Midland Heart Limited

Broad Meadow

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

The inspection took place on 9 and 10 June 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Broad Meadow is registered to provide personal care services to older adults in their own homes as part of an extra care scheme. On the day of the inspection, 50 people were receiving support. There was 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 (2008) and associated Regulations about how the service is run.

People felt safe within the service. We found that care staff knew how to keep people safe and what action would be required where people were at risk of harm. People were able to receive their medicines as it was prescribed.

Care staff had the skills and knowledge to meet people's needs. Care staff were knowledgeable about the legislation relating to mental capacity and people's human rights. Care was only provided with people's consent and their human rights were protected.

The provider ensured people were involved in how their needs were assessed and how they were supported. Where reviews were carried out people were involved in the process and any decisions made. People's dignity, privacy and independence was respected.

People received support how they wanted and were able to raise any concerns they had as part of a complaints process.

The provider had systems in place to ensure the quality of the service was checked and monitored regularly and audits were carried out.

People were able to share their views on the support they received by way of completing questionnaires or meeting regularly with management.

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 they were safe within the service.

Where people were administered medicines we found this was well managed.

There was sufficient care staff to support people.

Is the service effective?

Good

The service was effective.

People's consent was sought before they were supported. The provider had appropriate guidance in place about the Mental Capacity Act 2005 so care staff knew how to support people who lacked capacity and protect their human rights.

Care staff were supported to have the appropriate skills and knowledge to meet people's needs.

Is the service caring?

Good

The service was caring.

Care staff were caring, kind and friendly.

People were able to make decisions as to how they were supported by care staff.

People's privacy, dignity and independence was respected.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment of their needs and they were able to share their views as part of a review process which ensured that their needs were met.

The provider had a complaints process available for people to

use where they had concerns.

Is the service well-led?

Good

The service was well led.

People told us that the service was well led.

The provider had a system in place so people were able to share their views on the service and action taken accordingly.

The provider ensured that checks and audits were carried out regularly on the quality of the service provided.

Broad Meadow

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.

Our inspection took place on 9 and 10 June 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR), which they completed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority. They have responsibility for funding and monitoring the quality of the service. They did not share any information with us.

We visited the provider's main office location. We spoke with eight people who used the service, three relatives, five members of the care staff, the current registered manager and the recently appointed manager who would eventually take over as the registered manager and a health care professional. We reviewed four care records for people that used the service, reviewed the records for four members of the care staff and records related to the management and quality of the service.

Good

Is the service safe?

Our findings

A person said, "I feel safe when the carers shower me they make sure I don't fall over by walking with me until I'm sitting down" and another person said, "I do feel safe living here". Relatives we spoke with said, "I do feel [person's name] is safe" and "He is definitely safe. He had a fall and the staff were absolutely brilliant". Care staff we spoke with were able to show a good understanding as to how people would be kept safe. One member of the care staff said, "If I saw anyone being abused I would inform my line manager and remove the person from the situation". Staff told us they had all received safeguarding training and we were able to confirm what we were told from the training records. The provider had a policy in place to guide staff as to the appropriate actions to take where people were at risk of abuse. We found that safeguarding concerns had been raised with the appropriate authorities where people were at risk of abuse.

The provider told us in their provider information return (PIR) that risk assessments were put in place prior to people receiving a service. This allowed them to assess whether they were able to meet the person's care needs safely. A person said, "When staff hoist me there are always two carers to assist me I feel safe as they go at my pace and reassure me during the movement into the wheelchair". We found that risk assessments were being used to identify how risks to people should be reduced or managed. Care staff we spoke with were able to confirm that risk assessments were used to reduce risks and explain how risks to people were managed. For example, we saw that risk assessments in manual handling tasks, handling medicines and the environment where people lived were all carried out. Where people had health concerns with choking or epilepsy the appropriate risk assessments were in place to guide staff in how to support people in a safe way to reduce any risks.

A person said, "There seems to be enough staff round during the day and I feel they are well trained in what they do for us all", another person said, "There is enough staff, there is plenty". A relative said, "Yes there is enough staff to support people". A member of the care staff said, "There is enough staff". We found from our observations that there was enough care staff to support people and the provider used a rota to ensure all care staff knew who needed support, when it was required and the support needed. People told us that staff were always on time and they were never missed out and if staff were going to be late they were informed.

The care staff we spoke with told us that they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. These checks were carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm could be reduced. We found that the provider had a recruitment process in place to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. We found that references were being sought to check the character of potential care staff and proof of their identification was part of the recruitment process.

A person said, "I have my medication in the kitchen which is in a locked drawer so it's kept safe and only the staff have a key, I have it the same time every day and staff have never missed giving it to me". Another person said, "All the staff do is give me my medication and that's it". A relative said, "Medicines are fine, my father would say if they were not". Care staff we spoke with told us that before they could support people

with their medicines they received training. One member of the care staff said, "I have had medicines training and my competency is checked". The provider told us in their PIR that all care staff who administer medicines received training and once their training had been completed, they would then undertake a competency test. We found that care staff did complete this training and that their competency was checked.

