

MADeBA Care Ltd

Miles House - 4 Hentland Close

Inspection report

Winyates West
Redditch
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16 January 2017

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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

Miles House, 4 Hentland is registered to provide accommodation and personal care for people for five people. The inspection took place on 11 and 16 January 2017 and was unannounced.

There was a registered manager in post 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 provider, 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 felt safe when they were receiving care and support from staff. Staff knew how to keep people safe and what risks people could be subjected to. Staff had received training on what abuse was and the action they needed to take. Risk assessments and care plans were in place and staff were seen to take appropriate action to keep people safe while they ensured people's right to make decisions was maintained.

People were treated kindly and had their privacy and dignity maintained. There were sufficient staff available to meet people's needs and to ensure people had the opportunity to go out and enjoy things away from the home. Checks were made on potential staff members prior to them starting work to ensure their suitability. People's medicines were administered as prescribed and when people needed them to maintain their wellbeing.

Staff received training to enable them to provide care and support to people. Specialist training was provided to ensure specific needs were able to be met. Staff enjoyed their work and felt supported by the management. They were able to attend handover sessions and regular staff meetings to ensure they were up to date and aware of people's care and support needs.

Staff provided people's care with their consent and agreement recognising the importance of this. Best interest decisions were in place where people were unable to make an informed decision on their own. People were supported with their eating and drinking and received these in accordance with their specific needs and requirements. People had access to healthcare professionals and specialists when needed to ensure their healthcare needs were met.

People and their family member's views were listened to. Relatives felt involved and consulted on the care and support their family member received and were confident any concerns would be listened to and suitable action taken.

Systems to ensure action appropriate checks on the care people received were in place. The registered manager undertook to develop these checks.

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.

People felt safe receiving a service from the provider. Staff knew how to protect people from the risk of abuse. Risks to people's safety were identified and plans were in place to minimise these. Sufficient staff were on duty and recruitment checks were in place. People received their medicines when needed.

Is the service effective?

Good ●

The service was effective.

People were cared for staff who had received training including induction training. Consent to provide care and support was gained by staff. People had access to healthcare provision to ensure their well-being and their dietary needs were maintained.

Is the service caring?

Good ●

The service was caring.

People and their family members were pleased with the care and support they received from the staff. People were treated with respect and their right to privacy and dignity was promoted and their independence encouraged.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning the care and support provided. Care plans were in place and regularly reviewed. Staff supported people to do things they enjoyed and maintain links with their family members. People and relatives were confident any concerns would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

People and their family members were involved in the running of

the home and encouraged to make suggestions. Systems to ensure people received safe care were in place. Management were visible and known to people and their family.

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.

The inspection took place on 11 and 16 January 2017 and was unannounced.

As part of the inspection we looked at the information we held about the service provided. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with people who lived at the home and had discussions with two people about the care and support they received from the staff. As we were unable to talk with other people at the home we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with the registered manager, the residential manager, and four members of staff. We spoke with four relatives of people who used the service by telephone to listen to their comments about the care provided for their family member.

We looked at the records relating to two people's care including their medicine records. We also looked at staff records including recruitment and training, accident and incident reports as well as quality audits completed by management.

Is the service safe?

Our findings

At our last inspection in September 2015 we found the provider needed to make improvements in the management of medicines to ensure people were safe. The provider informed us how they intended to make these improvements. As part of this inspection we found improvements had taken place. We found systems were in place to ensure repeat prescriptions for medicines were requested in a timely way to ensure they were available for people. Records were completed to show people had received their medicines as prescribed including those needed as and when. Protocols were in place regarding these medicines to ensure they were administered both when needed and consistently. One member of staff told us, "We check the records to ensure we are giving medication correctly." Staff told us they were aware of signs such as facial expressions which could indicate people were in pain. Suitable arrangements were in place for the storage and disposal of medicines.

People we speak with told us they felt safe living at the home. One person said, "Everybody is kind to me. Nobody is unkind, so I am safe". Another person said they felt safe because they had, "Good friends and staff" around them. We saw people responded well with staff and were seen to be smiling and laughing with them. Throughout our inspection people were relaxed with staff and we heard staff respond and speak with people in a positive way. Pictorial information was available for people to complete or talk with others about in the event of them feeling subjected to any abuse, bullying behaviour or being ignored.

