MADeBA Care Ltd

Miles House - 4 Hentland Close

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 25 and 30 September 2015 and was unannounced.

Miles House provides accommodation and personal care for up to five people who have a learning disability. At the time of our inspection five people were living there. The home comprised of five single bedrooms, a bathroom, a quite lounge and a conservatory. The conservatory was used as both a seating area and dining area.

There was a registered manager in place at the time of 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.

Summary of findings

The body language and gestures of people who lived at the home demonstrated they were at ease with staff members. Relatives told us they were happy with the care and support provided at the home for their family member and felt people's individual needs were met. Staff we spoke with were able to demonstrate an awareness of potential abuse and were able to tell us about the action they would take in the event of an abusive situation or if they had concerns about people's welfare.

We found people were at risk of not always receiving their prescribed medicines. This was as a result of a lack of suitable managements systems and over view of the system. We found times when people had not received their medicines as they were not available to them. Risk assessments were in place but staff were not always fully aware of how some risks were managed and described people's care needs differently.

Sufficient staff were available to meet people's needs. Staff received regular training and support to make sure they had suitable knowledge to care and support people. Staff treated people with respect and knew how they were able to maintain people's privacy and dignity. Staff were seen to be kind, caring and respectful when attending to people's individual needs.

People had a choice of food and drink and were supported with these when they needed them. People's consent was obtained on a day to day basis. Best interests decision had at times been taken by the registered manager and staff when it was believed people lacked the capacity to make these specific decisions. The manager had knowledge about the Deprivation of Liberty Safeguards (DoL'S) and the people whose liberty was potentially restricted but they had not submitted applications to the supervisory body. This meant the required standards of the law related to the MCA and DoL'S were not being met so that the decision to restrict somebody's liberty is only made by people who had suitable authority to do so.

People had access to health care professionals as required to maintain their well-being. Relatives felt involved in people's care and were regularly up dated by staff of any changes. Relatives were confident they could raise concerns about their family member's care if needed. Everyone we spoke with felt the registered manager was approachable and encouraged them to be involved in the home.

Systems to monitor and improve the quality of the service provision were in need of improvement to identify shortfalls and make changes to the delivery of the service to ensure people were not placed at risk.

You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

People were at risk of not always receiving their prescribed medicines. Risks to people's safety and welfare were assessed and reviewed but some risks were not sufficiently managed. People were regularly supported by staff who knew their needs. Relatives felt their family member was safe.

Requires improvement 

Is the service effective?
The service was not consistently effective.

Improvements were needed to ensure that the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoL) were consistently applied. So that people were not potentially being deprived of their liberty without permission. People were able to access health care professionals and had access to food and drink of their choosing.

Requires improvement 

Is the service caring?
The service was caring.

People's privacy and dignity was respected. Relatives believed the service provided to be caring and meeting the needs of their family member.

Good 

Is the service responsive?
The service was responsive.

People and their relatives were involved in the care and support provided by staff. People were able to engage in hobbies and pastimes of their choosing. Relatives felt they were able to raise any comments or concerns and these would be investigated appropriately.

Good 

Is the service well-led?
The service was not consistently well led

People were not always assured of receiving a quality service as systems to monitor service delivery were not effective. People's relatives and staff found the registered manager to be approachable and felt they were listened to.

Requires improvement 

Miles House - 4 Hentland Close

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 was carried out by two inspectors. Five people were living at the home. As part of the inspection we looked at information we held about the service provided to people at this home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law.

We saw how staff cared and supported people who lived at the home. People who were at home at the time of our inspection were unable to communicate with us verbally so we used different ways to communicate with people. We used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the deputy manager and seven other members of staff. We spoke with either a relative or friend of four people who lived at the home.

We looked two people's care records and four people's medicine records. We also looked at records and systems regarding the management of the home such as training records, staff recruitment and quality assurance documents.

Requires improvement

Is the service safe?

Our findings

We spoke with staff about people's medicines and how these were managed. We saw people had not always received their medicines as prescribed by their doctor. In addition records were not always maintained accurately to show when people had received their medicines.

We saw one person had not received one of their medicines over a weekend period. Staff told us this was because an additional supply was not requested from the prescribing doctor in time. We looked at the medicine records and saw this was not the first time this medicine had run out. The registered manager and their deputy assured us they would address this shortfall in the service provided to people. From discussions with staff and reading care records we did not establish any impact on these people as a result of them not receiving their prescribed medicines. However the instructions on the medicines showed this was needed to alleviate pain while certain care practices were undertaken.

