

Midway Care Ltd

Coleshill Road

Inspection report

74 Coleshill Road
Marston Green
Birmingham
West Midlands
B37 7HW

Tel: 01217069902

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Coleshill Road is a residential care home that provides care for 4 people who have a primary diagnosis of a learning disability or autism spectrum conditions and require specialist care and support. There were 3 people living at the service at the time of our visit.

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.

People's experience of using this service and what we found

The registered manager was on a period of pre- arranged extended leave. A new manager had been in post for around three weeks to provide management support whilst the registered manager was on leave. Positive feedback was received in relation to the manager, however there had been a number of management changes recently and staff felt this had impacted on the leadership of the service. Quality checks were carried out to monitor the service.

There were enough staff to ensure people were safe. However, at times staff did not provide care as documented in people's care records and some systems required reviewing to ensure people and staff remained safe. There were some staff vacancies.

Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks while ensuring people could remain independent.

People received care which was responsive to their individual needs. Staff were matched with people and had a good understanding of how to support them well.

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 to gain new skills and become more independent.

Care records provided information in relation to people's backgrounds, interests and care needs and this information was in the process of being updated by the manager.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns. Following a recent incident, the provider had taken further steps to ensure staff were trained more comprehensively and aware of action to take in the event of any concerns being identified.

The provider ensured care was based upon good practice guidance to help ensure people received an effective service.

People were supported to maintain relationships with people important to them. Staff were caring in their approach and had good relationship with people.

Promoting independence was a part of the ethos of the service and people were supported to improve their life skills.

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.

Staff encouraged people to maintain a balanced diet and respected their individual choices. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was promoted and maintained.

People, relatives and staff had some opportunities to feedback about the running of the service however this was being further developed by the manager.

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

Rating at last inspection

This service was registered with us on 26 October 2018 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staff practices when supporting people. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

Enforcement

We have identified one breach in relation to Regulation 12, Safe Care and Treatment. Risks to people's care were not always managed safely.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Coleshill Road

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 completed by two inspectors.

Service and service type

Coleshill Road 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, however this person was currently on a period of pre-arranged extended leave. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been in post for around three weeks and their role was similar to a deputy manager. We refer to them as the manager in this report.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as suspicion of abuse and serious injuries. Due to an error by the provider some of the notifications had not been correctly submitted to us. We sought feedback from the local authority who work with the service and they told us about some concerns in relation to a safeguarding incident.

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

We spoke with three relatives about their experience of the care provided. Some people were unable to tell us about their care and one person chose not to. We spoke with three members of care staff, a team leader, the manager and the Head of Residential Services. We reviewed a range of records including all or part of three people's care and medication records. A number of other records were reviewed in relation to the management of the service, including quality checks, staff training records and accidents and incidents. We looked at two staff files to ensure they had been recruited safely.

Is the service safe?

Our findings

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

Requires Improvement: This means some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and recorded in care plans. For example, one person was at risk of leaving the service unsupervised and plans were in place to minimise this risk.
- People were encouraged and supported to take positive risks to support their well-being and independence. One staff member told us, "Risk assessments are there to ensure we know how to keep people safe."
- However, staff did not always follow this risk guidance to keep people safe. For example, during our visit, one person who had been assessed as requiring continual support from two care staff had been left unsupported. This was identified when the person entered the office where the manager and inspector were meeting. The manager attempted to call for staff assistance being mindful not to upset the person who was already distressed. Staff had left the person while they were sleeping to attend a meeting in the downstairs area of the service. Eventually another staff member arrived who was able to summon the additional support from staff. The system for alerting staff when additional support was needed was ineffective and the person was left without their required staff support.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. Risks to people's care were not managed safely.

