

Midland Heart Limited

Little Sutton Lane

Inspection report

210 Little Sutton Lane
Sutton Coldfield
West Midlands
B75 6PH

Website: www.midlandheart.org.uk

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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 ●

Summary of findings

Overall summary

This inspection took place on 3 August 2016 and was announced. We last inspected the service in July 2015. The service was assessed as good but we identified a breach in the regulations in regards to the provider's systems for auditing the quality of the service. At this inspection we found this had been rectified.

The service is registered to provide care for up to four people who have a learning disability. Two people lived there at the time of our inspection. A registered manager was in post. 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 who used the service and their relatives told us that the home was safe. We observed people looking relaxed and at ease within the home, and with the staff who were supporting them. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice. People received their medication safely.

There were sufficient appropriately trained, skilled and supervised staff and they received opportunities to further develop their skills.

The registered manager had approached the appropriate authority when it was felt that there was a risk people were being supported in a way which could restrict their freedom. Staff had been provided with training about the Mental Capacity Act 2005 (MCA) but not all staff were aware that Deprivation of Liberty applications had been submitted.

People were supported to maintain good health and to access appropriate support from health professionals where needed. People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People told us that they were happy at this home and this was confirmed by people's relatives. We observed caring staff practice, and staff we spoke with demonstrated a positive regard for the people they were supporting. People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect. People's needs had been assessed and care plans developed to inform staff how to support people appropriately.

There were systems in place if people wished to make a complaint. The registered manager was aware of his responsibilities and had the skills and experience required to enable them to effectively lead this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Safeguarding procedures were available and staff we spoke with knew to report any allegation or suspicion of abuse.

There were sufficient numbers of staff available to meet people's individual needs.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff understood the principles of protecting the legal and civil rights of people using the service.

People were supported to attend medical appointments and staff sought advice from health professionals in relation to people's care.

People were being supported to eat and drink in line with their needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew people well and knew what was important in their lives.

People's dignity and privacy had been promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People used community facilities and were supported to follow and develop their personal interests.

Relatives were confident action would be taken if they raised any concerns or complaints about the care their family members received.

Is the service well-led?

Good ●

The service was well-led.

Effective systems were in place to check on and improve the quality and safety of the service.

Staff spoke positively about the registered manager. Staff also told us they enjoyed working at the service

Little Sutton Lane

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 3 August 2016 and was announced. We gave the registered manager one day notice of our intention to visit. We needed to make sure the registered manager would be available and that people would be at home. The inspection team comprised of one inspector.

As part of the inspection process we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service. We took this into account when we made the judgements in this report.

During our inspection we spoke with one person. Another person was out at the day centre for most of our visit. We spoke with the registered manager, team leader and two care staff. We looked at the care records of two people, the medicine management processes and at records about staffing, training and the quality of the service. We spoke on the telephone with the relatives of two people to seek their views of the service. We also received information from a health care professional.

Is the service safe?

Our findings

We spoke with one person who confirmed that they felt safe living in the home. We asked if there was anything at the home that frightened them at the home and they said "No." Relatives we spoke with confirmed that they thought their family members were safe living at the home. One relative told us, "I have no safety concerns now." They told us there had been a risk to the person but that staff were now working in a way that reduced this risk.

Safeguarding procedures were available in the home and staff we spoke with knew to report any allegation or suspicion of abuse. One member of staff told us, "I would report any abuse to the team leader or manager. I have confidence something would be done, I would not rest until it was done."

The staff told us and records confirmed that they received training in recognising the possible signs of abuse and how to report any suspicions. We saw that discussions about safeguarding were a regular agenda item at staff meetings. This showed that staff were frequently reminded about their role in protecting people from avoidable harm and abuse.

We looked at the staffing arrangements. There were enough staff to provide support when it was required. The staff team supported people around the home and there were enough staff available to support people to go out when they wished. The staff and relatives we spoke with said there were enough staff to meet people's care needs. One relative told us, "There are enough staff and I usually recognise them all when I visit."

