Midland Heart Limited

Little Sutton Lane

Inspection report

210 Little Sutton Lane
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West Midlands
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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?	**Requires improvement**

Overall summary

This inspection took place on 22 July 2015 and was unannounced. This is the first inspection of the home since it was registered with us in December 2013.

The single storey home is registered to provide accommodation and personal care to up to four people at any time. The home provides care to adults with a learning disability and / or autistic spectrum disorders. At the time of our inspection there were two people living there.

The location is required to have a registered manager 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 and associated Regulations about how the service is run. At the time of this inspection the home did not have a registered manager in post. However, the provider, Midland Heart Limited, had placed an acting manager to oversee the home.

Staff knew how to reduce the risk of harm to people from abuse and unsafe practice. Most risks of harm to people

Summary of findings

receiving the service had been assessed and recorded. Although policies and guidance for staff were in place so that people were safely supported with taking their prescribed medicines, some records of medicines were not always clear.

People, their relatives and staff felt that there were sufficient numbers of staff on shift to meet people's needs. There were procedures in place to recruit staff safely to work with vulnerable people.

Staff had the skills and knowledge to care and support their family member. Staff were inducted into their job role and did receive training. However, key training topics such as supporting people with autism, did not always take place as soon as some staff felt it should to give them the skills needed for their job role.

People were supported by staff to access health and social care professionals whenever needed. Staff followed the advice and guidance of health care professionals.

Staff were caring and treated people with dignity and respect.

People and / or their relatives felt they could speak to staff about any concerns that they had and that they would be listened to and their concern addressed.

The provider had quality assurance systems in place to monitor the care and support people received. Some systems were effective in identifying actions that were needed to make improvement to the service. However, we found that some were not effective.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected against the risk of avoidable harm and abuse.

Staff were safely recruited and the provider had completed the required pre-employment checks on them.

Arrangements were in place to ensure that people received their prescribed medicines.

Good

Is the service effective?
The service was effective.

People were cared for and supported by trained, skilled and experienced staff.

Staff were trained in and understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

People and relatives told us that staff were kind and caring toward them.

People were treated with dignity and respect.

People were listened to and involved in making decisions.

Good

Is the service responsive?
The service was responsive.

Staff had a good knowledge of the needs of the people they cared for.

Staff were responsive to people's preferences and activities took place to meet individual's needs.

People and their relatives told us that they knew how to make a complaint if needed.

Good

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

The provider had systems in place to monitor the quality of the service provided to people. Where actions were identified as needed to make improvements these were implemented. However, not all actions needed were effectively identified by the audits.

Staff were supported and supervised to provide a positive culture that had people's needs at the centre.

Requires improvement

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 22 July 2015 and was unannounced and was carried out by one inspector.

We reviewed the information we held about the service. This included information shared with us by the Local Authority.

Before the inspection, the provider completed a Provider Information return (PIR). This is a form that askes the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three care staff, the team leader and acting manager. We spent time with and spoke with one person that used the service. After the visit, we telephoned and spoke with two people's relatives. We looked at two people's care and medicine records to see how their care was planned and delivered. We also looked at records relating to the management of the service including staff training and recruitment, together with a selection of the provider's policies and procedures.

Good

Is the service safe?

Our findings

One person told us, "I am safe here. No problems." Both relatives told us that they felt their family member was safe at the home. One relative told us, "I feel [Person's Name] is safe there. I can relax knowing they are looked after. I trust the staff team."

We asked staff how people at the home were kept safe and protected from abuse. Staff on duty were able to tell us what abuse was and the signs to look for. One staff member told us, "I'd report any concerns immediately to the team leader." Another staff member told us, "I would not hesitate in reporting any concern I had. If I felt it wasn't investigated I'd report it higher or to social services or you, at the Care Quality Commission if needed."

Staff had completed safeguarding training and told us this was a topic that was always discussed in team meetings. This showed that staff were frequently reminded about their role in protecting people from avoidable harm and abuse.

In both sets of care records looked at we saw that risks had been identified in the person's care assessment and they had individual risk assessments in place. Staff that we spoke with demonstrated their understanding of how to reduce the risks of harm to people. This meant that overall actions were taken and recorded to reduce the risk of harm or injury to people. However, in talking with staff, we became aware that one person had a verbally communicated risk assessment in place for spending time in the bath unattended by staff. We saw that this had not been recorded. We discussed this with the team leader and they told us that all staff were aware of the actions to reduce the risk of harm but agreed that this had not been recorded.

