Midland Heart Limited

Victoria Court

Inspection report

Memory Lane
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Our inspection took place on 5 January 2015.

At our last inspection in June 2013 the provider was meeting all of the regulations that we assessed.

The provider is registered to accommodate and deliver personal and nursing care to a maximum of 16 adults who may have a mental health diagnosis. At the time of our inspection 14 people lived there.

A manager was registered with us as is required by law. 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.

Staffing levels were not determined as a result of a robust review. Therefore, the provider could not ensure that people's needs would be consistently met.

Not all areas of environmental risk were assessed which potentially could increase the risk of people self-harming.

Summary of findings

One person we spoke with told us that they did not always feel safe (we spoke with/informed external health and social care professionals about what the person told us). All other people told us that they did feel safe. We saw that there were systems in place to protect people from the risk abuse.

People told us that it was good living there. The health and social care professionals we spoke with during our inspection process highlighted that the service provided was effective in meeting people's needs.

People told us that they were supported to do their own food shopping and where able, cook their own meals and they were happy with this.

People we spoke with described the staff as being kind and caring and our observations showed that they were. We saw that interactions between staff and the people who lived there were positive in that staff were respectful, polite and helpful to people.

People received care in line with their best interests. We found that advocacy services were secured when there was a need to ensure that people were given the opportunity to make informed decisions.

Staff gave us an account of what Deprivation of Liberty Safeguarding (DoLS) meant and what they should do if they identified any DoLS issues.

Staff told us that they were provided with the training that they required. This ensured that they had the skills and knowledge to provide safe and appropriate support to the people who lived there. Staff also told us that were adequately supported in their job roles.

We found that a complaints system was available for people to use. This meant that people and their relatives could state their concerns and dissatisfaction and issues would be looked into.

People, staff and external health and social care professionals we spoke with told us that they felt that the service was run in their best interests of the people who lived there.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing levels were not determined as a result of a robust review. Therefore, the provider could not ensure that people's needs would be consistently met.

All areas of risk should be incorporated into the environmental risk assessment to prevent people being potentially able to place themselves at risk of self-harm.

Medicines were managed to a safe standard which prevented people being placed at the risk of ill health.

Recruitment systems were in place to prevent the employment of unsuitable staff.

Systems were in place to protect people and minimise the risk of them being abused.

Is the service effective?

Good

The service was effective.

People and staff we spoke with told us that the service provided was good.

The registered manager and staff were fully aware of their responsibilities regarding Deprivation of Liberty Safeguarding (DoLS).

People told us that they were happy having the responsibility for the purchasing of their own food shopping and the cooking of their meals.

Staff were trained and supported appropriately to enable them to carry out their job roles.

Is the service caring?

Good

The service was caring.

People described the staff as being kind and caring and we saw that they were. They were polite to people and gave them their attention.

People's dignity and privacy were maintained.

People's independence regarding their daily living activities was promoted.

Staff encouraged and supported people to dress in the way that they preferred and supported them to express their individuality.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People's needs were assessed regularly and care plans were updated where there was a change to their needs, wishes and preferences.

Referrals were made to appropriate health and social care professionals in response to concerns and changing needs.

People were encouraged to engage in or participate in activities that promoted their independence and they benefitted from.

People told us that meetings were arranged regularly so that they could voice their views and opinions.

Is the service well-led?

Good

The service was well-led.

The registered manager knew they were legally accountable on a day to day basis to provide a service that met people's needs and keep them safe.

Staff told us that they felt supported. Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Processes were in place for staff to report any concerns regarding bad practice which staff were aware of and told us that they would not hesitate to use.

Audit systems were in use to promote safety and ensure that the service and being run in the best interests of the people who lived there.

Victoria Court

Detailed findings

Background to this inspection

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

This inspection took place on 5 January 2015 and was unannounced. The inspection team included an 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. Our Expert by Experience had experience of mental health needs.

Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection we spoke with seven people who lived there. We also spoke with five staff and the registered manager. As part of our evidence gathering we spoke with three health and social care professionals. Those professionals did not raise any concerns. We spent time in communal areas observing daily routines and the interactions between staff and the people who lived there. We looked at the care files for three people, medication records for eight people, recruitment records for two staff, complaints records and audit processes the provider had in place to monitor the service.

Requires Improvement

Is the service safe?

Our findings

One person said, "I do feel safe here. I am not worried". Another person said, "I am safe". All staff we spoke with told us in their view people who used the service were safe. One staff member said, "Yes I can say that people who live here are safe. We are aware what triggers behaviours and try at all times to defuse situations. We know who is at risk from medicine misuse and have processes in place to prevent that".

People we spoke with told us that in their view the staff were competent to support them. One person said, "They all know what they have to do". The staff team consisted of support workers and registered nurses. People we spoke with had mixed views about staffing levels. A second person said, "I think there are enough staff". Another person said, "There are not always enough staff around. Sometimes they spend too much time in the office". Another person said, "Two years ago we used to do a lot more. Due to staff shortage there have been little outings". The majority of staff we spoke with and the registered manager told us that they felt that staffing levels were sufficient to meet people's needs. Staff we spoke with and rotas we looked at confirmed that most evening and nights there were only two staff members to support a maximum of 16 people. A number of those people had a history of placing themselves at severe risk of harm. We asked the registered manager what tool they used to determine the staffing numbers that were required. The registered manager told us that they did not use a tool. They said that the local authority had advised that they use one, this was confirmed by a local authority staff member, but to date they had not. This meant that the provider had not assessed the staffing levels required robustly which could place the people who lived there at risk due to insufficient staffing numbers.

We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury. One person told us, "Everything is safe here, my bedroom and everything else. They [The staff] make sure we are safe". The majority of incidents that had occurred were due to people's intermittent unstable mental health conditions. All staff we spoke with and records that we looked at showed that staff were fully aware of people's risks and how they should be monitored. However, we found that there was a lack of risk assessment regarding possible harm from a small number of ligature points that we saw throughout the premises. The registered manager told us that they had not taken this into account.

We looked at the arrangements the provider had in place to ensure the safe management of medicines. Records we looked at, the registered manager, and all staff we spoke with confirmed that only the nursing staff who had been deemed as competent to do so were allowed to manage and administer medicine. We saw from records and staff told us that medicines were being stored at the correct temperature which would maintain their effectiveness. We looked in detail at the medicine administration records for eight people. We found that the records were being maintained by staff as they should be. One person told us, "Staff have never not given me my medicine when they should and it is always given at the right time". Records of medicines administered confirmed that people had received their medicines as prescribed by their doctor to promote and maintain their good health.

People we spoke with told us that they were happy for staff to hold and manage their medicines. One person said, "I would rather staff look after mine". Some people did manage their own medicines. We found that robust processes were in place for people who wished to manage their own medicines. These processes included three different stages of risk assessment; the documented risk assessment, observing the person taking their medicine and monitoring. This was to ensure that people were able and safe to look after and administer their medicines. One person told us, "I do feel confident and safe to manage my medicine. The staff do checks to make sure that everything is going well".

One person said, "Nothing like abuse. I think the staff are very patient". We found that processes were in place to protect the people who lived there from harm and abuse. Written information was on display in the recreational room giving with contact details for agencies people could contact if they felt that they were being abused in any way. We saw that discussion concerning abuse and what the people who lived there should do was a standing agenda item in meetings that people attended with staff. Our observations showed that the people who lived there were comfortable in the presence of staff. All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of

Requires Improvement

Is the service safe?

abuse and how to report their concerns. Staff told us that they felt confident that they could raise concerns about people with the registered manager and that they would be acted upon. Over the last 12 months the registered manager had reported concerns that they had been made aware of to the local authority safeguarding team for them to be looked into. This showed that there were processes in place that the registered manager and staff understood, in order to protect the people who lived there from abuse.