The provider had a medicines procedure in place to give care staff the appropriate guidance they would need in managing people's medicines. We found that a Medicines Administration Record (MAR) was being used to show when people were administered their medicines. Care staff we spoke with confirmed this and showed us how they stored and administered people's medicines in their home. We found that where people were prescribed medicines to be taken 'as and when required' that care staff had appropriate guidance in place to ensure these medicines were administered consistently where people lacked capacity.

Good

Is the service effective?

Our findings

A person said, "I do feel the staff are well trained in what they do for us all", another person said, "Staff are caring and support me to do things I can't do" and another person said, "I feel the staff are trained and competent to support me". A relative we spoke with told us that care staff had the skills required for the role. Another relative said, "I have seen staff shadowing other staff until they have the skills". A person said, "One good practice is that when we have new staff they shadow my normal carer so they know what I need doing".

A member of the care staff said, "I do feel supported in my job. I am able to get supervision and attend staff meetings", another member of the care staff said, "I do feel supported any problems I can go to the manager". We found that supervision sessions took place on a regular basis, alongside staff meetings. Supervision is a formal meeting where staff and their manager are able to discuss work concerns. An appraisal system was also used in order that staff were able to develop their skills and knowledge in meeting people's support needs. We saw that the provider had essential training courses available to staff for example, first aid, food hygiene and dementia awareness care staff were also able to gain training to meet individual's needs. For example, training in substance misuse, choking disorder and diabetes. A relative said, "Staff were trained to be able to support mom with her PEG". A PEG is a device which allows someone to have nutrition, fluids and or medicines directly into their stomach.

We found that as part of the induction process the care certificate was being used. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. A recently appointed member of staff said, "I am currently going through my induction, which is really good and I have been told I will need to complete the care certificate before I can finish my probation".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

Care staff we spoke with told us that they had completed the appropriate training in MCA and DoLS which we were able to confirm through training records. They were also able to explain the MCA and DoLS and how it would be used within the service where people lacked the capacity to make decisions. At the time of this inspection there was nobody using the service assessed as lacking capacity.

A person said, "Before staff do anything for me they tell me what they would like to do and was that okay with me", another person told us that their consent was always sought before care staff did anything for them.

A person said, "Staff cook all my meals for me and it's always nice and tasty, I tell them what I would like to eat and drink and they do it for me". Care staff we spoke with were able to explain that where they were involved with supporting people with their meals they ensured people were offered healthy options. We found that where people were at risk of choking that staff had the appropriate skills and knowledge to support people appropriately and other professionals like the speech and language therapy service (SALT) were involved in giving care staff the appropriate guidance.

A range of people we spoke with said, "If I'm not feeling very well they [care staff] will arrange for my doctor to come and see me or other health professionals", "I have talked to staff about my hearing aids not working very well so they have made an appointment for someone to visit me to sort out the problem" and "On Friday staff have arranged for my dentist to come and see me". Care staff we spoke with told us where people needed health care support they would ensure this was made available. A member of the care staff said, "I do always support people to go to appointments at their doctor or hospital". We found that people were supported to attend health appointments routinely and when unwell. This was identified on their care records.

Good

Is the service caring?

Our findings

People told us that, "The staff are courteous kind and treat me with respect not as a resident here". Another person said, "Staff are kind to me and I have never heard them raise their voice to me or do anything wrong, no they are lovely" and "The staff are patient when I'm talking to them as my communication is slow. I wouldn't want to change anything". A relative said, "The staff are professional, they [care staff] are superb". We observed care staff showing consideration and speaking to people in a way that showed they cared. Care staff were observed leaving their every day duties and spending time to just check how someone was who was not well. People told us that staff would just sit and talk to them. One person said, "The carers take time to sit and talk to me when they have time to make sure that I'm okay and everything is going well".

A person said, "The staff stop and listen to me if I have any concerns" another person said, "Staff do listen to what I want and need, they are encouraging". A relative said, "The staff do listen to what [person's name] wants and needs". Care staff we spoke with were able to explain how people were supported to share their views on the service they received. A member of the care staff said, "I encourage and support people to share their views so I know how they want to be supported". We found that the culture in which care staff worked, meant that people were able to share their views and make decisions on how care staff supported them. We found that regular meetings with people took place ensuring they had the opportunity to share their views on how they were supported and how the scheme was managed and run.

People told us that they were able to live their lives independently. A person said, "During the shower time they [care staff] help me do the things that I can't but will encourage me to keep my independence". Another person said, "When I first came here I was very unwell and staff had to do a lot for me, personal care, medication, cleaning my flat and cook my food and things like that. Over time with their great support I was able to start to do things for myself, staff would support me by doing jobs I couldn't do. They really encouraged me and eventually I became more confident, my health improved, so the carers started to withdraw some of the support which was great but I could call on them at anytime". Relatives told us that care staff encouraged people to be as independent as they could. Care staff explained to us how they encouraged people to do what they could rather than do everything for people. This ensured people did not lose the skills they had.

