

Midland Heart Limited

Broadway Gardens

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

About the service:

Broadway Gardens provides personal care for people living in a purpose built scheme where there are individual flats with shared facilities that included a dining and activity room. At the time of our inspection 32 people were being supported.

People's experience of using this service:

The care people received was not always effective as people were not always supported to have maximum choice and control of their lives. People were involved with preparing their meals and were supported to make choices. Staff received training that helped them to support people. When needed people received support from health professionals.

People continued to receive safe care. Individual risks to people were considered and reviewed when needed. There were enough staff available to offer support to people so they could receive their assessed hours. Medicines were managed in a safe way. There were safeguarding procedures in place and staff demonstrated an understanding in this. Infection control procedures were in place and followed. There were systems in place to ensure lessons were learnt when things went wrong.

People continued to be supported in a caring way by staff they were happy with. People's privacy and dignity was promoted and people continued to be offered choices. People were encouraged to be independent.

People continued to receive responsive care. Staff knew people well and their preferences were considered. Staff shared information about people and had considered their individual needs. Complaint procedures were in place and followed when needed.

The service remained well led. Quality assurance systems were in place to identify where improvements could be made and when needed these changes were made. The provider notified us of significant events that occurred within the home. Feedback was sought from people and their relatives and this was used to bring about changes.

More information is in the full report.

Rating at last inspection:

This is the first inspection since the scheme has changed providers and registered with us in April 2018.

Why we inspected:

This was a planned inspection based on the date of registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. 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 ●

The service was safe
Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was effective
The service was not always effective

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.

Broadway Gardens

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:

This inspection visit took place on 2 April 2019. The inspection visit was carried out by one inspector.

Service and service type:

Broadway Gardens provides personal care for people living in a purpose built scheme where there are individual flats with shared facilities that included a dining and activity room.

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:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.'

What we did:

We checked the information, we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to formulate our inspection plan.

During our inspection we visited four people in their homes and spoke with two relatives. We also spoke with three members of care staff, and the registered manager. We did this to gain people's views about the care

and to check that standards of care were being met.

We looked at care records for five people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff recruitment.

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.

Assessing risk, safety monitoring and management

- People continued to feel safe. One person said, "I am much safer living here. I have my pendant that I can press if I need a staff member and they are here within seconds."
- We saw when people needed support to keep them safe there was guidance and risk assessments in place for staff to follow, these were reviewed and updated when needed. Staff we spoke with were aware of these plans and action they needed to take.
- When incidents had occurred within people's homes for example falls, risk assessments had been reviewed to reflect people's changing needs.

Using medicines safely

- People continued to receive their medicines when needed.
- We saw when people were prescribed 'as required' medicines there was guidance known as PRN protocols available for staff to follow to ensure people had these medicines when needed.
- We saw in people's homes medicines were appropriately stored.
- There were care plans and risk assessments in place identifying how people were supported with their medicines.
- There were effective systems in place to administer and record medicines to ensure people were safe from the risks associated to them.

Staffing and recruitment

- There were enough staff available to meet people's needs. One person said, "They are usually on time, if they are not it's because they have had an emergency. They always turn up I have never been missed. I am happy with the time of my calls."
- We saw staff were available to offer support to people and deliver people's assessed care hours. Staff we spoke with and the registered manager confirmed there were enough staff available for people.
- We looked at three staff recruitment files and saw pre-employment checks were completed before staff could start working in people's homes.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to understand safeguarding procedures and had received training in this area.
- Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people were protected from potential harm.

Preventing and controlling infection

- There were systems in place to ensure infection control procedures were followed within people's homes.

For example, staff told us they used protective personal equipment including aprons and gloves when they were supporting people.

Learning lessons when things go wrong

- We saw there were systems in place to ensure learning could be considered when things went wrong.
- The registered manager had completed case studies on different situations that had occurred. They had identified areas of learning, this had been shared with the staff team.