Relatives we spoke with believed their family member to be safe and to be receiving good quality care whilst living at the home. One relative said, "With the care there I have no worries. They [staff] are excellent. Another relative told us their family member was definitely safe and told us they had, "Never seen anything other than first class behaviour from the staff".

We spoke with staff about the action they would take if they believed any form of abuse to be taking place. Staff told us they would report it to either the registered manager or the residential manager. One member of staff told us it was their job to make sure people were safe and not in any danger. Another member of staff told us they were confident the registered manager would, "Take on board" what they reported and take the necessary action to keep people safe from harm. Staff we spoke with told us they had never witnessed any form of abusive practice take place at the home. Staff were aware of external agencies such as social services and the Care Quality Commission (CQC) where they could take any concerns regarding people's welfare to.

The registered manager and the residential manager were aware of their responsibility to report any abuse. Information prepared by the provider and the local authority was available to guide staff on the action they would need to take in relation to reporting abuse and keeping people safe.

People's needs were assessed and where needed risk assessments were completed. These assessments provided staff with information and guidance to assist them keep people safe. These were reviewed following any changes in people's needs. Staff were aware of risks to people's wellbeing such as those related to eating and drinking. We spoke with staff about these and found their knowledge to be consistent with the documents prepared by specialist healthcare advisors. The registered manager reviewed any

accidents or incidents and took action to prevent a reoccurrence. People's risk assessments were reviewed and reflected any changes to the care provided to keep people safe from harm.

During our inspection sufficient staff were on duty to ensure the identified care needs of people were met. We saw a continual staff presence in the room where people spent their time. Staff were seen to be chatting and working alongside people throughout the inspection. Staff told us they needed to be close at hand in case they were needed to meet people healthcare needs.

Staff were available to take people out. For example to go swimming, shopping or to either a college or club. Staff told us sufficient staff were available to ensure people were able to access these facilities.

The provider ensured safe recruitment procedures were in place. A recently appointed member of staff told us pre-employment checks were carried out before they commenced working for the provider. These included staff having a Disclosure and Barring Service (DBS) check carried out and obtaining references from previous employers. The DBS is a national service that keeps records of criminal convictions. The provider had used the information received to ensure suitable people were employed so people using the service were not placed at risk.

Is the service effective?

Our findings

At our last inspection in September 2015 we found the provider needed to make improvements in the assessment of people's capacity to make decisions in line with the Mental Capacity Act 2005 (MCA). Where necessary applications needed to be made to the local authority to restrict people of their rights. Following our inspection the provider told us what action they intended to take to make these improvements. During this inspection we saw the provider had taken the necessary action and improvements were made.

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 procedure for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked at how the MCA was now being implemented. We spoke with the registered manager and the residential manager about their understanding of the Act. We saw people's capacity had been assessed when needed. Applications had been made to the relevant local authorities. The outcome of these applications when made was known to the management team and the time given for the approval was also known. Staff confirmed they had undertaken training in the MCA since our last inspection and had knowledge of the Act and what this entailed for people who lived at the home.

The 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.

We saw people were consulted throughout our inspection. Staff were seen to seek people's permission before any care and support took place. For example staff gained permission from people before altering their position to make them more comfortable or before moving them in their wheelchair. One member of staff told us that it was important to, "Let people know what you would like to do."

Relatives we spoke with told us staff always sought people's permission before they provided care. One relative told us, "Staff are respectful and always ask permission before any intervention takes place". The same person added that staff viewed people who lived at the home to be the most, "Important" people. Another relative told us, "Staff always seek permission for example when going to clean the bedroom".

We saw where best interests decisions were needed these had involved the most relevant people for example family members and staff at the home. Relatives told us they were fully involved in the care of their family member. One relative told us, "Consulted on the slightest thing when needed".

People were supported by a team of staff who had received suitable training to meet individual needs. Relatives told us they believed staff to be knowledgeable about the needs of their family member. One

relative told us, "Staff are very good at meeting complex needs" and added, "Staff know what they are talking about." Another relative felt staff always responded, "Professionally".

Staff told us they received regular training which ensured they were able to meet the needs of people who lived at the home. Training was planned for newly appointed staff to ensure they had the skills needed to meet people's individual needs. The staff rota ensured suitably trained staff were on duty who had received the specialist training needed to meet specific needs. Staff described the training they had received as, "Very good" and "We have a wide range of training". One member of staff told us, "All my training is up to date. I have refresher training coming up." Another member of staff told us they had benefited from training in diabetes because it, "Helped me understand more."