Staff told us that they had received first aid awareness training. We asked them what they would do in emergency situations that might arise from time to time, for example a person having a burn or scald. While staff were not always able to tell us the safe first aid action to take, they did tell us they would phone either 999 or 111 and follow the advice given. The team leader told us, "The provider has made changes to our first aid training and we don't cover the day to day incidents that might occur." The acting manager told us it is something that they felt they needed to discuss with their area manager to ensure the content of first aid training was what staff needed.

People's relatives told us that they thought there were enough staff on duty to meet their family member's needs. The team leader explained to us that both people that lived there had been assessed for the level of support they needed. During our visit we saw that there were sufficient numbers of suitable staff to meet people's needs. 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.

One staff member we spoke with told us they had transferred from another service and the team leader had given them a further induction into this service. We asked to look at the pre-employment checks that had been completed. The acting manager requested the information from their personnel office and shared this with us on the day following our visit. We saw that all appropriate pre-employment checks had been completed.

Staff told us that they had received training to administer people's medicines to them. One staff member showed us the safe storage that was used for people's medicines and explained that policies were in place for the administration and safe disposal of any unused medicines. We saw that all of people's prescribed medicines were available to them in line with their doctor's instructions. We saw some 'when required' medicines were prescribed for people and guidance was in place for staff to follow when these were administered to people. One staff member told us, "The guidance is kept with the person's medicine record so that we can refer to it." Photo images were used to give staff clear instructions about one person's preferred method of taking one of their medicines. The team leader told us that they completed observed practice on staff to ensure they administered people's medicines safely and as prescribed.

Good

Is the service effective?

Our findings

Relatives told us that they felt their family member's needs were met by staff. They told us that they thought staff had the skills they needed for their job. One relative told us, "Staff do have the skills they need to effectively support people. The only thing is sometimes there seems to be a high turnover of staff and then it takes some time for them to get to know people and develop the skills they need." The team leader told us that there had been some changes in the staff team with transfers between the provider's locations. The team leader told us, "It has been important for us to make sure we have the staff who are best skilled to support people here. I think the team will now be more stable."

Staff were able to explain to us about people's needs and how they supported them. Staff had completed an induction and training. Two staff told us that they felt further training would be useful to them. One staff member told us, "I would like to do the autism and managing behaviours that challenge training. This would give me greater confidence in my job role." We saw from the staff training record that some key training topics such as supporting people with autism and managing behaviours that challenge had not yet taken place for all staff. For example, we saw only one staff member had completed the autism awareness training. We discussed this with the team leader. They told us, "Staff have just enrolled on an autism awareness course and will complete a booklet. This will then be followed up with a specialist session." During our inspection, further training dates for managing behaviours that challenge, were confirmed to the team leader. One staff member showed us the training booklet they were completed and told us, "All training is useful either to give us new skills or to refresh our skills. We do get the training we need, it just sometimes takes a while for the dates to be given for it to take place." During our inspection we saw that the staff on shift had the skills they needed to support people.

Staff we spoke with told us that they had received training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us that they always gained people's consent before supporting them with any care tasks. One staff member told us, "I always explain what is going to happen and make sure that the person agrees, for example to being supported with a bath, before going ahead." Another staff member told us, "I am not allowed to give consent on behalf of people, for example, at a hospital appointment. If the person could not consent themselves the team leader or manager would arrange a best interest meeting."

We saw that the front door of the home was double locked and the key kept in a coded box. This was accessible to only staff members. Staff told us that the locked door was used as a way to restrict one person leaving the home. We saw that the person did not have a deprivation of liberty safeguard in their care records. We discussed this with the acting manager and team leader. They explained to us that they believed the previous registered manager had submitted the referral to the Local Authority but there was no record of this. We asked them to check this and to send us confirmation. The following day after our visit, we received confirmation that the referral had been sent to the Local Authority last year (2014) and was being processed. This meant that the appropriate action had been taken to safeguard the person. We saw that the other person that lived there could not access the coded key box. They told us, "I go out with staff. They look after me. I don't want to go on my own." The team leader told us that if this person changed their mind they would seek a mental capacity assessment in accordance with the MCA and DoLS.

