

Midland Heart Limited

# James Beattie House

## Inspection report

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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

About the service: James Beattie House is a service which provides domiciliary care services. This is provided in the context of sheltered flat tenancies situated in a single building facility. The facility offers aspects of communal living for people over the age of 55 years.

People's experience of using this service:

- People who used the service told us they felt safe. Staff were knowledgeable about the types abuse and how to report concerns. Personalised risk assessments were in place which supported staff to mitigate risks.
- Staff were recruited safely and there were sufficient staff to flexibly meet people's needs. Staff had received appropriate training which supported them to provide quality care.
- People told us staff knew them well and treated them with kindness and respect. We saw staff were passionate about providing good quality care and maximising people's independence.
- People were encouraged to have control and choice in relation to their care and support.
- People had access to healthcare professionals and services where they needed them.
- Medicines were managed safely by trained staff.
- Assessments of people's needs and preferences were completed prior to receiving support and reviewed regularly.
- People were supported to access a wide variety of social and recreational activities in line with their preferences.
- There was a compliments and complaints procedure in place. The registered manager investigated and responded to any complaints in full.
- The management team completed regular audits to ensure a quality service.
- The registered manager was committed to providing personalised care that met people's individual needs.

Rating at last inspection: James Beattie House has not previously been inspected under the provider Midland Heart.

Why we inspected: This was an announced, scheduled inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# James Beattie House

## Detailed findings

### Background to this inspection

"We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014."

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

James Beattie House is a service which provides domiciliary care services. This is provided in the context of sheltered flat tenancies situated in a single building facility. The facility offers aspects of communal living.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 5 days' notice of the inspection site visit as we were visiting people's homes.

What we did:

Before the inspection we checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service and information we had received from the public. A notification is information about events that by law the registered persons should tell us about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make.

We observed how staff interacted with people who used the service. During our inspection we spoke with six people who used the service, five relatives, three customer support workers, one team leader coach, one house keeper, one house keeper coach, one activities coordinator and an administrator. We also spoke with the registered manager and a community pharmacist. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for five people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and medicine records.

After the inspection we gave the provider the opportunity to send us any additional supporting information.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People knew how to raise concerns and told us they felt confident speaking to staff and felt safe. One person said, "I can talk to [staff] about anything, I know they'd believe me". Another person said, "If I reported something I know they would sort it out for me". We saw safeguarding procedures were discussed with people during residents' meetings.
- All relatives we spoke with told us they felt people were safe at James Beattie House.
- There was a safeguarding policy in place at the service. All staff we spoke with were knowledgeable about the types of abuse and how to report concerns. The registered manager told us they discussed recognising and reporting concerns during daily handovers, training and within staff meetings.
- Where staff had raised concerns about people's safety, the registered manager had reported the concerns to the local authority and to the CQC.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place to manage risks associated with their care. Risk assessments had been completed with people, their families and other professionals.
- Environmental risk assessments had been completed to ensure people and staff's safety when in their own homes.
- Staff had completed personal emergency evacuation plans for people which outlined how they would be kept safe in the event of an emergency such as a fire.

Staffing and recruitment

- There were sufficient numbers of trained staff to support people safely. People told us staff did not rush them. One person told us, "Staff give me as much time as I need".
- The service had sufficient staff to be flexible in changing both the times and duration people were supported dependent on their needs. For example, staff had completed additional care calls where people were feeling unwell or had experienced frequent falls.
- The registered manager told us the service continued to recruit staff to reduce their current vacancies. Staff received checks from the Disclosure and Barring Service (DBS) and had been required to supply two references. The DBS helps employers make safer recruitment decision and prevent unsuitable people from working with people.

Using medicines safely

- The provider had systems and processes in place to make sure people received their medicines safely, according to their needs and choices and as they had been prescribed.
- Staff were knowledgeable about medicines and had undergone medicine training and comprehensive

competencies by a pharmacist. A community pharmacist told us, "Staff have made a lot of improvements to the way they administer medicines and have recently been rated outstanding by our team for all their hard work".

- Records relating to medicines were accurate and up to date.
- Protocols were in place for people who were prescribed 'as required' medicines and staff were recording these in line with the provider's policies.
- The provider had a system in place to audit medicines records to ensure they were completed appropriately and any errors were identified. We saw where medicines errors had been made, the registered manager had taken appropriate action and supported the staff involved to have further training to improve their skills.

#### Preventing and controlling infection

- The provider had systems and processes in place to reduce the risk of infection.
- Staff had access to disposable gloves and aprons. We saw staff carried these with them during care calls.
- Staff were knowledgeable about protecting people from the risk of infection.

#### Learning lessons when things go wrong

- Incident reports were detailed and staff had clear guidance on reporting accidents and incidents.
- The registered manager reviewed all incident reports to identify where lessons could be learned and how they could improve people's care. For example, a person was having frequent falls and not using their call bell. The registered manager spoke with the person and their family and a falls sensor mat was put in place to alert staff when they were trying to walk.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs were comprehensively assessed prior to the start of and during their care. Staff we spoke with were passionate about understanding people's needs and choices.
- The registered manager sought other professionals' advice where this was required, for example people's GP and district nurses. We saw staff acted on advice of other professionals in a timely way.
- Staff reported changes in people's needs to their team leaders to make sure care plans remained up to date.

