Midland Heart Limited

Hipswell Highway

Inspection report

130 Hipswell Highway
Wyken
Coventry
CV2 5FJ
Tel: 02476448932

Date of inspection visit: 21 July 2015
Date of publication: 27/08/2015

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

Overall summary

This inspection took place on 21 July 2015. The inspection was unannounced. This was the first time we had inspected this service.

Hipswell Highway is registered to provide accommodation to a maximum of six people with learning disabilities. There were four people staying at the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager at the service. We refer to the registered manager as the manager in the body of this report.

People and their relatives told us they felt safe with staff, and staff treated them well. The manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any

Summary of findings

concerns. There were enough staff at Hipswell Highway to support people safely and provide people with support to go out. The provider had recruitment procedures in place that made sure staff were of a suitable character to care for people safely.

Medicines were stored and administered safely, and people received their prescribed medicines as intended. People were supported to attend health care appointments with health care professionals when they needed to, and received healthcare that supported them to maintain their wellbeing.

People and their relatives thought staff were kind and responsive to people's needs, and people's privacy and dignity was respected.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. People were able to make everyday decisions themselves, which helped them to maintain their independence.

People were supported to go on holiday and to go out in their local community when they wished. Activities, interests and hobbies were arranged according to people's individual preferences, needs and abilities. People who lived at Hipswell Highway were encouraged to maintain links with friends and family who visited them at the home when invited.

Staff, people and their relatives felt the manager was approachable. Positive communication was encouraged and identified concerns were acted upon by the manager and provider. Staff were supported by the manager through regular meetings. Staff felt their training and induction supported them to meet the needs of people they cared for.

People told us they knew how to make a complaint if they needed to. The provider monitored complaints to identify any trends and patterns, and made changes to the service in response to complaints.

People were supported to develop the service they received by providing feedback about how the home was run. The provider acted on the feedback they received to improve things.

There were procedures in place to check the quality of care people received, and where issues had been identified, the provider acted to make improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe with staff. People received support from staff who understood the risks relating to people's care and supported people safely. Staff knew how to safeguard people from harm. People were protected from the risk of abuse as the provider took appropriate action to protect people. Medicines were managed safely, and people received their medicines as intended.

Good

Is the service effective?
The service was effective.

People were supported by staff who received training to help them undertake their work effectively. The rights of people who were unable to make important decisions about their health or wellbeing were protected, as mental capacity assessments were recorded to identify when people could make their own decisions. People were supported to access healthcare services to maintain their health and wellbeing.

Good

Is the service caring?
The service was caring.

People felt supported by staff who they considered kind and caring. Staff ensured people were treated with respect and maintained their dignity at all times. People were able to make choices about how to spend their time, and these were respected by staff. People were encouraged to maintain their independence, and they had privacy when they needed it.

Good

Is the service responsive?
The service was responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. People were given support to access interests and hobbies that met their preference. The provider analysed feedback and complaints, and acted to continuously improve the service.

Good

Is the service well-led?
The service was well-led.

Managers supported staff to provide care which focused on the needs of the individual. Staff felt fully supported to do their work, and people who used the service felt able to speak to the manager at any time. There were procedures to monitor and improve the quality of the service.

Good

Hipswell Highway

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 was 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.

The inspection visit took place on 21 July 2015 and was unannounced. We inspected this service with two inspectors.

We observed the care and support provided in communal areas to people who lived at Hipswell Highway. We spoke with four people who used the service, and two relatives of people who used the service.

We visited the service and looked at the records of four people and looked at three staff records. We also reviewed records which demonstrated the provider monitored the quality of service people received.

We spoke with the manager, and three members of care staff.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from commissioners of the service and health professionals who supported people at the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Good

Is the service safe?

Our findings

All the people and their relatives told us they felt safe at the home. One relative told us, "We feel [Name] is really safe there." We saw people were relaxed with staff and the atmosphere at the home was calm. One person told us, "Yes, I feel safe." Another person indicated to us with hand gestures that they were happy there. One person told us they were new to the home, they said, "I felt worried at first, but I felt better after talking to the staff. They reassured me and I feel safe now."

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended safeguarding training regularly which included information on how staff could raise issues with the provider. One member of staff told us, "The manager is always encouraging us to make sure we know how to report any concerns we may have." Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm. All the staff knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff said, "The most important thing is listening to someone if they tell you they don't feel safe, you need to believe them and act on this."

People were protected from abuse because the provider recruited staff who were of good character to work with people at the home. Staff told us, and records confirmed, suitable recruitment practices were followed to ensure staff were of good character. For example, checks on criminal records, identification checks and references were sought before staff were employed to support people. One person told us, "The staff are all lovely, they are really nice to us."

