

Mig House Residential Care Home Limited

# MIG House Residential Care Homes

## 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 well-led?	Good ●

# Summary of findings

## Overall summary

MIG House is a residential care home providing accommodation and personal care to up to seven people with a learning disability and autism. At the time of our inspection there were five people using the service, however, one person was admitted to hospital during our inspection.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

The service gave people care and support in a safe, clean and well-maintained environment that met their sensory and physical needs. People were supported to follow their interests. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines safely. Staff followed positive behaviour support guidelines and worked in the least restrictive way when people who use the service showed signs of distress.

Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff received training for their roles including how to safely undertake physical intervention as a last resort. Known risks were assessed, mitigated and reviewed regularly.

Right Culture:

People and those important to them were involved in planning their care. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff knew and understood people well. The registered manager sought to drive continuous improvements in the service for the benefit of people living there.

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

Rating at last inspection and update - The last rating for this service was good (published 20 February 2020)

#### Why we inspected

The inspection was prompted in part due to concerns received.

We received concerns in relation to people who use the service lacking food, choice of activities and poor management of the home by the registered manager. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# MIG House Residential Care Homes

## **Detailed findings**

### Background to this inspection

#### The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

MIG House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. MIG House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We tried to seek feedback from partner agencies and professionals. We also assessed feedback received from the local authority as part of the concerns raised with us. We used all this information to plan our inspection.

## During the inspection

We observed the care people received to help us understand the experience of people who could not talk with us.

We spoke with two relatives of people who used the service to help us understand the experience of people who could not speak with us. We spoke with the registered manager and three care staff. We reviewed the care records of three people using the service, personnel files of three care staff and other records about the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from risk of harm and abuse.
- The service had policies to provide guidance to people who used the service and staff to follow if there were any allegations of harm and abuse.
- Relatives told us that their relatives were safe at MIG House. One relative said, "[Name] is well looked after and I have no concerns that my relative wouldn't be safe at MIG House. They make sure that my relative can go out and staff would always go with my relative to make sure that [name] is safe when crossing roads."
- Care staff demonstrated good understanding of the process they had to take when they had any concerns about harm and abuse. One care worker said, "If I notice anything which wasn't right, I would record it, report it and discuss it with my manager. I can also contact the police or the CQC if I am worried that it would not be dealt with."

Assessing risk, safety monitoring and management

- Risk in relation to people receiving care and support were assessed and plans to manage such risk were put into place.
- People who used the service had robust risk assessments and risk management plans. These included positive behaviour plans (PBS) to ensure staff had the appropriate guidance to respond to people if they would become distressed. The PBS focused on positive behaviour approaches to respond to behaviours by acting on triggers, rather than on the behaviour. For example, we saw in one PBS that if a person becomes distressed staff should give the person space, using shorter sentences and offer the person alternatives, rather than reacting to the behaviour displayed. As a result of this approach the occasions the person had become distressed had reduced and the person had become more settled at MIG House.
- We saw a variety of risk assessments in people's files which included accessing the community, in relation to people's specific health care needs and accessing public transport. The management plans ensured that people who used the were supported safely in-house and in the community.

Staffing and recruitment

- The service followed safe recruitment practices.
- Staff working at the home had been vetted appropriately which included evidence of their right to work in the United Kingdom, their identity and Disclosure and Baring (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives told us that there were sufficient staff deployed to meet people's needs. The registered manager told us, that staffing levels were reviewed regularly and was based on people's changing needs and the number of people using the service. One relative said, "I normally visit once a week to pick up my relative

and I have always seen enough staff around."

#### Using medicines safely

- People's medicines were managed safely.
- The service used some medicines to manage people's behaviours. We saw that the service arranged regular reviews of such medicines to ensure that these were still appropriately prescribed, and people were not over medicated. The registered manager and staff demonstrated good understanding of stopping over medication of people with a learning disability, autism or both (STOMP). STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the overuse of these medicines. STOMP is about helping people to stay well and have a good quality of life.
- We viewed medicines administration records (MARs) for people and found that this were all completed to good standard and found no omissions.
- Care staff spoken with told us that they had received training for medicines administration and their competency was assessed. One care staff told us, "We do competency assessments I also undertake competency assessments on other staff. I would go to management if I feel colleagues require additional training."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- We were assured that the provider was making sure that safe visiting arrangement were maintained and people who used the service were able to welcome friends and families to their home.

#### Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. Accidents were documented timely in line with the service's policy and guidance. These were analysed by the registered manager for any emerging themes.
- We viewed records of accidents and incidents for the last twelve months and found that these had been dealt with and discussed with the staff team to reduce the risk of similar events happening again in the future, by reviewing risk assessments where required.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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 needs were assessed, before support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law. Relevant guidelines were in place, including those drawing from the National Institute of Health and Clinical Excellence (NICE).
- People's assessments covered a wide range of areas including their choices and preferences. Relatives told us that people received the care they needed, and their choices and preferences were responded to. A relative told us, "We discussed with the service what help [name] needed and this has been recorded. The registered manager calls me always if there has been a hospital appointment or anything else happening at the home."