The registered manager and staff we spoke with were unable to confirm people had always received their medicines as prescribed. We looked at the medicine records and found these were not always completed correctly. For example we saw staff had, at times recorded a 'dash' or a line rather than a signature or code or alternatively left a gap. In addition we found occasions when members of staff had signed for a medicine when none was available to be given. Staff had crossed out these signatures. We spoke with staff about this who agreed the records indicated staff members had signed for medicines inaccurately which was unsafe practice. The registered manager and staff on duty were unable to account for these errors.

Staff confirmed they were only able to administer medicines once they had undertaken training. This training included the ability to administer medicines for conditions such as epilepsy. Protocols were in place for the use of medicines used on an as and when required basis. During our inspection we saw a staff member implement the protocol when they believed a person needed a prescribed medicine.

Staff we spoke with were aware of risks related to the care of people who used the service. We spoke with staff members about one person. This person was identified as at risk of choking. Each member of staff we spoke with gave us different information regarding the use of thickener in the person's drink and the amount of thicker to be used. We were unclear from the different and conflicting accounts of people's care what their actual care needs were. We brought our findings to the attention of the registered manager who undertook to clarify with staff how drinks needed to be prepared to ensure this person was not at risk.

We saw risk assessments were in place and had been recently reviewed to reflect changes in people's needs. These covered risks within the home as well as risks when people were out of the home engaging in their individual hobbies or interests. For example risks associated with the use of the bath due to people's lack of mobility were in place.

Relatives we spoke with told us they believed their family member to be safe living at the home. One relative told us, "I've never seen anything other than a model of good practice" and "It's absolutely safe". Another relative told us their family member was, "Safe and happy". Information was readily available for people and their relatives or visitors on keeping people safe from risks from harm. This information was in pictorial format to assist people understand their rights.

We spoke with staff about the action they would take if they had any concerns about the care provided at the home. Staff were aware of different types of abuse and confirmed they had attended training to provide them with the required knowledge. One member of staff told us, "I would report it to someone". The member of staff was able to tell as about the different people they could inform including people outside of their own organisation in the event of them having any concerns. Another member of staff told us, "I would report it to the manager or to the Care Quality Commission."

Staff we spoke with told us there were sufficient staff on duty to meet the needs of the people who were living there. One member of staff told us, "Always sufficient staff on duty who are trained". One relative told us their family member, "Knows all the staff" and "Gets on well with everyone". Another relative told us, "Always several staff on duty". Throughout our inspection we saw staff engage with people individually to ensure their well-being. Staff told us

Requires improvement

Is the service safe?

they were allocated specific duties each day such as cooking, medicines and cleaning to ensure these tasks were covered in addition to people's personal care needs. Staff were happy with these arrangements.

We saw the provider had carried out checks on staff before they commenced work. These included a Disclosure and Barring Services (DBS) check. The DBS is a national service and holds records of any criminal convictions. The DBS is in place to help employers make safe recruitment decisions. We spoke with a recently appointed member of care staff who confirmed they attended an interview and understood a DBS check had been returned before they could work with people on their own.

Requires improvement

Is the service effective?

Our findings

We looked at whether people had their human rights restricted under the Deprivation of Liberty Safeguards (DoL'S). The registered manager and staff we spoke with told us it was their belief people who lived at the home would not be able to leave on their own due to their lack of capacity to make such a decision. Staff confirmed they would not be able to let people leave on their own due to their belief that people would not be safe to do so.

We saw equipment was in use designed for people following an assessment by healthcare professionals. The equipment included the use of straps to ensure people remained within specially designed wheelchairs. Staff we spoke with felt people lacked the capacity to consent to the use of the equipment. No assessments to determine whether people could consent to the use of the equipment were in place. The registered manager confirmed no other assessments such as best interest decisions had been undertaken about the decisions made to restrict people's movement.

Despite the registered manager and members of staff having attended training and being able to tell us about the Mental Capacity Act 2005 (MCA) no assessments of people's capacity to make decisions were undertaken. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. The registered manager confirmed they had not made any applications to the local authority for authorisation to restrict people of their rights.

This showed that the provider was in breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Consent to Care.

The registered manager told us they believed some people were unable to make an informed decision regarding certain aspects of their personal care. Social workers had previously been involved in reviewing people's care needs and actions put into place by staff to meet these needs. We saw the registered manager and staff had completed a number of best interest decisions regarding these individuals to establish how their needs were to be met.

Staff were aware of people's limited ability to communicate with them verbally. We did however hear staff consult with people before they provided care and support for example when moving people in their wheelchair in order to provide personal care. We heard staff check with people before they carried this out and ensured people had understood what they had said by seeking their acknowledgement. When providing support with a drink staff check people wanted the drink and before they wiped their mouth both during and after their drink.