A person said, "I feel that the carers treat me with dignity and respect and always observe my privacy when doing personal care and helping me dress". Another person said, "When they come to get me up they knock on the door and say who it is and then she [care staff] comes in, this is what we agreed should happen". A relative said, "Staff do respect people's privacy, dignity and privacy from what I see". A member of the care staff said, "I always cover people over when supporting them with personal care and close the curtain and door to ensure I respect their dignity. This is just obvious". We found that dignity and privacy was an area of training that the provider made available to care staff. This ensured they knew how to respect people's privacy and dignity. Care staff confirmed they received this training.

Good

Is the service responsive?

Our findings

A person said, "I haven't been here very long and it's alright so far. Staff talked to me about what I needed them to do for me as I'm in a wheelchair. We went through all the things that I thought I needed and the staff prompted me to think of other things, I believe it's written down somewhere. Staff have said that they will come and talk to me about it again in a few weeks to see if it needs changing". A relative said, "I was involved in the assessment and care planning process and I do attend a review regularly". Care staff we spoke with confirmed that they were able to access people's care records and that reviews were carried out and the outcome written down. A health care worker told us that the care was good and that care staff were able to recognise when people's needs had changed to take the appropriate action. The provider told us in their PIR that a person centred care plan was in place and reviews were carried out. We found that people's support needs were assessed and an appropriate care plan was in place to show how their needs would be met. The support people received was reviewed regularly and people were involved in the process. A person told us, "I have my care plan reviewed every three/four months it's then written up and we all sign it".

The provider told us in their PIR that equality and diversity training was made available to care staff. Care staff we spoke with confirmed they had received this training and were able to explain how they ensured equality and diversity was integral to how people received support. We saw from care records that this information was gathered as part of the assessment process, so care staff would have the information to support people where the need was identified and this could be planned for.

The provider told us in their PIR that a complaints process was in place. A person said, "If I was worried or needed to complain I'd talk to the carers or the staff in the office and I know it would be put right straight away". Another person said, "If I was worried or concerned or needed to complain I would talk to the carers and they will sort it out for me they are kind like that". A few people told us that while they were not given a copy of the complaints process if they had a complaint they would speak to the manager. A relative told us that they were given information on how to complain but had never had to use it. Care staff we spoke with knew about the complaints process which we saw displayed. They told us they would report any concerns to the manager unless they could resolve the concern themselves. We found that complaints were logged, investigated and the complainant informed of the outcome. As part of the quality assurance process trends were monitored.

Good

Is the service well-led?

Our findings

People who used the service, a healthcare professional and staff all told us that the service was well led. A person said, "It's a great place to be in and there's nothing I would need to have changed". Another person said, "I know who the manager is and service is lovely". Care staff we spoke with told us that the management of the service was good and that they felt supported by the registered manager. A member of the care staff said, "The service is well led, its second to none and I feel its caring and responsive". We found that the support people received was what they wanted from the service. We found the staff to be supportive and helpful towards people when they came into the office for support or advice. The registered manager was seen to be consistently available to both people and staff the environment and culture within the service was relaxing and calm.

We found that people were on a first name basis with care and office staff and they knew there had been a new manager appointed to run the scheme. A person said, "We have a new manager he seems okay let's wait and see". People knew who the registered manager was and had a good relationship with them. We saw that the culture within the service was one of openness, people were able to visit the office when they wanted and people were seen to have relaxed and open discussions and were able to seek advice as needed. We saw that the newly appointed manager was able as part of their induction to communicate with people in a relaxed manner and settle into the role of manager in a planned way.

The provider told us in their PIR that accident and incidents were investigated. Care staff we spoke with were able to explain the process followed when an incident or accident happened, this included the monitoring of trends. We were able to confirm that incidents and accidents were managed appropriately and trends monitored.

A member of the care staff said, "There is an on call system so I can get support at night times". We found that the provider did have a system in place so care staff could gain support in an emergency during times the office was closed on a bank holiday, weekends and during the night. We found that both care staff and people knew how to get support during these times and the provider ensured this information was well known.

We found that a whistleblowing policy was in place. Care staff we spoke with were aware of the policy and knew its purpose in enabling them to raise concerns anonymously where people were at risk of harm. We saw that information was readily available to care staff so they would know how and when to use this policy.

The provider told us through their PIR that people were able to share their views on the service. A person said, "Sometimes carers will give me a form to fill in to find out what I think of the service that they provide". A relative said, "I have had a questionnaire and I do get feedback at meetings". Care staff we spoke with confirmed that they and the people they provided care for were given questionnaires to gain their views. We found that questionnaires and regular meetings were being used to gain people's views on the service they received and outcome was shared with people. The registered manager was able to show how concerns identified were actioned as part of their action plan.

A member of the care staff said, "Spot checks are carried out by the manager". We found that as part of a quality assurance system the registered manager and the provider carried out a range of spot checks and audits to identify where improvements were required and whether the service was meeting the required standard expected by the provider. We found that where concerns were identified an action plan was put in place to make the improvements required.

We found that the registered manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.

Before the inspection, we asked the provider to complete a provider Information Return (PIR) which they completed.