charts were maintained and updated to ensure people received enough to eat and drink. One person was not drinking enough and we saw the service had found ways of ensuring they increased their fluid intake by

encouraging them to try a variety of drinks until they found drinks they enjoyed. This was included in their hydration and nutrition plan.

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

- People had access to healthcare from other agencies such as GP, dentists and speech and language therapists. Referrals were made to health professionals where necessary.
- The service worked closely with health and social care professionals to ensure people had access to services. Records showed appointments were attended and referrals made for people using the service. The service was proactive in ensuring people had annual health reviews with their GP. This showed people were supported to live healthy lives and to access healthcare when they needed it.
- People had access to services to maintain their oral health and dental appointments were attended every three to six months depending on individual needs. Oral health plans were personalised and staff ensured people had the appropriate toiletries and equipment to maintain their oral health hygiene needs. Staff received training and knew how to support people with their oral hygiene.

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

- The service was designed and decorated in a way that met people's needs. Bedrooms were personalised with furnishings and items of people's choice. We observed people moved freely around the service and felt at home.
- The service and people's rooms were adapted to meet their physical needs as appropriate.

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

- The service was working within the principles of the MCA. DoLS were in place and conditions on authorisations to deprive people of their liberty were being met.
- Staff had attended relevant training and were able to explain the principles of the MCA and were aware of current DoLS authorisations in place for people using the service. Conditions of people's DoLS were adhered to by the service.
- Staff gave examples of how they sought consent before supporting people and, we observed staff sought consent before carrying out care and support.
- Consent to care forms were in place and best interest meetings had taken place where required following MCA assessments.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Relatives told us staff were caring. One relative told us the staff, "Treat everyone with care and kindness."
- We observed staff supported people in a caring, compassionate manner and interacted positively with people using the service. People had a good relationship with staff and other people.
- Staff knew and respected the people they were caring for, including their preferences, personal histories and background. This was done through support planning, conversation and meetings with relatives and key working.
- Staff respected people's equality and diversity and people were protected from discrimination within the service. Staff understood discrimination was a form of abuse and completed equality and diversity training courses. Staff told us people were not discriminated against because of their religious beliefs, race, gender, age or sexual status.
- The service sought ways to remove and reduce barriers relating to equality. Events were arranged in the service and attended in the community to celebrate equality and diversity. For example, cultural and religious festivals were celebrated.

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

- People were supported by their relatives to be involved in their care and to express their views. We saw records of meetings with relatives and people's representatives to plan their care.
- Relatives were positive about their involvement and told us staff knew their family members preferences. One relative told us, "All the staff care for [family member] very well. They know everything that's needed." Staff were able to describe people's preferences and knew them well.
- People were supported by their relatives to make changes to their care and support. Individual support plans showed changes to people's care with input from their family members, where appropriate. For example, one person's support plan had been updated to include their preferences for attending religious services.

Respecting and promoting people's privacy, dignity and independence

- People were respected and their dignity and privacy maintained. We observed staff speaking with people and discretely offering support with tasks and personal care. Staff described their approach when carrying out personal care. They told us they ensured people were not unnecessarily exposed and closed doors and windows.
- Staff promoted people's independence, and this was included in people's support plans. For example, we saw people were supported with tidying their bedrooms and encouraged to do tasks according to their

ability. The registered manager told us, "We take small steps being mindful that any task we support independence with, needs to be something they [person using the service] wants to do."

●The service had processes in place to protect people's confidential information. Peoples information was kept in locked filing cabinets and computers that were password protected.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

●Care and support plans were personalised and detailed, with guidance for staff on how to meet people's needs. Support plans included details of how the person's care and support should be carried out.

●Staff were involved in reviewing support plans and understood the importance of planning and delivering personalised care. One staff member told us, "People have support plans and we then know what they like or don't like it's all their choices."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

●People using the service and their families were supported to maintain relationships and participate in social activities. People were supported to visit their relatives. The service did not have restrictions on visiting hours. Staff told us relatives visited often and stayed for as long as they wished.

●People's support plans included information about the interests they enjoyed and places they liked to visit.

●Staff supported people with the activities they enjoyed. We looked at records of activities people had participated in and found there was a variety of events. For example, day centres, going to restaurants, the cinema and events in the local community.

●The service updated relatives about social activities their family member had participated in by sending photographs and messages when they had achieved an activity goal or attended an event. The registered manager said, "Keeping family informed makes them feel they are not too far away. It's really important." One relative told us, "They [staff] keep in contact with me, communication is very good." We observed people had been to the cinema and out to lunch which they had enjoyed. We looked at photographs of the day's events showing people smiling, looking relaxed and enjoying their meals.

End of life care and support

●Where family members felt comfortable to discuss, care files included a section for people's wishes at the end of their life. The registered manager explained how this was discussed with family members in a way that did not alarm them but ensured peoples preferences would be met at the end of their life.

●The service was not supporting anyone at the end of their life. Staff had completed end of life training.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

●The service sought people's communication preferences and put processes in place to meet their needs. Pre-assessments and support plans included people's communication needs.
●Information was available in easy read formats with use of pictures. Staff knew people well and communicated with them in a way that was respectful and met their communication needs.

Improving care quality in response to complaints or concerns
●Relatives told us when they raised concerns the registered manager addressed any issues compassionately. When asked about resolving complaints one relative said, "If I tell them about something the manager always sorts it out." Another relative said, "I have no complaints about the home, [registered] manager or the staff. They deal with things."
● Records showed complaints and concerns were addressed in a timely manner and a policy and procedure was in place to guide staff when handling complaints.

Good

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed positive interactions between the registered manager and people using the service. Relatives spoke positively about the registered manager and staff. One relative said, "I think the home [registered] manager is really good." Relatives described the registered manager as, "helpful" and "very pleasant."
- The registered manager spoke positively about the staff team.
- Staff spoke positively about the culture within the service and their colleagues. One staff member said, I think it's very well managed, the team is like a family, really supportive." Staff described the registered manager was "approachable," "caring" and "supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their regulatory responsibility and of their duty to notify the Care Quality Commission (CQC) of significant events and had notified CQC when events occurred.
- The registered manager and deputy manager were supported by members of the senior leadership team and told us they felt supported in their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to gather feedback from staff, relatives and advocates of people using the service.
- Staff corresponded with people's relatives to ensure they were updated promptly regarding any changes to people's needs or health. One relative said, "They let me know if there is an appointment or anything of concern."
- Staff team meetings took place at the service. Team meetings included updates for staff, discussions about the needs of people using the service and any training or quality issues.

Continuous learning and improving care

- The service had effective quality assurance systems in place to monitor the quality of the service and to improve delivery of care and support. Audits were completed to identify improvements and action was taken to ensure people received high quality care. This meant that there was a culture of continuous improvement.

Working in partnership with others

- The service worked in partnership with other health and social care professionals.
- The registered manager told us they worked with other agencies to develop and share practice. The service joined community initiatives to enhance people's lived experience. This showed the service worked in partnership with organisations to follow current best practice.