Relatives and others we spoke with told us they believed staff to have the skills and experience to care for people. One visitor told us the provider, "Keeps training the staff". We spoke with four members of staff who told us they received training in order for them to have the skills and ability to provide care and support to the people who lived at the home. One member of staff told us their training had provided them with the, "Right way to do things". We saw some training was undertaken by specialists in that area such as a speech and language therapist.

We saw one new member of staff working alongside a more experienced member of staff to ensure they were confident to work with people. The newly appointed staff member told us they were unable to carry out certain tasks as they had not undertaken the necessary training to ensure they had the required skills to provide safe care.

We saw people have their lunch and found it was a pleasant experience for them. A relative described the food they had seen as, "Nice" and told us it smelt good when they had visited. They told us they had seen staff ask people what they wanted to eat. Another relative told us staff are, "Aware of dietary needs". During our inspection staff offered people a choice of food and drink. People were able to choice what they wanted to eat. We saw people had their own personalised and where necessary adapted cutlery. People's weight was regularly monitored to ensure people remained healthy.

One relative told us if their family member was unwell they would be taken to see their doctor by staff. The same relative confirmed their family member was seen by their own dentist. Another relative told us, "Staff really good getting the GP out when needed". A member of staff told us, "The GP comes out a lot". Records showed healthcare professionals such as the doctor, dentist and optician had been involved in people's care. We saw evidence of input and suitable referrals to healthcare specialists such as speech and language therapists, specialist nurses and psychiatrist.

Good

Is the service caring?

Our findings

All the relatives we spoke with were happy with the level of care provided. One relative described the staff as, "Very caring." and told us "It's a nice home". Another relative told us, "I am happy with the care" and described the care as, "Amazing". A further relative told us, "The standard of care is high" and added their family member is, "Always well cared for".

Staff we spoke with were proud of the level of care provided for people. One member of staff told us, "I would be happy with the care. I like to think what I would like to happen to myself". Another member of staff told us, "I like going home knowing people are clean and happy" and added, "I am able to change people's lives". Another newly recruited member of staff told us they had seen, "Really lovely care" taking place.

Four of the people who lived at the home had done so for a number of years. It was evident people knew each other and were known well known to staff members. We saw staff care for people with kindness and patience. People who lived at the home were seen to respond well with the staff on duty. We saw people smiling and laughing with staff. People were seen to be relaxed with staff who were able to determine what people were requesting by means of limited verbal communication as well as sign language, body language or other gestures.

We saw staff use sign language with one person. Staff understood the sign language used by the person such as when they wanted a drink. We were shown some pictorial cards which could also be used by the person concerned to communicate effectively and for them to be involved in their care. We saw staff use these signs as indicated on the cards when communicating with this person.

People were involved in their care where possible and were supported to express their views. For example we saw a member of staff show one person a selection of jewellery belonging to them so they could select what they wanted to wear. The person concerned took pride with their appearance once they wore their jewellery. We spoke with staff and they were able to give us examples of how they involved people in their care and support. For example ensuring people had a choice regarding their clothing each morning. Staff told us people would point or indicate by other gestures what they wanted to wear.

One relative told us how staff ensured their family member's desire for privacy to engage in their interests. We saw one member of staff was identified as a dignity champion. This member of staff took a lead in ensuring the dignity of people was well maintained and told us how they had held discussion with staff at team meetings to ensure their practice was continually maintained at the home. We spoke with staff about how they maintained people's privacy and dignity. Staff told us they did not enter people's bedrooms while people were having personal care provided. We saw staff knock on bedroom doors before they entered. Staff also spoke about other practices they took to uphold privacy and dignity such as covering people up while personal care was provided.

Good

Is the service responsive?

Our findings

We saw before people came to live at the home their needs were assessed to make sure they could be fully met by staff members. We saw staff from the home had carried out an assessment at different places including visits made to the care home by people with their family to get to know people already living there.

All the relatives we spoke with confirmed they were regularly involved in planning the care of their family member. One relative told us staff, "Tell me what is going on". We saw staff had regularly updated and reviewed people's care plans to ensure staff had sufficient and relevant information about people's care needs available to them. Care plans included goals agreed as part of their annual review and detailed the progress made regarding previous goals.

We saw staff respond to people's individual needs and assit people as needed. For example a member of staff noticed one person was wearing a watch which displayed the wrong time. We heard the member of staff ask whether they wanted them to correct this. The member of staff gave the person time to respond. Once permission was gained the member of staff corrected the time shown and confirmed what they had done with the person concerned.