The team leader told us that they planned the staff rota according to what activities people planned to do as this impacted upon the support they would need. To make sure that people were being supported by someone who knew their needs the same agency staff were to cover any gaps in staff availability. This ensured some consistency for people. One member of staff told us, "If we have gaps then we use the same agency staff who have worked here before as it is really important that people have consistency."

People were encouraged to have as full a life as possible, whilst remaining safe. One relative described to us that there had been some 'teething problems' when the person first moved to the home in relation to their behaviour but that these were managed and the home was a calmer place. We saw that the registered manager and team leader had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service.

One care professional told us that they had previously raised some concerns with managers about incidents of staff not following risk assessments and that for one area risk for an individual there was not a risk assessment in place. We found that this risk assessment had been completed and during our visit the staff we spoke with were aware of risks to people and followed these risk assessments. The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. Records of incidents involving people's behaviour were kept so that these incidents could be monitored for any patterns or trends.

We looked at some of the fire safety arrangements that were in place. People had individual evacuation plans so that staff had information about the support they needed. We looked at the records for testing the fire alarms and saw these were done weekly and that regular fire drills were completed. This helped staff to know how to support people to keep safe should a fire occur in the home. Staff were supported by an on-call manager at all times, which meant they always had access to support and guidance in the event of an unusual or difficult situation arising.

The registered manager told us that there had been no new staff recruited in the last twelve months. They were able to describe the recruitment procedures that would be followed if new staff were employed. The procedures described indicated that the appropriate checks would be completed before staff commenced working with people. We were shown evidence that criminal record checks were completed on staff and that a process was in place to renew these checks three yearly. This helped to reduce the risk of unsuitable staff being employed by the service.

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitably safe location. The registered manager and staff told us that medicines were only administered by staff who had received training. We were informed that staff were observed giving medicines to make sure that they were safe to do so but that formal competency assessments had not been completed. The registered manager told us that the provider had a format for assessing competency and they would ensure these were used in future.

There were suitable facilities for storing medicines. Some people were prescribed medication on an 'as required' basis and we saw that guidance was in place for staff about when this medication was needed. Most medication was in blister packs. The records of the administration of medicines were completed by staff to show that prescribed doses had been given to people. We saw that these were accurate and up to date. One person took their medicines in a particular way. We saw that this had been discussed with health professionals to make sure this did not affect the effectiveness of this medication. Photo images were used to give staff clear instructions about the person's preferred method of taking one of their medicines.

The team leader undertook regular audits of the medicines to ensure any problems or discrepancies would be identified quickly. Records showed that where a member of staff had omitted to administer a person's medication this error had been identified and action taken to reduce the risk of future occurrences. People could be confident their medicines would be well managed and administered as prescribed.

Is the service effective?

Our findings

One person told us that they had lived at the home for nearly two years and that so far it had been a good two years. Relatives indicated to us that they were satisfied with the care people received. One relative told us, "He is more settled there than he has been anywhere else in years." Staff and the registered manager knew the people they were supporting well. The staff spoke with warmth and enthusiasm about people and were able to describe their care needs and preferences.

We were informed that if any new staff were employed they would complete an induction at the start of their employment. The registered manager confirmed that arrangements were in place so that staff who were new to the care sector would be able to complete the nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

The staff were trained to provide the care and support that people required. Staff received training in areas that helped them to meet people's needs, for example in safeguarding, emergency aid and equality and diversity. Methods of training included a mix of both E-Learning on the computer and face to face training. Staff told us that they felt the training they received enabled them to meet people's care needs. One member of staff told us, "I get regular refresher training and the quality is fine." Another member of staff told us, "I like going on the training as I am keen to learn." We saw written evidence that a care professional had complimented the service in regards to staff being well trained and knowledgeable about a person's needs.