- We discussed this with the manager and head of residential services who agreed this would be investigated and reviewed to ensure this doesn't happen again.
- Staff had been trained in the event of a fire and drills took place. Personal emergency evacuation plans were in place for individuals which documented their support needs in this situation.
- Checks were completed to ensure the environment was safe. The environment was well maintained, and repairs were carried out when required.
- An on-call system ensured staff could contact managers for advice and support out of office hours.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us people were safe. One relative told us their family member phoned them and expressed no issues or concerns.
- Staff also told us people were safe. One staff member said, "The service users have the right to be safe in their own home and it is our responsibility to keep the safe."
- The provider's policies and procedures provided staff with guidance of how to keep people safe. Staff understood the signs of abuse and how to recognise and protect people from this. A whistleblowing phone

line was available to staff if they had any concerns about care provided. One staff member told us, "If I reported abuse and felt no one was listening, then we have a number we can call to report it." Further training had been provided following an incident where staff had not recognised alleged abuse or reported this in a timely way. The manager told us they felt sure staff were now more confident in raising any concerns.

- Concerns had been recorded and reported to the management team for action. This demonstrated the provider had acted upon concerns raised by notifying the local authority.

Staffing and recruitment

- People were supported by enough staff to meet their care needs. Staffing levels enabled people to be supported by one or two staff at all times and hours were calculated based on people's assessed needs. One relative told us, "There are no issues with staffing, they are very helpful with any problems and we feel very supported." A staff member said, ""There are enough staff. We never, ever work short." They went on to say the senior carer supported staff if any further help was required.
- There were some staff vacancies and these hours were being covered by existing staff, temporary agency and bank staff. Bank staff were staff employed directly by the provider, as required. Some of the temporary staff were going to be employed on a permanent basis. One staff member told us the staff turnover could be quite high, however they put this down to a number of issues such as the location.
- Staff recruitment files included relevant checks to ensure staff, including temporary staff were suitable to work with vulnerable adults. Staff were unable to start work until these checks were completed.

Using medicines safely

- Medicines systems were organised, and people received their medicines as prescribed. The provider was following safe protocols for the administration of medicines such as temperature checks and photographs on people's records to ensure medicines were given correctly. Medicine was stored safely, however a window restrictor was not present on a small window in the medicines room which meant this presented a small risk the room could be accessed externally. This was raised with the provider who confirmed this would now be addressed.
- Staff were trained to give medication and regular competency checks were carried out annually to ensure they remained safe to do this.

Preventing and controlling infection

- Staff received infection control training. The environment and people's individual rooms were kept clean. Staff had access to personal protective equipment such as disposable gloves when these were required.
- However, cleaning materials were stored in unlocked cupboards which could be accessed by people at the service. We raised this with the manager who confirmed these cupboards would now be locked.
- Staff followed good food hygiene practices to help reduce the risk of infection.

Learning lessons when things go wrong

- Staff completed reports where a person had been involved in an incident or accident. One staff member told us, "Any accident or incident are fully document and shared with management. We discuss things as a team, so we can make changes or try new thing to try to resolve things." These were reviewed to consider if any actions could be taken to prevent reoccurrence.

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

Good: 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

- People, relatives and professionals had shared people's needs and choices with the management team before moving to the service. This information was contained within people's assessments to support staff.
- People's needs at Coleshill Road were very complex and care and support was provided in line with current guidance. The provider had a behaviour team who could work with people and staff to identify ways to support people to achieve better outcomes.
- Hand over meetings took place between shifts and communications book were completed so relevant and important information could be shared amongst staff.

Staff support: induction, training, skills and experience

- Permanent and temporary staff received an induction when they first started working at the service. This involved training and working alongside experienced staff. One staff member told us the induction was over a week and covered key areas such as first aid, food hygiene and autism training. Staff told us they found this informative.
- Staff completed the necessary training to enable them to carry out their roles. Staff had the skills and knowledge to meet people's care needs and support people. One staff member told us, "Training is really good, you are given the time you need. You are never rushed. I would give it 10 out of 10." Some staff training required updating, however the management team were aware of this, and action was being taken to address this.

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

- People were supported to access meals, snacks and drinks in line with their needs and choices. Meal times were flexible to fit around what and when people wanted to eat. People were involved in grocery shopping with staff support.
- People were supported by staff if they had any specific dietary needs, for example, risks around choking.

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated with other agencies such as the local authority and health professionals such as psychiatrists, speech and language therapy and community nurses when required.
- Care plans showed advice given by professionals was followed.
- A grab sheet was available with information about people should they be admitted into hospital, to enable medical staff to know about the person and their specific needs quickly.