The manager had identified through an assessment, where people were potentially at risk, and plans had been devised to protect people from harm. Risk assessments were detailed, up to date, and were reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health. For example, one person sometimes displayed agitation. Risk assessments detailed what triggered the person's agitation, and what staff should do to protect the person and others around them. Staff we spoke with were aware of the risk, and could describe the actions they would take to minimise the risk.

People were encouraged to take some risks described as 'positive risk taking'. Risk assessments contained detailed instructions for staff so they could support people to develop their life skills and maintain their independence safely. For example, one person was at risk of falling but liked to move around independently. We saw their risk assessment instructed staff to allow the person to move around independently but to be aware of risks relating to escalators and other trip hazards.

The provider had contingency plans for managing risks to the delivery of the service. These minimised the risk of people's support being delivered inconsistently. Emergencies such as fire or staff absences were planned for. For example, there was a daily procedure to backup records and files on the computer, so any disruption to people's care and support was minimised.

People told us, and we saw, there were enough staff available to meet people's needs safely. One person said, "Yes there are enough staff." Another person said, "There is always someone available at night too to talk to, if we wake up we can have a cup of tea and a chat." Staff had time to spend and sit and talk with people. Care staff told us there were enough staff available at the home to meet people's needs as well as supporting people with activities within and outside the home. One member of staff told us, "There are always enough staff, staffing levels are dependent on the needs of each person. Rotas are always clear, and we can use staff from other homes to cover absences if we need to."

People we spoke with told us they received their medicines safely. Staff told us they received regular training to support them in administering medicines, which included checks on their competency. Staff knew to contact the manager if they made a mistake with medicines. The care records gave staff information about what medicines people took, why they were needed, and any side effects they needed to be aware of. There were procedures in place to ensure people did not receive too much, or too little medicine when it was prescribed on an 'as required' basis. Daily checks were undertaken to check people received their medicines.

Good

Is the service effective?

Our findings

People we spoke with told us staff had the skills they needed to support them effectively.

Staff told us they received induction and training that met people's needs when they started work at the home. One member of staff said, "The training is really good." The manager explained the provider used a recognised induction programme designed by Skills for Care, which is an organisation that provides information to employers, and sets standards for people working in adult social care. Staff told us in addition to completing the induction programme; they were regularly assessed to check they had the right skills and attitudes required to support people. We observed staff using specialist skills, for example, different communication techniques with people depending on the need of each person. Staff said the manager encouraged them to keep their training up to date. We saw the manager kept a record of staff training and when training was due, so that attendance was monitored.

Staff told us the provider invested in their personal development, as they were supported to achieve nationally recognised qualifications. They also received specialist training to assist where people had a specific diagnosis or condition so they could support people effectively.

We found staff were supported using a system of meetings, observations, and yearly appraisals. Staff told us regular meetings with their manager provided an opportunity for them to discuss personal development and training requirements to keep their skills up to date. One staff member told us, "We have regular meetings with the manager to discuss things." Regular meetings enabled the manager to monitor the performance of staff, and discuss performance issues. The management also undertook regular observations of staff performance to ensure high standards of care were met and staff were delivering the care expected. This was confirmed by staff we spoke with.

People could get food and drinks throughout the day, when they wanted them. Menus were on display at the home in pictures, so that people knew what was on the menu for the day. One person told us, "We can have what we want though." Another person who came down for breakfast later said, "I can have what I want to eat at whatever time I want it." People told us they had meetings with staff where menu planning and choices were discussed. One person said, "We talk about what we want and then the food is delivered." The staff told us, "People are free to choose what they like to eat. They have access to the kitchen to prepare their meals and drinks. We also prepare meals or drinks for people who are not able to do this for themselves."

Care staff explained how they encouraged people to make healthy choices and to vary their diet by buying a range of foods, for example, foods with low sugar content. This supported people to maintain a nutritious and healthy diet. One staff member said, "People like different foods, and have different health conditions which we need to be aware of when we are shopping." We saw people had foods that met their health needs and matched the information in their care records, for example, specialist meals for people who were on a 'soft' diet.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. We saw staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. Staff demonstrated they understood the principles of the MCA and DoLS. They gave examples of when they had applied these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. We saw staff asked for people's consent before they assisted them during the day. One staff member said, "People can make decisions about what they want to do, and we know some people are able to decline personal care if they wish." Whilst no-one had a DoLS in place at the time of our inspection, we saw the provider made DoLS applications to the appropriate authorities where these were required. Procedures were followed to ensure that people were not unlawfully deprived of their liberties.

Staff told us they had an opportunity to read care records and handover records at the start of each shift. They also had a verbal handover. The handover and care records updated them with any changes since they were last on shift. One member of staff said, "It's everything we need to

Good

Is the service effective?

know to catch up." Staff explained the records supported them to provide effective care for people because the information kept them up to date with any changes to people's health and wellbeing.