Staff told us they had received induction training on first working for the provider. Staff told us newly appointed members of staff would initially shadow more experienced members of staff and spend time getting to know people and their care needs.

Staff told us they were well supported by the management team. Staff told us they regularly attended a one to one meeting with a manager. Staff told us during these meetings they were able to discuss people's care needs and how they were meeting these needs as well as any training they needed.

People we spoke with told us they had a choice of food and liked what they had. We saw staff assist people where necessary with their eating and drink. This assistance was provided discretely and with dignity and respect. Some people had dietary needs requiring either special foods due to intolerants or the use of equipment designed to provide a means of feeding people. These foods were available and staff had knowledge of these people and how to use the specialist equipment.

Relatives we spoke with were confident their family member had their healthcare needs met. One relative told us if their family member was unwell the staff would, "Get the GP". The registered manager told us where possible they would make appointments for people to visit the GP at their surgery however if the person was too ill they would arrange a home visit. We saw from the records the involvement of other healthcare professionals such as nutritionist and speech and language therapist.

Is the service caring?

Our findings

People we spoke with told us they liked living at the home and were happy with the level of care and support they received from staff members. One person described the staff as, "Excellent" and "All of them are great."

Relatives we spoke with were highly complementary about the care and support their family member received from staff members. One relative told us their family member, "Receives the correct care and attention" and told us they believed the staff to be, "Great". The same relative spoke highly of, "The jolly atmosphere" within the home. They put this down to, "The way the home is managed and the staff." A further relative described the staff as, "Chirpy" and described the, "Merriment" within the home and the positive effect that had on people who lived there due to the, "Upbeat" staff. The same person told us, "I have nothing but praise" and told us they felt, "Fortunate" their family member was living there.

During our inspection we witnessed staff provide elements of care to people while they were in communal areas of the home. There was a homely atmosphere within the home and the appearance of home was 'homely'. Staff we saw were kind and attentive to people throughout our inspection. Care was provided in a courteous way with due regard for each person's well-being. We saw people smiling and laughing with the staff on duty. Staff told us they believed people received good care and told us they enjoyed providing care in a way that made people happy.

We saw staff responded to people's needs in a caring way. For example one person showed signs of anxiety. Staff recognised this promptly and offered reassurance and comfort. Once the person was showing signs of well-being arrangements were made to go out the following day to do something the person enjoyed.

People who lived at the home had done so for a period of time. It was evident people knew each other well and had due regard for each other. People were consulted on how they wanted to spend their day and were seen to be offered a choice such as where they wanted to be and what they wanted to do. We saw and heard staff check with people they were alright and that they had enjoyed what they had done as well as enjoyed their food and drinks.

Throughout the inspection we saw staff were respectful to people who lived at the home. We saw staff including maintenance staff knocked on bedroom doors before they entered. Staff were discreet when providing care and support in communal areas. Staff were able to describe to us how they maintained people's dignity and told us they would always ensure bedroom doors were shut and people covered over while personal care took place. One member of staff told us they treated people the way they would be like to be treated themselves. Another member of staff told us, "People have a right to privacy."

One member of staff worked as a dignity champion. This person was available to provide guidance for staff to ensure people's rights were upheld and to coach staff on specific ways each person wanted to be cared for. A member of staff told us they believed it was good to have a dignity champion to refer to and to have another person who checked people were happy with the care they received.

Is the service responsive?

Our findings

People and their family members were involved in the development and reviewing of care plans. Care plans were regularly reviewed and updated to ensure staff had information available to them. We spoke with staff and found they were knowledgeable about people's care needs and were able to describe to us how they met these needs.

Relatives told us they were able to participate in the reviewing of their family members care plan and felt listened to and involved in their care. Care plans were detailed and showed people's preferences as well as their likes and dislikes. Staff we spoke with told us they had attended meetings with people and their relatives to discuss people's care and support needs. They told us any changes to people's care needs would be written within the plan. Staff told us they worked together as a team to ensure people's needs were met. Each person had a keyworker who took additional responsibility for ensuring care needs were met and led discussions about their care during regular staff meetings. Staff told us they attended daily handover meetings to discuss people's care to ensure staff were up to date with current needs and to ensure people received care in a timely way.