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

- People had access to some communal and quiet areas. Due to one person's needs they were provided

with an additional bedroom to support them with additional space.

- Staff understood people living at the service benefitted from a calm relaxed environment.

Supporting people to live healthier lives, access healthcare services and support

- Staff ensured preventative checks were carried out for people. Lifestyle and diet were considered to ensure people remained healthy. A staff member was encouraging one person to eat more healthily following advice from their GP.

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.

- Staff demonstrated their knowledge around mental capacity. One staff member told us, "We never do anything without their [person's] permission," and, "We know what decisions the service users can make, and we help them to make decisions. It's their right." Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with appropriate others in people's best interests.
- DoLS applications had been made to the relevant local authority where it had been identified people were being deprived of their liberty and we had been notified of the outcome.

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.

Good: 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 and were positive about their approach. One relative told us they were very happy with the care provided.
- One staff member told us, "Our priority is to help the service users live as they want too. To enjoy life and feel fulfilled." They went on to say staff had to have the right sort of approach to work there, and they felt staff had this. Another staff member told us, "I have developed a good relationship with [Name]. When I come on shift they are happy to see me. They hold my hand and smile, I look forward to seeing them too."
- People were supported by staff to stay in touch with people who were important to them. A staff member said, "Family are really important. We do things like help [name] use the phone to chat with their dad. You can see if their mood is low and you know they are missing their dad. A phone call lifts their mood." Another staff member told us, "We know all the families and have a good relationship."

Relatives visited regularly. People's family birthdays were documented so staff ensured these were not missed.

- Staff completed training in relation to equality and diversity. One person was supported with their cultural needs in relation to their diet. One staff member told us, "Every Thursday we have a cultural food themed night. It could be Caribbean or Asian. We all cook together. Everyone enjoys sharing different experiences." Staff were also supported with their own needs, for example, one person was given time to enable them to pray.

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

- People made decisions about their daily lives and care. An advocate supported some people in relation to making decisions about finances.
- Staff understood the importance of people's views, wishes and choices being respected. One staff member told us, "It's the little things that matter. Making sure they have choice and are given time to make a choice." They gave an example how they laid three clothing items on the bed each day so one person could make a choice about what to wear.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff respectfully and were encouraged with day to day tasks such as making drinks and doing laundry. One staff member told us, "We are in people's homes, we need to respect their choices and encourage them to do what they can for themselves."
- Staff supported people to be more independent. For example, one person had recently gone out for a walk with staff and this was a big achievement for them. The person would now also take prescribed medicine from staff, as staff had encouraged them and built up trust.

- Staff supported people with dignity. One staff member said, "Everything is in the care plans, so you know what to do. Like [name] shakes drinks so they need to be provided in a bottle. That ensures [name] can drink independently and their dignity is protected."

Is the service responsive?

Our findings

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

Good: This meant 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

- People received care which met their needs and reflected their preferences. Prior to coming to the service, a structured plan ensured the transition to the service was smooth for people. One staff member told us, "I visited [name] in hospital, so we could start to get to know each other before they came to live here. I think that was really important." One person was new to the service and staff were working with them to help them settle in further.

- Staff knew people well and support was provided in line with their wishes. One staff member told us, "Every day is different. It's depends who you are supporting and how they want to spend their day. It's their choice to stay at home or to go out. We are led by their choices."

- Keyworkers were matched with people based on similar interests and these staff had additional responsibilities such as making sure families were informed of any changes and health appointments were attended.

- Care records included 'pen' pictures which enabled staff to have an understanding about people's like, dislikes and preferences at a glance. Goals were documented for people to aim for. For example, one person was gaining further skills in understanding money management.

- People's care and support plans had been reviewed and updated to reflect any changes to people's needs. However, some care plans required updating further. This had been identified by the manager who was in the process of doing this.

- Relatives and professionals were involved in 'person centred review meetings' with staff to ensure the care remained suitable.

- People had the opportunity to follow their interests and hobbies and were involved in planning these with staff each week. One person enjoyed attending a disco, going to the gym and had a voluntary job. Another person enjoyed going to the park to play football and playing pool. One staff member told us, "We went bowling with [name] for the first time and it was great. He loved it. The next visit is being planned."

