

Middleway Care Limited

Victoria Road

Inspection report

16 Victoria Road, Acocks Green, Solihull B27 7YA
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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 

Overall summary

This inspection took place on 10 December 2015 and was unannounced. At our last inspection on 30 January 2014 the provider was meeting the regulations we looked at.

Victoria Road is a care home which is registered to provide care to up to four people. The home specialises in the care of people who have a learning disability. On the day of our inspection there were four people living at the home.

There was a registered manager in post and they were present during our inspection. 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.

People were protected from the risk of abuse because the provider ensured that staff had received the training they needed so that they could recognise and respond to the risk of abuse.

People were protected from the risk of harm because risks to people were assessed and action taken to minimise them.

People were supported by sufficient numbers of staff.

Summary of findings

People were supported to receive their medication as prescribed because the provider had effective systems in place.

People were supported by staff that had received the training and support they needed so that they could carry out their role effectively.

People were supported by staff that were kind , respectful and knew them well. People were supported to pursue their interest and hobbies.

People were treated with dignity and respect and were encouraged to develop their independent living skills.

People were able to make choices and decisions about how their care was arranged and delivered.

People knew what to do if they were unhappy with the care they received.

People were supported to prepare food and drinks that they enjoyed.

The provider had effective management systems in place to assess and monitor the quality of the service provided to people.

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.

Risk to people were assessed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm because the provider had effective systems in place to minimise these risk.

There was enough staff to support people.

People received their medicines safely.

Good



Is the service effective?

The service was effective.

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights.

People's needs were met by staff that had the skills and knowledge to meet their needs

People were supported to eat food and drink that they liked.

Good



Is the service caring?

The service was caring.

People were supported by staff that knew them well and understood that the things that were important to them.

People were treated with kindness and respect.

People were treated with dignity and respect and their independence was promoted.

Good



Is the service responsive?

The service was responsive.

Care was delivered in a way that met people's needs and preferences.

People were able to take part in activities that they enjoyed and were important to them.

People knew how to make a complaint if they were unhappy.

Good



Is the service well-led?

The service was well led

Systems were in place to assess and monitor the quality of the service provided to people. The registered manager was visible in the home and knew people well.

People benefitted from an open and inclusive atmosphere in the home.

Good



Victoria Road

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 is 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.

This inspection took place on 10 December 2015 and was unannounced. The inspection team comprised of one inspector.

Before the inspection, we reviewed information held by us on the service and provider. This included details of statutory notifications, which are details of incidents that the provider is required to send to us by law. We also asked

the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

During our inspection we met with two of the people that lived at Victoria Road, and spoke with one person. We observed how staff supported people to help us understand their experience of living at the home.

We spoke with the registered manager, the deputy manager, four care staff, and two health care professionals. We looked at the care records of two people, the medicine management processes and at records maintained by the home about the quality of the service.

Is the service safe?

Our findings

The building is divided into flats; each person has their own self-contained flat. We saw that people could lock their door to enable them maintain their personal security and safety. One person told us that they felt safe living at Victoria Road . They told us if they had any concerns that they would speak to staff or the manager. We saw that people using the service looked relaxed and comfortable in the presence of staff.

Staff all told us that they received training on how to protect people from the risk of abuse. Staff spoken with were knowledgeable about the different types of potential abuse and what action they would take if they saw anything that they thought placed the person at risk of harm. The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. The information the provider sent us and the records we hold showed that the provider had reported incidents of potential abuse appropriately.

The risk to people from avoidable harm was minimised. One person told us that that staff talked to them about the things that they could do to reduce the risk to themselves from their lifestyle choices. They told us that staff had negotiated a contract with them to help them make healthier lifestyle choices. They also said while they were not very happy with it they understood why it was there. We saw that care plans were in place to inform and guide staff on what they needed to do to support people to reduce risks. Risk management plans were in place to support people with managing their behaviour to reduce anxiety and to keep them and members of the public safe when they were out in the community. A healthcare professional said that, "[Person] is a safe here as they have been anywhere."

People were kept safe in emergencies. All the staff spoken with knew what to do in the event of an emergency. For example in the event of a fire and how to report accidents or incidents so that these could be managed effectively. A staff member told us, "I know about the emergency procedures."