Staff and people told us they worked with other health and social care professionals to support people. One health professional told us, "I have found staff to be very effective in their jobs. Staff are very knowledgeable about individuals and are adept at carrying out instructions from professionals."

People told us staff supported them by accompanying them to see health care professionals such as the GP, chiropodist, dentist, and nutritional specialists where needed. One person told us, "I visited the hospital yesterday." Another person said, "When I go to see my GP someone always takes me." We saw that information from medical professionals was transferred to people's care and support records, and changes were made to people's care where needed. One relative told us, "Any concerns regarding our relative's health have always been followed up, referrals have been made to appropriate health professionals." This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

Good

Is the service caring?

Our findings

All of the people we spoke with, and their relatives, told us staff treated them with kindness, and staff had a caring attitude. One person told us, "The staff are nice." Another person told us, "The staff are lovely, especially the manager. They all take good care of me."

We observed staff had a good rapport with people which encouraged good communication and interaction. People who lived at the home showed confidence and familiarity with staff and with each other. Staff spoke with people in respectful, positive ways using their preferred name and asking people's opinion and preference before supporting them with tasks. Staff told us Hipswell Highway was a nice place to work. One member of staff said, "We all get on like a house on fire, it's a lovely place to work. There are really nice staff, and we love the people here and do lots of things with them. I am really happy working here." Another member of staff told us, "The staff are great. We have very little turnover of staff, and the care towards people is very good."

One member of staff told us how the manager and provider had supported them in a caring way when they returned to work following a period of absence. They said, "They have been very helpful in getting me back to work, they have offered me part time hours and work place adjustments."

We saw people at the home made their own choices, and their preferences were respected by staff. When we arrived at the home at 9.30am one person was up having their breakfast, and another person was still in their bedroom. People told us they made everyday choices for themselves. One person told us, "I can spend time in my room, or the lounge and dining room. I can choose to be on my own if I want." We saw one person was listening to the radio, and another person was watching television. We saw later that two people went out to a day centre.

People had privacy when they needed it. People had their own rooms which they could lock if they wished. One person showed us their room, they said, "This is my personal space. I chose the decorations and the colours." We saw staff asked people discretely whether they needed support with their personal care and supported people with personal care in the privacy of their bedroom or bathroom.

People told us they made choices about who visited them at the home. One person said, "My sister came last Saturday for a visit." This supported people to maintain relationships with family and friends. One person told us they were able to go out and visit a relative who lived locally. Another person told us about visiting their family and attending a local barbeque event.

People and their relatives were involved in care planning, and made decisions about how they were cared for and supported. For example, people had information recorded in their records about their religious beliefs, and their personal history, so that staff could support people in accordance with their wishes. We saw people were encouraged to maintain their religious beliefs, and attend local churches or places of worship, according to their faith. One person told us, "Yes, I attend church regularly."

Most people had a relative they could ask for support from, however, where people did not, the manager provided access to advocacy services. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

People were provided with information in 'easy read' formats by the provider, for some of the key documents that were used. For example, care records and support plans were prepared using large print and pictures to make them accessible to people. Documents provided in this way gave people the opportunity to take part in meetings and provide feedback to the provider, appropriate to their abilities to communicate. This helped people to maintain their involvement and independence.

People told us staff supported them to maintain their independence and develop independent living skills. One staff member said, "We make sure people are encouraged to do what they can themselves, we encourage positive risk taking, to expand people's life skills." People told us they helped out with chores around the home including hanging out washing, vacuuming and washing the dishes. The home had a large well maintained garden and staff told us people took part in gardening activities.

Good

Is the service responsive?

Our findings

People told us they were supported to take part in activities and interests that met their personal preferences. One person said, "You get to do what you want." Another person said, "We go out most days." We saw people had activities arranged according to their individual likes and dislikes. One person regularly ate out, another person liked to visit the hairdressers.

People were able to make individual choices about which activities they took part in and were supported to attend local community groups and colleges to build relationships with people, and learn new skills. Two people regularly attended a local community group specifically for people with learning disabilities. They told us, "We attend a local group a few days a week, we take part in knitting and other activities." One person added, "I really enjoy the knitting." Another person told us about their local college, they said, "I go to college and have done some courses in photography and cookery as this is what I wanted to do."

The home arranged annual holidays and everyone who wanted to go on the holiday was included. People who did not wish to go were supported to remain at home.

Staff knew people well, and could describe the different activities people enjoyed. One member of staff told us, "The best bit about this job is trying to meet the needs of people here, you get to know their likes and dislikes, that's so important." We saw the information staff gave us matched the information in people's care records, and what people told us.