One person told us, "The food is good. I go in the car to help with shopping." One relative told us, "I shared information with staff about my family member's dietary likes and dislikes and how the times they prefer to eat their meals." Staff told us about people's individual likes and dislikes and explained that these followed when planning meals. We saw that there were sufficient stocks of food, including fresh fruit, and a variety of drinks available in the kitchen.

Although some health care needs were not recorded in people's care records, staff understood how to manage people's specific healthcare needs and told us when they would seek professional advice. We discussed the omission of a few needs with the team leader and acting manager. The team leader told us, "All staff have been told, for example, about one person's dietary healthcare needs but this was done verbally. I agree some detail could be added to their care plan and this will be done."

Staff told us, and we saw from care records, that other health and social care professionals were involved in meeting people's needs, such as their GP, Speech and

Good

Is the service effective?

Language Therapist and psychologists. The team leader explained to us that they were working with a health care professional to explain in pictorial format a health screening procedure to one person that lived there. The team leader told us, “If a health examination was urgent we may need to have a best interest meeting. But, if something is less urgent we can take the time needed to effectively enable the person to understand what will happen and why. This means they become less anxious about the process and we can effectively support them through it.”

Good

Is the service caring?

Our findings

One person told us, "I like the staff here. They do care for me." Both relatives spoken with told us that they felt the staff were caring toward their family member. One relative told us, "The staff do a smashing job with [Person's Name]." Another relative told us, "The staff are caring. I know [Person's Name] is happy living at the home."

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. They gave us an example of both people being involved in the decision to keep chickens in the enclosed rear garden. One relative told us, "The staff give [Person's Name] little tasks to do, like feeding the chickens. This makes my family member feel involved in the home."

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 entering. The team leader explained to us that one person did not like curtains used across their bedroom window. They showed us that an opaque film had been sealed across the window so that the person's privacy and dignity was maintained.

One person told us, "I like my bedroom." We saw that bedrooms were personalised to individual tastes. Staff told us that they tried to involve people as far as possible in the decoration of their bedroom. For example, the team leader told us that one person liked the colour orange and this was used in their bedroom.

During our visit, all staff spoke of people that lived there in a caring and respectful way. We observed caring staff interactions with one person. We saw that the person changed their mind about going out. We saw that staff listened to them and their reason for no longer wanting to go out. We saw that this was respected by the staff and no pressure was put on the person to continue with the planned outing.

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, "There are no restrictions about visiting. Staff are also good at keeping in touch with me about my family member."

Good

Is the service responsive?

Our findings

One person told us, “I like living here. Staff look after me. I like them. They help me when I need helping.” Both relatives spoken with told us that they felt their family members’ care and support needs were responded to and met. One relative told us, “I feel that I have been involved in [Person’s Name] care assessment. I have given staff information such as about [Person’s Name] likes and dislikes and their daily care routine.”

We looked at two people’s care records. We saw that assessments were carried out and most of the identified needs of people were in their care plan. The plans were person centred and detailed which assisted staff to deliver people’s care and support in a way they preferred and was responsive to their individual needs.

Overall, staff felt they had a good knowledge of the people that they supported. Our observations of staff interactions with one person that lived there showed us staff knew how to respond to their needs. One staff member told us that they felt some of the care plans could be a little more detailed so that more information was available to staff. They said, “The care plans have improved but when there are new staff they might benefit from more detail.” We asked about examples of this and they told us, for example, what the person could do for themselves and ways to encourage them. Staff were able to tell us about people’s identified needs and how these were met. We saw a few needs, that staff made us aware of through their knowledge of the person, that were not detailed in the person’s care plan. We discussed these with the team leader and they told us that they would take action to add the further care plan detail needed.

One person told us, “I like to go in the car. I like to do baking. I like to go to the park.” 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. The team leader explained to us that each person had an ‘activity display board’. This responded to their needs that arose from them being on the autistic spectrum and helped to plan when and where activities would take place. We saw that all information was in a pictorial format that was understood by the person whose activity board it was. We saw some art and craft work was displayed that had recently been done by one person. This meant that value was attached to their work and activities were planned and took place to meet individual’s needs.

One person told us that they had no complaints about the service they received. They said, “I would tell [Team Leader’s Name] if I was not happy.” One relative told us, “When my family member moved to the home, I did have some concerns. I didn’t feel things were always dealt with and took my concerns further. But, now I am very happy and have no complaints. I know [Person’s Name] is happy and settled now. Things have improved. If I had any concerns I’d tell the team leader.” The acting manager made us aware of one complaint from a neighbour and explained to us the measures they had put into place to reduce the risk of reoccurrence.