People have complex needs and required a high ratio of staff to support them. All of the staff spoken with told us that there was always enough staff on duty. The person we spoke with told us that there was always enough staff to help them. They said, "The staff are good to me, they help me." We saw that there was enough staff to support people to do the things that they liked to do, when they wanted to do them. Some people's needs meant that they were unable to cope with people they were unfamiliar with .We asked the manager how they managed unplanned staff shortages. They told us that unplanned absences were covered by permanent staff where possible. If permanent staff were not available the provider had their own bank staff they would use. This ensured that people were supported by people that knew them well and this helped to reduce their anxieties

All of the staff told us that before they started work all employment checks were made. Records we looked at confirmed these checks were made before they started work . This meant that systems were in place to help reduce the risk of unsuitable staff being employed.

Staff supported people to take their medication. One person told us, "I take my tablets because the staff give them to me ." We looked at the systems in place for managing medicines in the home and found that there were appropriate arrangements for the safe handling of medicines. Staff told us that only staff who had received training were able to give medicines.

Is the service effective?

Our findings

People told us that they were supported to see the doctor when they were unwell. On the day of the inspection we saw that one person told staff that they had tooth ache, staff supported the person to phone the dentist and make an appointment for later that day. One person told us, “Staff have made a doctor’s appointment for me today; they [staff] will come with me.” People had regular appointments with other health care professionals. For example, community psychiatric nurses, social workers and psychiatrist. Records about people’s mental and physical health needs were well maintained. All of the staff spoken with knew about people’s mental and physical health care needs, and the signs that people were unwell.

Health care professionals we spoke with said, that people had improved since they had moved into the home. They told us that people difficult to manage had reduced and as a result they had been able to reduce the frequency of their visits. They said that staff were proactive in seeking advice from them and that staff followed their instructions to enable them meet people’s needs.

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. We checked whether the service was working within the principles of the MCA. People who lived at the home told us that staff got their consent before supporting them with tasks. We saw that staff listened to what people wanted to do and respected the decisions they made. For example we saw staff asking people where they wanted to go, and then supported them to do that activity. We spoke with staff who told us they had received training in MCA and could give an explanation of how they applied these principles within their role. One member of staff said, “I ask before doing anything for people”, The manager told us that mental capacity assessments had been completed for all the people using the service.

People should only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us they had received training in DoLS. One staff member was able to provide examples of actions that would be classed as depriving people of their liberty. The manager told us that applications had been made to deprive some people at the home of their liberty. Staff were aware of these applications and could tell us the reasons these were required and how this would impact their work. One person told us, “I can come and go as I want and do what I want here.” We were told and saw that people had keys to the doors so that they could come and go as wanted.

People told us that the staff had the skills to meet their needs. One person said, “The staff know what they are doing”. The staff we spoke with told us that they had the training they needed to do their job. One member of staff said, “We get good training here, better than the last place I worked...” Another member of staff told us “We get our training renewed yearly and have a mix of face to face training and eLearning.” Another member of staff said, “I have all the training I need.” The provider had a record of the training they provided to staff and this showed that staff had received the training they needed to meet people’s needs.

Staff all told us that they felt supported, the manager was approachable and had an open door. Staff told us that they had the opportunity to meet regularly with the manager or deputy manager to talk about their learning and development and the needs of people using the service. A staff member said, “I get regular supervision, I get feedback on my performance, the workload and my training.” Staff also told us that regular team meetings were held where they would talk about what was happening in the home.

People are given a weekly budget to shop for their food, so that they are able to choose what they wanted to eat on a daily basis. Staff told us that they helped people menu plan and encouraged them to, make healthy choices. One member of staff said, “People eat what they want, when they want. We encourage healthy eating and try to influence people but at the end of the day it’s their choice.” Staff told us they supported people to shop for the food they wanted. One person told us, “I am not very good at cooking, but staff help me.”

Is the service caring?

Our findings

We saw that staff spoke with and about people in a warm and caring way. One person told us, “Staff are really good to me, [staff name] really cares, they help me lots.”

They also said, “I am proud to be here.” People benefited from a stable staff team, most staff had worked in the home for a long time and knew people well so they recognised when people were happy or becoming anxious. We saw staff responded to one person who was upset in a caring and empathic way so that they were reassured. Staff knew the things that were important to people and how they liked their care to be provided so that they didn’t become upset and felt involved in their care. We saw that the interactions between people using the service and staff were caring and showed that staff had a good relationship with people. Conversations were warm, caring and respectful. One member of staff said, “We form a strong bond with the people using the service. It’s really makes you feel good to see people improve and develop their skills.”

One person told us that they were happy at the home but wanted to move into a place of their own. Staff spoken with was aware of this persons aspirations and were looking at supporting them to identify a suitable placement. A healthcare professional confirmed that their client was looking to move to more independent living and that staff were supporting the person to achieve this.