Care records were comprehensive and had been written in partnership with people and their relatives. We saw care plans were up to date and reviewed regularly. We observed how people were cared for, and saw people's care matched the information in their care records. One staff member told us, "We know what about everyone because we have time to read the care plans." People told us their plan of care reflected what they wanted. We saw records detailed people's likes and dislikes and their support needs and differed from person to person meaning people's individual needs were listened to and supported. For example, one person liked to have a shower rather than a bath. This was recorded in the care plan. The person told us, "I have a shower every day."

People told us they were involved in meetings at the home to discuss decisions about how the home was run. For example, meetings involved discussions about holidays and food choices. Staff explained meetings were held weekly, and people were asked whether they were happy at the home, or whether they would like anything to change. We saw the manager responded to decisions made in the meetings, by arranging activities and menu choices that people preferred.

People who used the service told us they knew how to make a complaint if they needed to. People told us they felt confident about raising any concerns they had. One person said, "I could talk to staff if I was unhappy, or felt something was wrong." Another person said, "I would say if there were any problems." The complaints policy was in any 'easy read' format to make it accessible to all the people at the home. We saw however that although the complaints policy was in the communication book in the lounge area, this was not on display on a noticeboard. We brought this to the attention of the manager during our inspection, who said they would put the complaint policy on display immediately. No one had made a complaint about the quality of the service.

Complaints were recorded, and all complaints, compliments and feedback were monitored by the provider. This was to identify any trends and patterns that might identify areas that could be improved.

Good

Is the service well-led?

Our findings

People, their relatives and staff told us they could speak to the manager when they needed to because the manager worked alongside staff at the home and was approachable. One person said, “The manager is just lovely.” One relative told us, “The manager is excellent.” A member of staff said, “The manager is supportive and approachable, they are always available if I have concerns or questions.”

The manager told Midland Heart had recently become the provider for the home. They said, “The new provider has been very supportive, we have had all new policies and procedures at the home and new paperwork. Staff have been fully trained.” We saw the manager attended meetings with other managers in the group, and other professionals to discuss updates in practice, and to gain advice about how the service could be developed and improved. The manager told us, “The provider is very open to my ideas, and we are developing new paperwork together so that it is specific to Hipswell Highway.”

The manager told us they received support from other senior managers at Midland Heart. Senior managers visited the service every month to offer support and advice, and to perform quality assurance checks. The manager attended regular meetings with other managers to share ideas and give support. The manager was also supported to visit other services to gain information about the wider care sector, which could improve the service at Hipswell Highway. The manager explained they cascaded their learning to other members of their team. This helped to improve the quality of the service at Hipswell Highway. For example, a recent visit to another service had influenced the choice of furniture and flooring at the home.

There was a clear management structure in place to support staff and staff received regular support and advice from their manager. For example, there was a 24 hour ‘on call’ advice service if staff required assistance. One staff member said, “A manager is always available for advice and support.”

People and their relatives were asked to give feedback about the quality of care, and how the home was run in a number of ways. People were invited to attend regular meetings where they were asked for their comments and views. We saw the records from recent meetings where improvements were discussed. For example, people had requested that more plants be supplied for the garden. We saw this request had been implemented. People had also been involved in choices of furnishings. The provider also ran yearly quality assurance questionnaires for all their homes, which were completed by people who used the service and their relatives. However, we were unable to review the yearly questionnaire for Hipswell Highway, as this had not yet been produced.

Staff had regular scheduled meetings with the manager and other senior team members, to discuss how things could be improved. One member of staff told us, “A couple of weeks before the meeting we’re asked what we would like to discuss on the agenda so we can discuss our ideas.” The meetings were recorded and where improvements or changes had been suggested these improvements had been written into an action plan which was followed up by the manager at subsequent meetings. For example, ideas for future holidays. This showed the provider responded to feedback from staff.

The provider had sent notifications to us about important events and incidents that occurred at the home. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from incidents. The investigations showed the manager made improvements, to minimise the chance of them happening again.

The provider completed checks to ensure the manager and staff at the home provided a good quality service. The provider completed audits in areas such as medicines management, health and safety, and care records. We saw the provider made unannounced visits to the home to check quality. Where issues had been identified action plans were put in place to make improvements. For example, following a recent medicines audit a decision had been made to replace handwritten paperwork with computer generated paperwork to minimise the risk of errors occurring. Action plans were monitored by the provider to ensure actions had been completed. This ensured that the service continuously improved.

The provider had an improvement plan to ensure the service continued to develop, the plan detailed changes to

Good

Is the service well-led?

be made to the garden area, and a re-decoration programme. We saw that some of the garden had already undergone changes, so that people had more opportunities to take part in gardening activities.