Requires improvement

Is the service well-led?

Our findings

The provider had submitted the Provider Information Return to us prior to our visit. The information showed us that the provider had recognised that the service had not been well led and had resulted in concerns been identified by the Local Authority. The provider had recognised this and made management changes. A team leader and registered manager of a different service had been transferred to the home to make the needed improvement and changes to the culture. The Local Authority told us that they felt actions had been taken to improve the service following the provider making management changes at the home. The acting manager was in the process of applying to become registered with us for this home.

One relative told us, "Since the team leader has been there, things have really improved. It is so much better." Another relative told us, "I feel there is good communication. The staff keep me informed about my family member. I feel I could discuss any issues with the acting manager or the team leader."

One care staff member told us, "The home has improved a great deal. Communication is much better. A few things could still be improved upon, but everything is moving in the right direction. As a staff member I feel listened to by the team leader and acting manager. I can put forward ideas. I'd say it is an open and inclusive culture here."

Staff told us that they felt supported in their roles. One staff member told us, "We have monthly team meetings now." The team leader showed us that minutes of meetings were kept and were available for staff to refer to, if needed. Staff told us that one to one supervision sessions took place. One staff member told us, "I feel that I could go to the team leader or acting manager if I was concerned about anything at all."

The team leader showed us that there was a system in place to record and identify when training was required. The Provider Information Return told us that they were exploring specialist training around autism. We saw that, to date, only one staff member had completed this. We discussed this with the team leader and they told us that they were awaiting further training dates for autism awareness and managing behaviours that challenge. Staff told us that they felt this training would give them greater confidence in their job roles. During our inspection, the team leader took action to confirm training dates and told us that the sessions would take place during the Autumn 2015.

We asked the team leader about how people's views and feedback was used to influence the service they received. They told 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. One person was able to confirm to us that they were asked if they were happy with the way staff supported them. They told us that they were.

Although there were written feedback systems in place to gather the views of the quality of the service from relatives and healthcare professionals, these had not yet been used since the service was registered in December 2013. However, both relatives spoken with told us that their views were verbally sought. They also told us that they felt they could give feedback without it being formally requested. The team leader told us that positive feedback had been informally given by healthcare professionals but this had not been recorded. The team leader told us that this was an area that they would develop to ensure feedback was recorded.

The provider had quality assurance processes in place. We saw that these were completed by staff at the home and the provider's quality and outcome manager also completed service audits. We looked at a provider quality and outcome manager's audit completed in June 2015. We saw that this had identified some actions needed to improve the service. A service improvement plan had been written and identified who was responsible for implementing actions and gave a time scale for actions to be implemented by 15 September 2015. We found some issues that required improvement that the audit had not identified. This meant that the provider's quality assurance processes were not always effective.

We looked at a medication audit completed in July 2015 and saw that no actions were identified as required. However, we saw that one person had two prescribed 'when required' items from their GP that were not listed on their current medicine administration record. We also saw that the audit had not identified issues around the unclear recording of the stock of people's medicines and the amounts carried forward. We found that the amount of

Requires improvement

Is the service well-led?

medicine stated as delivered to the home from the pharmacy on the person's medicine record did not match the amount either administered or in stock. The team leader agreed with us that the medicine administration records were unclear. They told us, "We will have a conversation with the pharmacy about the information on people's medicine record and also ensure we implement a clearer recording system about what is carried forward and stock. Some of the problem is due to the pharmacy issuing people's medicine administration record at a different time to when they prescribe. This means the stock record does not balance. "

We found that audits on people's care records were not always effective in identifying action needed. For example, the team leader told us that one person had informally been risk assessed to be left unattended by staff in the bath for a short time. However, we found that the risk assessment had not been recorded.

While both our observations and conversations with staff members showed us that they had knowledge of people's needs, we found that some care needs had not been recorded. For example, we expected to see a care plan for one person about their health condition and dietary needs but found this was not recorded. An effective audit of people's care needs would reflect the care plans required in their care record.

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 17 HSCA (RA) Regulations 2014 Good governance Not all actions needed to improve the quality of the service were effectively identified by the provider's systems of audit.