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.

- People's information and communication needs were assessed, and staff understood these alongside as the Accessible Information Standard (AIS). Information was provided to people in a format that met their needs. One staff member told us, "We take our time to learn and understand what [Person] is communicating, so they can still make decisions."

Improving care quality in response to complaints or concerns

- Where complaints had been received, they were followed up and information was used to make

improvements if required. One complaint had been received in relation to noise and the provider had responded to this. One relative told us they had raised a minor issue in the past and this was addressed by the manager. Staff told us about how they managed complaints, "If there was a complaint I would inform [Senior carer] and document everything so it could be dealt with."

- One relative told us they felt upset about a recent incident which was being investigated by the provider, however was aware this was being addressed now. We discussed this with the head of residential services who told us they would ensure they met with the relative to provide further information and support.

End of life care and support

- No one at the service was receiving support with end of life care, however the head of residential services confirmed there was a 'last wishes' booklet and information pack available, and this was an area the provider was developing further currently.

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.

Requires Improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- There was no registered manager present at the time of our visit and there had not been since March 2019. The management team consisted of the manager, a team leader and the provider. The provider was actively recruiting a new manager who they hoped would become registered with us as the registered manager was returning to a different service. They told us they wanted to ensure they employed someone of a high calibre who would stay and be committed to the service. Staff gave positive feedback about the new manager and some improvements were already being made. One staff member told us, "[Manager] is very open. They tell it as it is. They are very approachable. I feel supported by management and the staff team." The manager told us there had been so many changes in managers, staff were not entirely positive when they first came in, however this was improving now. The manager told us, "I have started to tidy things up," and gave the example that people's support plans were in the process of being improved.
- Staff felt supported by the provider. One staff member explained, "If staff have a difficult shift supporting people, we switch staff around and regularly debrief them."
- Staff felt supported by the management team on a day to day basis. One said, "If I have any concerns I would not hesitate to go to management. I know their priority is to ensure the service users and staff are settled and happy." However, some staff also commented on the management changes and inconsistency of the managers which affected them and the people at the service. One said, "Changes in management has been unsettling. It's not good for the guys as new faces raise their anxiety." Another said, "There has been too many managers. It affects the service users when they have to try to adapt to seeing someone new. Hopefully [manager] will stay, so we get stability."
- The Head of Residential Services told us they had identified the oversight at the service was not as good as it could be, and plans were underway to improve this. There were some staff vacancies and challenges were in recruiting care staff. This led to some use of agency staff and existing staff having to work longer hours to cover shifts.
- The provider understood their responsibilities in relation to duty of candour, that was being open and honest and accepting responsibility when things went wrong. Where any concerns had been raised, steps had been taken to investigate and resolve these such as the recent safeguarding concern.

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

- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). However, we found one notification relating to the absence of the registered manager had not been submitted to us. The provider took immediate action and submitted this following our visit.

Unfortunately, due to an administrative error, some notifications had been submitted against another of the provider's services which meant we had been unable to have a clear oversight of events at Coleshill Road. The head of residential services confirmed this issue would be resolved.

- Managers and senior staff checked the quality of the care provided, for example, checks in relation to medicines and infection control.
- Staff supervision of performance was completed by the manager and team leader. One staff member told us, "I had supervision not long ago. I was asked if I had seen anything of concern. I was given a piece of paper to share any concerns. I didn't have any."

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

- Views of people were gathered at monthly service user forum meetings in relation to their views, activities and areas for improvement. Satisfaction surveys had been sent out to gather feedback from people and relatives.
- Monthly staff meetings were held at the head office. These provided an opportunity for staff to feedback their views and suggestions. Staff told us about the importance of team meetings, "You can share your thoughts and any concerns. We are listened too." At a previous meeting staff had raised an issue about use of unfamiliar agency staff and they told us they were listened to, as now they used a lot less agency staff and only those that knew people.
- A provider newsletter gave information in relation to awards, celebrations and any changes at services in the group.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement.

Working in partnership with others

- Staff and the management team worked with social workers, commissioners and other professionals to support people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's care were not managed safely.