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

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Individual capacity assessments were not always in place for people.
- The registered manager told us that two people they were supporting lacked capacity in certain areas to make decisions for themselves.
- We checked records for one of these people and saw there were no capacity assessments in place. A best interest decision had been completed however this was not reflected of any specific decision. The manager confirmed the second person also did not have capacity assessments in place.
- We could not be assured capacity was fully understood as the registered manager told us the GP was responsible for completing these assessments. The registered manager acknowledged this was an area that needed reviewing.

Staff support: induction, training, skills and experience

- Staff received training which helped them to support people. One staff member said, "I have just completed my personal safety training, I have completed all my mandatory on line. The training we received is very good."
- Staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support.
- Staff competency checks were also completed, in areas such as medicines management; which ensured staff were providing care and support effectively and safely

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

- People's needs and choices were met in line with national guidance and best practice.

- Their care plans contained detailed information to support specific conditions and any individual requirements.

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

- People enjoyed the food and there was a restaurant available where they could eat if they chose to.
- Staff we spoke with told us how they supported people to prepare and cook in their own homes and they were aware of the levels of support people needed.
- People's records we looked at had considered nutritional risks such as when they were diabetic and when needed people received support with this.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- People attended health appointments and when referrals were needed to health professionals these were made in a timely manner. A relative told us, "They are very good if something is wrong and the GP is needed, they spot it quickly. They always keep us updated and let us know."
- Records confirmed that when needed people had been seen by the GP, social workers, community psychiatric nurses and the chiropodist.

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

- People and relatives told us they were happy with the staff that supported them. One person told us, "The staff are all great." A relative said, "They are all very friendly and caring towards my relation."

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

- People were encouraged to make choices about their day.
- Staff told us they encouraged people to make daily choices, including what clothes to wear and if they would like a bath or a shower. The care plans we looked at considered people choices and preferences throughout and staff provided support accordingly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "They always knock my door when they get here, I give them a shout to come." We saw staff knocking doors before entering during our inspection.
- Records we looked at considered how people's privacy and dignity could be upheld.
- People were encouraged to be independent.
- Staff gave examples of how they encouraged people to remain independent. One staff member said, "If we are supporting people to make something to eat. I would get them to come into the kitchen with me. I would then get the food out of the fridge for them, they would then make it themselves, like butter the bread." We saw the care plans in place reflected the levels of support people required.

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

- Staff knew about people's needs and preferences. A person told us, "They know me very well. They know how I like things to be done as it's the same every day, they still ask me."
- Staff told us they could read people's care plans to find out information and new information was also shared with staff through handover and the use of a communication book was also in place.
- We saw people's cultural and religious needs had been considered as part of the assessment process. At this inspection no one was being supported with any specific needs in relation to this.
- People had care plans in place to ensure staff had information available how they communicated. When people used different formats to communicate this was available for them. For example, someone who had a hearing impairment preferred staff to communicate by writing things down in a notebook.
- There were gyms, cafes and classes available in the scheme that people could attend if they wished to.

Improving care quality in response to complaints or concerns

- There was a policy and a system in place to manage complaints. We saw when complaints had been made these had been investigated and responded to in line with the policy.
- People we spoke with told us they knew how to complain. When people had made complaints, they were happy with the outcome.

End of life care and support

- No one was being supported with end of life care, so therefore we have not reported on this at this time.

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.

Continuous learning and improving care

- Quality checks were completed within the service. These included checks of medicines management, care plans and call times. We saw the information was collated and analysed so that any trends could be identified. Where concerns with quality had been identified we saw that an action plan had been put in place and improvements made.

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

- The provider sought the opinions from people who used the service. Satisfaction surveys were completed. This included survey on the restaurant and the care people received.
- Where areas of improvements had been identified the provider demonstrated how they had used this information and how they had made changes to the service

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

- People, relatives and staff spoke positively about the management team and the support they received.
- One person said, "The manager is always about if you need them, they like to be involved and they are always dropping in to see me." A relative commented, "Yes it's all run well."

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

- Staff felt they were listened to and if changes were needed then the management team would take action. Staff told us they had the opportunity to attend team meetings. Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices.
- All staff understood their roles and responsibilities and there were clear lines of delegation.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Working in partnership with others

- There were good links with local health and social care professionals.