Staff support: induction, training, skills and experience

- Staff had access to a wide range of online and face to face training to improve their skills and knowledge about care for people with a learning disability and autistic people.
- Staff told us that there were plenty of training opportunities available. One care staff said, "Our training is really in depth. Our training is on a level we can understand things better. I have done Level 2 training understanding LD and autistic people. The training is very good."
- The registered manager told us that staff had regular face to face supervisions and appraisals. Supervision records highlighted that individual people's needs as well as staff developments were discussed during supervision meetings. One staff said, "I have supervisions monthly, we also have informal supervisions, if there is an issue, we will deal with it immediately."

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

- People who used the service were supported to eat and drink and consideration was given to people's dietary needs and cultural needs.
- We found the kitchen and fridge were well stocked with ingredients. Staff cooked meals daily from scratch and people who used the service helped staff with the cooking depending on their abilities.
- The menu was discussed with people weekly and people had pictures to choose their favourite meal.
- People who used the service helped staff to do the weekly shopping at a local supermarket.
- People who had specific dietary needs had external input from health care professionals such a dietician to develop a healthy and nutritious diet to control their weight if this was required.
- People who required specific ingredients such as Halal food were catered for and the homes weekly menu reflected this.
- We asked one person what the person thought about the food and we got the 'thumbs up'.

Adapting service, design, decoration to meet people's needs

- People who used the service lived in a well maintained, well designed spacious home. The home's downstairs had undergone recent decoration, including a full extension which had created more space for people who used the service.
- Any smaller maintenance issues were dealt with by the provider's maintenance team. For larger maintenance issues the service had external contractors who could be approached as and when required.
- We had no opportunity to view people's rooms during this inspection. Relatives, however, told us that people's rooms were nicely decorated and met people's needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care records showed that staff had worked closely with other health and social care professionals to ensure that people's needs were met in a timely way.
- People had been supported to attend important healthcare appointments and their healthcare needs were monitored closely. The local GP visited the home twice weekly. Records confirmed that, for example, chiropodists, physiotherapists, epilepsy nurse and dentists had visited people who required their support. Some people received regular support from the district nurse to monitor and control their diabetes.
- The registered manager told us that she worked closely with the local multi-disciplinary health area team (MDT).
- Records showed that dentistry and oral hygiene services had been accessed when people required this.
- People had been referred to opticians and audiology services where required.

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

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 MCA 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. 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care records showed that assessments of capacity to make decisions had been undertaken. For example, capacity assessments had been carried out in relation to consent or refusal of medical treatment.
- Staff had good understanding of supporting people who lacked capacity. One member of staff said, "It's important that everyone is treated like a person. I recognise that everyone responds differently. Everybody has the right of a great live."
- DoLS applications had been made for people assessed as lacking capacity to make significant decisions about their care and welfare.
- Best interest assessments had been carried out in relation to any decisions for people where they do not have capacity to understand or consent. For example, we saw best interest decisions had been made in relation to COVID 19 vaccinations. These had involved other professionals or family members where appropriate.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff members understood the needs of the people they supported and spoke positively about their roles in delivering quality person-centred care. One member of staff told us, "We strive to provide a family and home environment and make people feel they are at home."
- Regular meetings took place to ensure that staff members had the information they required to provide effective care and support to people. A staff member said, "The aim to have monthly team meetings, I am fully able to contribute, and contribution is listened to and acted upon."
- Relatives told us that they felt involved and informed about changes at the home. A relative said, "The manager will always contact me and update me about what is happening."
- Meetings had taken place for people who were willing and able to get involved where they were consulted about issues relating to the home.
- Relatives and staff spoke positively about the manager. A staff member said, "He is very supportive, I speak highly about him. I have a medical condition. MIG House has helped me to grow as an employee."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager described the importance of ensuring that people, family members and other key professionals were always informed when there were any issues or concerns.
- The home's records showed that issues or concerns were immediately reported to the local authority or other key professionals.
- The registered manager provided the CQC with statutory notifications regarding incidents at the home as required by law.

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

- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of regular audits and checks were carried out. These included, audits of care records, medicines, infection control and safety at the home.
- The provider and management team carried out regular unannounced monitoring of care practice at the home. This included night-time monitoring by the registered manager.
- Where issues or concerns were identified through the provider's quality monitoring processes, actions had been taken to address these. For example, maintenance issues were identified and followed up.

- The registered manager and senior staff members were clear about their roles and responsibilities and had the skills, experience and qualifications to provide the leadership required.
- Staff were familiar with the aims and objectives of the service, which promoted personalised care, dignity, privacy and anti-discriminatory practice. They understood their roles and responsibilities in achieving these outcomes.

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

- The service supported people with a range of abilities and equality characteristics. People, and their representatives where appropriate, were involved with their care and decision making, with the support of staff and other professionals where required.
- People living in the service had access to advocacy services when needed to ensure their views and wishes were heard and made known.
- Surveys were used to gather feedback from relatives and other professionals who worked with the service. These were submitted directly to the provider for review and used to drive improvements within the home.
- The registered manager and team were supportive of the inspection process and keen to take on board any recommendations of how to further improve the service for the benefit of people living there.

Continuous learning and improving care; Working in partnership with others

- The provider could evidence they worked in partnership with others to ensure people received timely and appropriate care and support. For example, during our inspection we observed the registered manager arranging an appointment with a psychologist to support the team and the person to achieve a more fulfilling life.
- The service used a variety of quality assurance systems to continuously review the care and support provided; as well as learn lessons to make ongoing improvements to the quality of care. For example, a recent safeguarding incident had led to changes in policy and guidance provided to staff.