One person told us that they had been worried about an issue. After our inspection we spoke with health and social care professionals about this to clarify the situation and ensure that the person was safe. We were told by those professionals that they knew of the person's safety needs and risks. We also made the local authority safeguarding team aware of what the person had told us so that they could look into what had been said if they felt that there was a need to do so.

The registered manager told us about the processes they followed when employing new staff. For example, they told us that references were obtained and that checks were carried out with the Disclosure and Barring Service (DBS), and with the Nursing and Midwifery Council (NMC), which confirmed that the nurses were eligible and safe to practice. Records we looked at and staff we spoke with confirmed those recruitment processes were carried out. This gave assurance that only suitable staff would be employed to work there which decreased the risk of harm to the people who lived there.

Good

Is the service effective?

Our findings

People told us that in their view the service provided was effective. One person said, "It is as good as it can get here. I have been in other places so I know good". Another person said, "I have not been here long but so far it seems to be a good place". All staff we spoke with told us in their view they provided a good service to people. One staff member said, "I'm not just saying this for any reason. If a relative of mine needed this type of care I would be happy for them to come here". External and social care professionals were positive about the service provided to the people who lived there.

Training ensured that staff had the knowledge to look after people appropriately and safely. One person said, "The staff seem to know what they have to do". All staff we spoke with confirmed that they had received a variety of training and that they felt competent to carry out their role. All staff we spoke with told us that they received both formal and informal day to day supervision support and guidance. We saw from records that one to one supervision, appraisal and induction processes were in place which confirmed what staff had told us.

All people and staff we spoke with told us non-restrictive practice was promoted. One person who lived there said, "It's the other way around here we are always encouraged to go out independently. Because of my condition I don't like going out on my own. I know I have to, to help myself. The staff encourage and support me to go shopping on my own". All staff we spoke with told us that no person's daily routine or preferred lifestyle was unlawfully restricted. We saw that some assessments had been undertaken to determine people's mental capacity. Where it was determined that a person may lack capacity we found that staff involved social or healthcare care professionals to ensure that decisions were made in the persons best interest. During our inspection we saw and heard the staff giving people the opportunity to make decisions for example, asking if they wanted to go out and what they wanted to do.

Deprivation of Liberty Safeguarding (DoLS) is a legal framework that may need to be applied to people in some care settings who lack capacity and may need to be deprived of their liberty in their own best interests to protect them from harm and/or injury. The registered manager and staff had received DoLS training and knew of their responsibilities regarding (DoLS). For example, the registered manager had referred one person to the local authority for assessment regarding a possible DoLS issue. This was still on-going at the time of our inspection. This demonstrated that the provider had taken action to ensure that people did not have their right to freedom and movement unlawfully restricted.

We found that healthcare services were accessed on a regular or as needed basis to promote good physical and mental health. One person told us that they felt, "There was good input from the dentist and dietician". Records we looked at confirmed that people had access to dental and optician services. Staff we spoke with were able to tell us the signs and symptoms of conditions that may become unstable and what they should do if this occurred. Staff told us that when there was a need they made referrals to external healthcare professionals for assessment and to prevent a condition worsening. One staff member said, "We have good links with health workers as well as the local mental health team. People here don't have to wait long to be seen". Records confirmed referrals were made by staff to initiate multi-disciplinary meetings if they had concerns that a person's mental health condition may be deteriorating. One person told us, "I attended a meeting not long ago. Changes were made as a result of that by my psychiatrist as they felt I may be at risk". This showed that processes were in place to promote good health and manage deterioration of people's mental health conditions.

We did not observe any meal times. This was because the people who lived there were responsible for their own food shopping, preparation and cooking. People we spoke with told us that they could cook and eat at times that suited them. One person said, "I get my own meals. The staff do help me sometimes if I need them to". Records we looked at and staff we spoke with had a good knowledge of people's risks regarding eating and drinking and what they should do to decrease these. For example, records highlighted that one person had a tendency to put a lot of food in their mouth at one time and could be at risk of choking. We saw that a care plan was in place to decrease that risk and staff we spoke with were aware of the need to monitor the situation.