Staff support: induction, training, skills and experience

- Staff completed an in-depth induction based on the Care Certificate. The Care Certificate is an agreed set of standards which sets out the knowledge, skills and behaviours expected of specific job roles in health and social care sectors.
- Staff were able to shadow more experienced staff where this was required, to allow them to get to know the people they were supporting better.
- Staff had completed mandatory training such as moving and handling, as well as training which was specific to people's individual needs. For example, staff had received training on how to use specialist equipment for a person with epilepsy.
- Staff were complimentary about the training and told us it supported them to do their job better. One staff member told us, "The training is great".
- There was an effective system in place to monitor staff training to ensure this was up to date.

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

- People were supported by staff to cook meals in their own homes and staff knew their preferences in relation to food well.
- People's records considered the impact certain foods had on their mood. For example, a person with headaches had to avoid chocolate and cheese, and this was documented in their care plan.

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

- The provider had clear systems and processes in place for referring people to external services, such as social care.
- People told us staff were responsive to their needs and would liaise other professionals where required. One person told us, "When I had pain in my stomach the carers called the ambulance straight away for me. They were so quick".



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

- Staff understood when people's presentation changed their needs may have also changed, and sought further investigation from professionals. Staff had good relationships with other professionals to support people to receive effective care.
- Relatives told us people received information about their care and support. Staff gave people time to understand information about their care.
- The provider had organised a wellbeing nurse to visit the service weekly to offer healthcare advice and support. The registered manager told us the wellbeing nurse also liaised with people's GPs.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act. The Mental Capacity Act 2005 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. We found the service was working within the principles of the Act.
- Records showed people where had consented to their care and support.
- Staff sought consent prior to delivering care.
- Staff were undergoing training in the Mental Capacity Act 2005 and had a good understanding of capacity from their previous training.
- People's capacity had been explored and incorporated into their care and support plans.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were consistently positive about the staff who cared for them. One person told us, "They're all wonderful, absolutely lovely. I thank the lord I have come here". Another person told us, "All staff are ever so kind to me".
- Relatives told us staff were exceptional. One relative told us, "Staff are marvellous, I can't thank them enough".
- Staff treated people with kindness and compassion in their day to day support. Staff were caring and had built strong relationships with people they supported.
- Staff received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery.
- The registered manager had arranged for a local church to visit the service monthly for people to attend if they wished.

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

- People were actively involved in decisions around their care and support needs. People's relatives were involved in decisions in line with people's wishes.
- People told us communication within the service was good. One relative told us, when their loved one was forgetting to wash their clothes, they spoke to staff who spoke to the person and now prompt and support with their laundry.
- The provider sent out residents' questionnaires quarterly and relatives' questionnaires annually. Results from the latest questionnaire were overall positive and where changes had been suggested these were being explored by the management team.
- The registered manager told us their door was always open for people to speak to them. One person told us, "I can speak to [the registered manager] about anything. [They're] very approachable".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff promoted people's independence. One relative told us, "They support [them] to be independent. They understand it can be hard for people to accept help sometimes".
- Staff ensured people's privacy when supporting with personal care. One person told us, "They always cover me with a towel and leave the room if I want them to".
- People had built trusting relationships with staff and their families. One relative told us, "It's like a home from home". Staff knew people's preferences and offered people choices around how they were cared for.
- People's right to confidentiality was respected. For example, in one person's life history it stated they did

not wish to talk about their past as it caused them anxiety. We saw no further information had been documented about this person's past experiences and staff told us they respected this.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs and preferences were included in personalised care plans and were regularly reviewed. Assessments were person centred and staff knew them well.
- People were empowered to have as much control as possible. For example, people were regularly consulted about their care and whether this continued to be offered at the right times to meet their needs. One person told us, "I don't always need help with the same things, staff let me ask for help rather than do things for me".
- People had access to a wide range of flexible activities such as meals out at local restaurants, dominoes, keep fit and crafts. Staff encouraged people to engage in activities to build relationships with those around them and reduce social isolation. The registered manager told us they had good links with the local school who invited people to visit for seasonal events such as Christmas.
- The provider met the Accessible Information Standard by offering people information in a format which they understood. This is guidance which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. We saw that feedback was sought through monthly residents' meetings and action taken in response to comments made.
- The provider had information on how to complain on display in communal areas at the service.
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people and their families.

End of life care and support

- People were supported to make decisions about their end of life care. We saw people had care plans in place which detailed who they would like to be involved in making decisions and any funeral plans they had made.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People consistently told us the service was well led. One person told us, "I can raise anything with the [registered manager]. They always ask how I am and if there is anything more they could do to help". Staff told us the registered manager was "good" and offered them praise.
- The registered manager promoted a positive culture across the service which was reflected by staff. Staff felt valued by the registered manager and their voices were heard. Despite multiple changes within the service, people told us staff remained professional and did not allow any potential stressors to impact on the care they offered.
- The management team were experienced staff who were genuinely passionate about the people they supported and the quality of the care they provided.
- The registered manager worked alongside the staff team and were visible to people, their relatives and staff at the service.

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

- The management team and staff were clear about their roles and responsibilities. The registered manager understood and met all legal requirements.
- Quality checks were completed on care files and actions taken when inconsistencies were identified. The provider completed monthly audits to review the quality of care provided by the service.

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

- The service involved people and their families in a meaningful way.
- The management team actively encouraged feedback from people, their families and professionals by completing surveys and attending resident and relative meetings.

Continuous learning and improving care

- Quality assurance tools were robust and identified potential areas of improvement. The registered manager told us the service had been inspected by the provider's quality team recently. We saw where improvements were identified, extra support and training were put in place to support continuous learning and quality care.
- The registered manager told us, "There is always room for improvement".

#### Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.