We attended a staff handover session. This provided an opportunity for staff to exchange information about how people were and the care they had received during the day. Staff told us they attended handovers and read care plans to ensure they were fully aware of people's care needs.

Relatives we spoke with confirmed people who lived at the home were able to engage in hobbies and interests which were important to them. For example some people went to college on a regular basis and one person was about to commence on some work experience.

Throughout the inspection staff engaged with people in individual interests. For example we saw a member of staff look over a book with one person. Staff engaged with this person about the pictures in the book. This was much to the enjoyment of the person concerned who smiled and laughed while staff engaged with them. One member of staff was heard engage with a person who lived at the home about their plans to go out and purchase a DVD. The staff member had an awareness of what was important to this person and the films they enjoyed watching.

We saw examples within the home of activities undertaken by people such as painting and other arts and crafts. Staff told us of other activities undertaken such as bowling, swimming, playing musical instruments and going into the local town.

We were informed by the registered manager a group exercise was scheduled to take place later in the day regarding baking. Staff we spoke with confirmed this activity was planned and were heard talking to people about this.

Relatives and staff told us about holidays people who lived at the home had gone on with staff members to a caravan site. Relatives told us they believed their family member had enjoyed the holiday and felt these were important to people.

Relatives told us they were confident they could raise any complaints or concerns with the registered manager. One relative told us if their relative was, "Unhappy I would want to know the reason why". Another relative told us they were confident, if they had any concerns about the care provided "They would be resolved". The registered manager told us they had not received any complaints about the service provided.

Requires improvement

Is the service well-led?

Our findings

The registered manger acknowledged the shortfalls we found in the safe management of medicines. We spoke with staff who confirmed people had not had their prescribed medicines for a period of time due to having no medicine in stock to administer to them. Staff we spoke with confirmed this was not the first time this had happened. We were informed that medicines were re-ordered by a designated member of the senior team. However, this person had been away. The registered manager and other staff we spoke with confirmed systems were not in place to highlight when medicines were running out for further provision to be obtained. Following our inspection the registered manager told us the medicine had been ordered however staff had not collected it from the chemist. Improvement was therefore needed in management systems to monitor the provision of people's medicines to ensure their health needs were not placed at risk of not being met.

Systems were not in place to assess, monitor and improve the quality of the service provided. For example the registered manager was not aware of errors we found during our inspection such as a member of staff signing for a medicine which was not available. We did however see staff were reminded of the importance of signing for medicines as part of staff meetings and individual discussions. The registered manager was aware of one recorded accidents which had taken place in the home involving a person who lived at the home.

The registered manager told us they and members of the staff team had attended training in the Deprivation of Liberty Safeguards (DoL'S). However, despite this training we found assessments had not taken place when it was believed people lack capacity in certain decisions. In addition no applications to the local authority had been undertaken to authorise when people's liberty was restricted.

Staff we spoke with were complimentary of the management at the home. One member of staff told us, "Management take on board comments" and "The management listen". Another member of staff described the management as, "Brilliant". A relative told us, "The manager is nice and all the staff are". A visitor told us, "I think the service is excellent" and "It runs very smoothly". The same person commented the registered manager and their deputy are, "Always there. It's very rare they are not on the premises". Staff confirmed a member of management was available to them on an on call arrangement and told us they were confident they could escalate any concerns they had at any time of the day or night.

The registered manager was able to describe the care needs of all the people who lived at the home. We saw people responded well to the registered manager while they were introducing us to people. Relatives we spoke with were confident they could speak with the registered manager as needed and felt they were involved in the care of their family member. Throughout our inspection we witnessed a calm atmosphere with staff engaging with people and involving them.

All the staff we spoke with told us they enjoyed working at the home. One member of staff said, "I like it here. You can really get to know people". Another member of staff told us, "I love the job" and they liked "Working as a team."

Staff we spoke with told us they attended staff meetings and had the opportunity to discuss the care they were providing and any changes in people's care needs. We saw minutes following staff meetings. These showed people who used the service were seen as a central part of these meetings. Staff understood their roles and were confident they could raise matters with the management. Staff told us they felt well supported by the management.

Information was available for people who lived at the home as well as their relatives and other visitors regarding the service provided for people. This included a quality assurance report and the previous CQC report. A comments book was available for visitors to complete. We saw recent entries to be positive about the quality of care provided and the atmosphere within the home. Staff had recorded other comments made about the service provided such as from healthcare professionals when people had attended hospital appointments. All the comments recorded were positive about the standard of care provided for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014, Consent. People's capacity to consent to care was not consistently assessed. Processes were not being followed so that staff could make some decisions on behalf of people, where this was appropriate. Regulation 11 (1).