Good

Is the service caring?

Our findings

People told us that the staff were caring. They described the staff as being, "Caring," "Friendly," and "Helpful". One person said, "The staff are good. I think they show a lot of sympathy to our needs". We observed staff interactions with the people who used the service were caring and kind. For example, we saw that staff greeted people and asked them how they were. We saw that people responded to this by engaging with staff. They looked relaxed and calm.

People we spoke with told us staff knew them and their needs well. Records that we looked at had information about people's lives, family, likes and dislikes. This provided staff with the information they needed about people's preferences and histories to give them some understanding of their needs. All staff we spoke with were able to give a good account of people's individual needs and preferences. Staff confirmed that they supported people to go clothes shopping and people selected what they wanted to wear each day to express their individuality. This was confirmed by a person we spoke with. They said, "The staff go with me to help me get new clothes. I choose them." All staff we spoke with gave us a good account of people's individual needs regarding their appearance. This showed that staff knew the importance of providing personalised care to people to ensure that they were supported appropriately and in the way they wanted to be.

People we spoke with confirmed that staff promoted their dignity and privacy. One person said, "Staff let me shower myself. I like that as I would rather do things like that myself as it is personal". Our observations showed that staff were polite and respectful to people in the way they spoke and engaged with them. We observed that people who lived there used keys to open and lock their bedroom doors. One person said, "I have always had a key to my bedroom. It is good as that is my private place".

We found that people's independence was promoted. The aim of the service provided was to improve or stabilise people's mental and/or physical health conditions and to give them the support they required to achieve this. For example, enhancing daily living skills regarding cooking and finance management with the end goal of people living independently in the community. One person said, "I may not like doing it but we are encouraged to go shopping, cook and do our laundry. It is good really as we all need to be able to do those things". Another person showed us their bedroom. They said, "I clean it and look after it myself". During our inspection one person went to a GP appointment independently. Although some people had been there for an extended period of time there were a number of people who had achieved independence and now lived on their own in the community. On the day of our inspection one person moved out of the home to live on their own. A person we spoke with told us, "I am going to look at a place I may be able to live in at the end of this week. I think I am able to look after myself now". This showed that the service provided promoted peoples independence.

People who lived there had a variety of needs which may require a range of support mechanisms. We saw that information was available to inform people how they could access an advocate to provide independent advice or support. People we spoke with knew that the information was available. One person said, "I know how to get an advocate it is displayed in the corridor. I have had an advocate before". This showed that the provider knew it was important that people were given access to appropriate representation in order to ensure that their rights would be upheld.

Good

Is the service responsive?

Our findings

Before people were offered a place at the home they were given the opportunity to visit, have a meal and trial the home by spending a night or couple of days there. This gave the provider and the person the opportunity to determine that the person's needs could be met in the way that they wanted them to be and plan their support in a personalised way. One person said, "I came here a few times before I moved in. It gave me the chance to see if I liked it. I spoke with the staff and told them about my needs and they listened and do what I want. Sometimes things change like my condition. The staff have always responded well".

All people we spoke with told us that staff consulted them about their care and support, preferred routines and changes to their condition. One person said, "I have been told approximately how long I will be here for as at this stage no one can be 100% sure how long is needed". Another person said, "They do talk to me and involve me in making decisions about my needs". Records we looked at and staff we spoke with confirmed that reassessment of people's needs was completed. One staff member said, "Each time we come to work we have a 'handover' during which we are told of any changes and what we may need to do. They are good". These processes and records highlighted informed staff of people's changing needs and how they should support them appropriately and safely.

People told us that the staff had been responsive to their particular situations. One person told us that they had changed bedrooms because of a situation. They said, "It was dealt with fairly quickly, I am happy now". This showed that the provider had been responsive to people's individual needs and situations.