At our last inspection in July 2015 we identified that some key training topics such as supporting people with autism and managing behaviours had not yet taken place for all staff. At this inspection we were provided with evidence of this training taking place. Staff told us that additional training about autism was also planned. We were informed by the registered manager that the majority of care staff were currently undertaking a level two diploma in learning disability practice. This meant that staff had opportunities for additional training to enable them to improve their knowledge and understanding about health and social care.

Staff told us they received regular formal supervisions as well as informal discussions with the manager and their peers when they needed support. Supervision's are one to one meetings that can be used to focus on staff members work and performance. They give staff the opportunity to raise issues if they need to. There were also regular staff meetings to provide staff with opportunities to reflect on their practice, receive updates and make plans to help the service move forward.

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. Staff told us that they always gained people's consent before supporting them with any care tasks. We saw examples of this during our visit, for example one person's consent was sought prior to staff

assisting them with their morning shower.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The provider had made a DoLS application for one person people in the home as they did not have the capacity to make some decisions for themselves. This applications had been sent to the appropriate local supervisory body. Staff knew about the requirements of DoLS and the Mental Capacity Act and staff had received training to support them in understanding their responsibilities. We brought to the attention of the registered manager that one member of staff we spoke with was not aware which person had a DoLS application in progress. The registered manager gave us an assurance they would ensure all staff were made aware of this. They also told us they intended to follow up with the local authority the progress of the application as it had been some time since this had been submitted.

People were provided with enough to eat and drink. One person told us they were on a low fat diet as they wanted to lose weight. We saw that people had access to drinks and snacks and snacks during our visit. One person helped themselves to fresh fruit after their lunch. They confirmed this was always available.

Staff told us about people's individual likes and dislikes and explained that these followed when planning meals. Staff told us that the menus were completed on a weekly basis and we saw that menus were individual to each person at the home.

People had been supported to attend a range of health related appointments in relation to their routine and specialist needs. We saw that people attended appointments at hospitals and the GP surgery as well as receiving regular dental and optical checks. The relatives of people living at the home told us that their family member's health care needs were met. One relative told us they were "Thrilled" that the person had been assisted to achieve a more healthy weight.

Staff understood how to manage people's specific healthcare needs and told us when they would seek professional advice. Staff told us that one person became anxious if they had to attend health appointments that were not part of their usual routine. The team leader told us that they had recently done some work with a health facilitator where they had practiced attending an appointment with the person and used various methods to communicate what would happen at the actual appointment. We were told that this had been successful and had enabled the person to undergo some additional health screening.

Is the service caring?

Our findings

The person we spoke with on our visit confirmed that staff were caring and we observed staff were kind and patient with people and offered reassurance when necessary. A relative told us, "They know [person's name] needs and how to communicate with him. He is settled, if he was not they would soon know about it." A care professional told us that the staff they had worked with had been caring and kind in their approach to people. We saw written evidence that another care professional had complimented staff for their dedication and compassion.

Both relatives spoken with told us that they could keep in touch and visit the home as much as they wished to. One relative told us, "I'm always made welcome when I visit." Staff knew what people liked to do and were keen to support people in their hobbies and keeping in touch with their families.

Both people that lived at the home used pictorial communication methods as well as some verbal communication. The team leader explained to us that the various communication systems in place enabled people to express their views and be involved in making decisions about their care. Examples of easy read and pictorial information available to people included activity schedules and information about the medication that was prescribed.

Opportunities were available for people to take part in everyday living skills. For example one person told us they often went out with staff to do the weekly food shopping. They told us they enjoyed this. They also told us they sometimes cooked their own meals and participated in laundry tasks with staff support. This helped to develop and maintain their independence.

Staff told us that they always treated people with respect and maintained a person's dignity. Staff told us and we saw that bedroom and bathroom doors were knocked on before staff entered. One person was having a lie in bed when we arrived and staff respected their choice about when they wished to get up. When they got up they were then discreetly reminded by staff about their attire to protect their dignity.

Is the service responsive?

Our findings

One person we spoke with confirmed they were happy living at this home. Both relatives spoken with told us that they felt their family members' care and support needs were responded to and met.