People were supported to be independent. People were supported to do their own shopping, cooking, and laundry and to keep their flat clean.

People were supported to make choices and decisions about their care. Choices included how they spend their day, where they went, what time they went to go to bed and got up. Staff told us people were able to have their friends visit them at the home. One person told us that they went out with their brother sometimes. Staff told us and records showed that people met with their key worker every month to discuss the things that they wanted to do and any health care appointments so that they could be involved in planning their care. A key worker is a member of staff that works with and in agreement with the person who uses the service and acts on behalf of the person they are assigned to, The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life

People’s privacy and dignity was promoted. One person told us that the staff treated them with well. We saw that people were addressed by their preferred name and saw that staff spoke to people respectfully. People all had single occupancy flats which provided them with the opportunity to spend time in private.

Is the service responsive?

Our findings

We saw that staff knew people well and knew what people liked. Staff were able to tell us about the things that were important to people. One person told us that they were involved in planning their own care and that staff knew how they preferred their care to be delivered. One person we spoke with told us about the way they wanted staff to support them and said that staff ensured that this was always done the way they like. Staff we spoke with were knowledgeable about people's care needs. Staff were able to give detailed explanations about people's needs as well as their life history and likes and dislikes.

The manager told us that people were given a weekly budget to spend on activities. Throughout our inspection we saw that people had things to do that they found

interesting. One person went out for breakfast. Another person went out shopping for Christmas presents and another went shopping for a new electrical appliance. As people were supported by enough staff the service was able to be flexible to meet people's wishes on a daily basis. We saw on the day of inspection staff were able to respond promptly to people's wishes and their plans for the day.

One person said that they knew how to complain. They told us if they were unhappy they would tell the staff. People told us they had not complained as there wasn't anything to complain about. The provider had a complaints procedure in place that was accessible to people. Information the provider sent us and records we looked at showed that the provider had not had any complaints in the last 12 months.

Is the service well-led?

Our findings

We saw that there were effective systems in place to monitor the quality of the service, quality audits were undertaken by the area manager. These included audits of clinical practice, competence of the staff, infection control and prevention, food and medication. In addition the manager completed unannounced spot checks on staff, during both day and night shifts. We saw that where these audits identified areas for improvement an action plan was developed. These action plans were then monitored by the provider to ensure that the service continually improved. The provider had a system to address maintenance issue in the home, our observations and the records we saw showed that the home was well maintained.

The person we spoke with knew who the manager was; they told us the manager as 'kind'. We saw that the person was comfortable and confident to approach the manager for assistance. All of the staff we spoke with said that the manager was supportive and approachable. One member of staff said, "I would be comfortable to tell the manager that I had made a mistake." Staff told us that regular staff meetings were held where they were able to talk about the service. Staffs were clear about their role and their responsibilities to people. Some of the staff we spoke with was not clear about the ethos of the service, in that they were unsure if the home was a home for life or a transitional service where people were supported to more independent living. We discussed this with the area manager and manager. Greater clarity may enable the service to develop further.

The manager had worked in the home for a number of years and knew people and the staff team well. We saw that the registered manager was visible in the home. We saw

throughout our inspection that the manager led by example guiding and supporting staff and modelling a positive response to people's needs. All the staff that we spoke with was positive about the manager. A staff member said, "The manager has some good strength. They really care about the people here." A staff member told us, "We work well as a team; it's a good team here. We work together to help people do what they want." Most staff felt valued. We were told that the provider had an employee of the month scheme, where staff was nominated for going the extra mile, then one person was drawn at random to win a high street voucher. The manager told us that the provider had a bonus scheme for managers and deputy managers based on the quality of the service, occupancy, performance and the use of agency.

Staff told us that there was an open culture in the home, and they felt comfortable to raise any issues with the manager. A healthcare professional told us, "The manager is open, they tell us what has gone well, but they also tell us when things have gone wrong to." Another health care professional told us that she had the Directors contact details and if they were worried that would be comfortable speaking with him to get a resolution. All the staff said that the manager listened to them, and made changes in response to these within the limits of their span of control. Communication in the home was good with daily handovers to discuss people who used the service and their wellbeing. Information the provider sent us showed that the manager had some plans to develop the service further in the next twelve months.

We had correctly been notified of any significant incidents and events that had taken place. This showed that the provider was aware of their responsibility to notify us so; we could check that appropriate action had been taken.