People told us that staff supported them to follow their individual interests and pastimes. One people told us that they liked eating out and going shopping. Staff we spoke with and records that we looked at confirmed that they ate out and went shopping regularly. Records we looked at highlighted that a new music centre had been purchased so that people could listen to music. We also saw that a pool table was available for people to use if they wanted to. Generally in-house activities were to promote independence and life skills. We saw that a computer with internet access was available for people to use. We saw that people used this during our inspection. One person said, "It is good having this. Keeps us up to date with things".

We saw that a complaints process was in place. People told us that they were aware of the process. One person said, "I would speak to the manager. He is good. He would sort it". One person told us that they had made a complaint and an advocate had been secured to support them in the process. They had not been happy with the outcome so the registered manager had involved external health and social care professionals who were aware of the situation and the issues had been looked into and monitored. This showed that the provider had systems in place for people to raise issues that they were not happy with.

One person told us that they liked to attend a religious service with their family member. Other people told us that they did not want to practice or follow any religious ceremonies and this was honoured by the staff. This showed that staff knew it was important to people that they were supported to continue their preferred religious observance if they wanted to.

Records we looked at and people and staff we spoke with all confirmed that the provider used a range of methods to involve people in the running of the service and for them to voice their views if they wanted to. One person said, "We have meetings which are good". Meeting minutes showed that pending changes were discussed with people for example, when new staff were to start working there. We saw that where requests had been made the provider had tried to address them. For example, a new music system had been purchased. We saw that the registered manager had analysed the feedback from completed questionnaires to determine if any changes were needed. Generally, the feedback from the completed questionnaires was positive.

Good

Is the service well-led?

Our findings

The provider had taken action to ensure that managerial support was provided to lead the service. A manager was in post and was registered with us as is the legal requirement and was supported on a day to day basis by nursing staff and team leaders. The provider had a clear leadership structure which staff understood. We found that the registered manager had a very good knowledge about the people who lived there. We saw that they spoke with and interacted with people during our inspection day. One person said, "The manager is good. They are here for us".

We found that support systems were in place for staff. Staff told us that the management team were very supportive. One staff member said, "There is always someone we can go to if we need advice". All staff we spoke with confirmed that if they needed support outside of business hours there was a person on call they could telephone. Another staff member told us that the registered manager listened to staff who thought that changes could be made to improve the service. One staff member told us about changes they were making to care plans.

All staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "If I had any concerns at all, which I do not have, I would report them straight away". Another staff member said, "We have policies and procedures regarding whistle blowing. I am sure that if there were any concerns all staff here would not hesitate to report them". This showed that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.

All incidents and accidents that took place within the home were recorded appropriately following the providers procedures. The registered manager monitored these for trends so appropriate action could be taken to reduce any risks to people. The staff we spoke with were able to explain the action they took to reduce accidents and incidents. This showed that the provider knew the importance of monitoring untoward events to prevent the people who lived there being placed at the risk of harm and injury.

We found that by speaking to staff and looking at records that systems were in place to ensure that staff were working as they should do at all times. For example, the registered manager undertook audits regularly regarding medicine management safety, record keeping and care planning. One staff member said, "The manager is very strict about records and likes them maintained to the book". We found by speaking to staff and the registered manager that where staff were failing to follow policies or practices this was fed back to them and corrective action was taken to address the issue. We found that the provider nominated a senior manager to visit and audit the home regularly. These processes ensured that people were supported safely and appropriately.

We found that the staffing levels had not been robustly assessed to ensure that staffing numbers were sufficient to meet people's needs. This meant that the people who lived there could potentially be placed at risk of harm through lack of sufficient supervision.

One person told us that another person who lived there had been smoking an illegal substance on the premises. Other people we spoke with were not aware of this. One person said, "I heard a rumour about this but have not witnessed it myself". The registered manager confirmed that they had known about this situation a few months ago and it had been addressed. They said, "I will look into this again and deal with it if I find evidence to confirm that it is happening".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.