We looked at two people's care records. Each person had a care plan to tell staff about their needs and how any risks should be managed. Care plans recorded people's likes and dislikes, what was important to them and how staff should support them. One relative told us that staff' understanding of their family members' needs had really improved since the current team leader had been in post and that communication with the person had improved. We saw that each month a member of staff completed a 'monthly review' to check if any changes were needed to the care plan. Whilst this gave a good overview of the person's wellbeing for the previous month it did not include the views of the person. The registered manager told us they would ensure this was included.

We looked at the arrangements in place for people to participate in leisure pursuits and activities they enjoyed. We saw that all activities planned were based on what individuals liked to do. The home had its own car and was used by the people that lived there on a daily basis, enabling them to access various community activities or to go shopping. One person told us they felt there were enough activities available and they participated in things they liked. They told us that staff took them out and that they enjoyed going to the pictures and had been on a recent trip to the seaside. One person's relative told us, "[Person's name] does activities that he enjoys." Records showed that people had opportunities to participate in regular activities and outings in their local community. There were also photographs in the home of people taking part in activities they had enjoyed.

One person told us they did not have any complaints and would tell staff if they were not happy about something. Both of the relatives we spoke with confirmed they felt confident to raise any complaints. One relative told us, "I would raise them if I had any concerns as they [the staff] are all very approachable." One relative told us they had not made any complaints but gave an example of a minor concern they had raised where action been taken.

The registered manager had endeavoured to make the complaints procedure available in formats that people could understand. An easy to read version had been produced and there was also an audio version available, should people need this. The registered manager told us that whilst they had not received any complaints regarding people's care in the last twelve months, concerns and complaints were welcomed and would be addressed to ensure improvements were made if necessary.

Is the service well-led?

Our findings

At our last inspection in July 2015 we identified a breach in the regulations. Improvements were needed to the provider's systems for auditing the quality of the service. At this inspection we found this had been rectified. The registered provider had undertaken audits of the service. These had been effectively used to improve the service, to achieve compliance with required legislation and to ensure they were consistently meeting people's needs. We saw that some audits were also completed by staff at the home and where identified as needed, improvements identified as needed had been put in place.

The relatives we spoke with confirmed that it was a well-managed service. Since our last inspection in July 2015 we had registered a manager for this service. The registered manager was also registered to manage a second location. They were supported in managing the home by a team leader. Both the registered manager and the care co-ordinator confirmed that they had enough time to carry out their management responsibilities effectively. The registered manager had a good level of understanding in relation to the requirements of the law and the responsibilities of their role. Our discussions also showed that the registered manager and team leader had a good understanding of people's needs.

Where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the service. At the time of our visit we were told that the provider website was undergoing some updating and so there was no information about Little Sutton Lane on the provider website. This was addressed shortly after our visit.

Systems were in place to seek feedback from people. The team leader showed us that following supervision observations of staff members, people that lived there were supported to complete an accessible 'smiley face' format feedback form. This enabled people to express their views on whether they felt well supported or not. The registered manager told us that they spoke regularly with people's relatives to seek their views but there was no formal system in place to obtain and record their views. This meant that opportunities had been missed to gather and look at feedback to see if any action was needed to improve the quality of the services provided. Since our visit took place we have been informed by the registered manager that they have sent out questionnaires to relatives to seek their views.

We saw that staff were clear about their responsibilities and all said that the people who used the service were central to the support they provided. The provider had a system that monitored staff training. This information was held centrally and was available to the registered manager so that they could monitor the training staff had undertaken and what training was required to be booked.

We saw that staff meetings were held regularly. Minutes of staff meetings detailed that areas such as supporting people, training, health and safety, operational changes and development of the service were discussed. This ensured staff were provided with up to date information about the service. Staff told us the management team were approachable, felt that there was an open culture in the home and they were comfortable to raise any issues with them. One member of staff told us, I have only ever raised minor issues

and they have been rectified." Another staff told us, "I have raised issues and been listened to. We always find a way to resolve things together."