People took part in activities and interests they enjoyed. One person told us they liked to, "Go swimming". Individual plans were in place for people showing their interests and how these were to be met. During the inspection we saw staff consult with people making plans to undertake their interests such as going shopping for items they liked buying. One member of staff was seen assisting a person use a hand held computer to send an e-mail in order they could keep in touch with someone who was unable to visit them that day.

One member of staff told us they had been involved in some baking of cakes with people the day before our inspection. We saw the baking of different types of cakes and puddings was a regular event for people to participate in. People were involved in baking cakes as well as regular arts and craft sessions. The same member of staff told us, "On Friday we have music and movement then arts and crafts on Saturday". We saw items made as part of art and craft sessions within the home.

People we spoke with told us what they would do if they were felt unhappy with the care they were receiving. One person said, they, "Would tell a member of staff" and told us, "They would make it better for them". Another person told us, "I think everything is okay here" and that they would be, "Able to say if it was not. I can speak with any of the staff if I have a problem".

Relatives we spoke with confirmed they felt able to make a complaint about the care and support their family member received if needed. One relative told us, "I have no complaints at all". Another relative told us, "I am quite satisfied with the care. If I was not I would say." A further relative told us they had no concerns about the care their family member received and added, "I would speak my mind if I did".

Staff we spoke with were aware of people's right to make a complaint if they were unhappy with the care they received. Staff told us they were not aware of any complaints or concerns raised either by people who

lived at the home or their family members. The registered manager had received a complaint from a member of the local community. We saw they had taken suitable action to resolve their concerns.

Information was available for people detailing the provider's complaints procedure. This information which was also available in large print and pictorial gave contact details for the senior management. Details of other agencies people could contact in the event of a complaint not being resolved by the registered manager were also given within the procedure.

Is the service well-led?

Our findings

At our last inspection in September 2015 we found the provider needed to make improvements in the overall management of the service due to issues identified as part of the inspection. These shortfalls were regarding a lack of management systems to assess, monitor and improve the quality of the service provided and included the management of people's medicines. Following the inspection the provider told us how they planned to achieve these improvements. During this inspection we saw the provider had taken action resulting in improvement. The provider their rating following the previous inspection on display for people and visitors to see.

The registered manager had recently declared to the Care Quality Commission (CQC) their work would be split between two locations registered under the same provider. As a result of the anticipated reduction in time spent at the care home the registered provider had appointed a residential manager to have an oversight of the management of the care home. Both the registered manager and the residential manager were present during our inspection. Information about changes to the management arrangements were included within the most recent newsletter issued for people and their family members to view.

We found checks to audit the quality of the service and to ensure safe systems were in place had been introduced following our previous inspection. For example a system had been implemented to ensure medicines were ordered so stocks were available at the home and people did not run out of their prescribed medicines. The registered manager acknowledged the auditing system in place needed extending in some areas and undertook to further develop these checks to cover additional areas around the management overview of the service.

Relatives we spoke with told us they knew both the registered manager and the residential manager. Relatives described the registered manager as, "Approachable". One relative told us they believed the registered manager to be good at their job. They told us they liked the registered manager and were confident they could speak with her if needed about any aspect of their family members care.

Relatives told us they felt part of the team and their comments were sought by means of a questionnaire. We saw the results of the most recent questionnaires completed by relatives were positive in all areas. Relatives told us they were also consulted over the telephone to seek their opinion of the care provided.

Staff we spoke with told us they had confidence in the registered manager. One member of staff told us, "I find them very easy to get on with". A further member of staff told us they could, "Easily talk" with the registered manager and they provided, "A lot of support if we need it". Staff told us they enjoyed working for the provider and with the registered manager and felt supported in their work. One member of staff told us, "It's like an extended family. We have a good staff team and manager".

Staff told us they attended monthly staff meetings. During these meetings they had the opportunity to discuss the care needs of people who lived at the home. We were informed these discussions would be led by each person's key worker to update other staff of any changes to the person's care needs. We saw a

training need was identified as part of a staff meeting. The residential manager confirmed this training had taken place.

The registered manager shared with us their vision for the home and areas where changes were proposed. The registered manager works alongside the local neighbourhood to ensure people at the home have links with the local community.

The registered manager was aware of their responsibility to report certain events to the Care Quality Commission (CQC). The registered manager was aware of what these events were and the circumstances when a notification was needed to be made.