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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 27 July 2017 and was announced. The provider was given 48 hours' notice as the home is a small home for adults who are often out during the day. We needed to be sure someone would be in.

MIG House Residential Care Homes is a care home for four adults with learning disabilities. At the time of our inspection four people were living in the home.

The home had a registered manager. 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.

The service was last inspected in July 2015 when it was rated 'good'. The service remained overall 'good' at this inspection.

People and relatives told us they felt safe at the home. Staff were knowledgeable about safeguarding adults from avoidable harm and abuse. The home responded to incidents in an appropriate way, ensuring lessons were learnt and appropriate referrals were made if required.

The service identified and mitigated risks faced by people in their daily lives. Measures in place to mitigate risk were clear for staff to follow and people were involved in processes designed to reduce the risk of harm.

There were enough staff on duty in the home. Staff were recruited in a way that ensured they were suitable to work in the home.

People were supported to take medicines by staff. There was clear information on people's medicines, and people were as involved in the process as they were able to be. Staff carried out daily counts of medicines stocks and the registered manager completed monthly audits. This ensured medicines were managed in a safe way.

When new staff joined the service they completed a comprehensive induction. Staff received training to ensure they had the knowledge and skills required to meet people's needs. The registered manager completed monthly supervision with staff and each staff member had a development plan in place. Staff were supported in their roles.

People were supported to make as many decisions as they were able. Where people made decisions that were unusual for them, this was recorded in a special book to keep track of people's different choices. Where people lacked capacity to make specific decisions the service worked within the principles of the Mental Capacity Act 2005.

Staff were knowledgeable about people's dietary needs and preferences. People were involved in choosing the menu options and records showed people were supported with a varied diet. People were supported to be involved in meal preparation.

People living in the home had a range of long term health conditions. Staff supported people to attend appointments with healthcare professionals and there were clear records of advice from healthcare professionals.

People and staff had developed strong, positive relationships with each other. There was a positive, friendly atmosphere in the home. Throughout the inspection people teased staff in a friendly manner. Staff interacted with people in a positive way that recognised and valued them as individuals.

Staff worked to promote people's independence and respected their privacy. People told us staff respected their privacy and treated them with dignity and respect.

Care plans were highly personalised and goal focussed. People's independence was promoted and they were supported to achieve specific goals and rewarded for achieving them. People, relatives and external professionals told us people had made excellent progress and developed their skills and abilities while living in the home.

Information about complaints, and house meetings were available in a format that was accessible to people living in the home. People were able to provide feedback about their experiences and the home acted on this feedback and made changes as a result.

The registered manager and provider completed a range of checks and audits to monitor and improve the quality of the service. The registered manager was committed to improving the quality of care. The home had a clear set of values that focussed on person centred care and developing people's skills.

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 continued to be Good. People were protected from avoidable harm and abuse. Staff were knowledgeable about the different types of abuse people might be vulnerable to.

Risks people faced in their daily lives had been identified with clear plans in place to mitigate them.

Staff had been recruited in a way that ensured they were suitable to work in a care setting.

People were supported to take their medicines. Medicines were managed in safe way.

Is the service effective?

Good

The service continued to be effective. Staff received the training and support they needed to perform their roles and responsibilities.

People were encouraged to make their own decisions. Where people lacked capacity to make specific decisions, or to consent to their care, the service had operated in line with legislation and guidance.

People were involved in meal preparation and dietary needs and preferences were clearly recorded.

People were supported to access healthcare services and receive on-going healthcare support.

Is the service caring?

Good

The service continued to be caring. People and staff had developed strong, positive relationships with each other.

Staff were knowledgeable about people's communication needs and communicated with people in a way that ensured they were able to express their views about their care and treatment.

People's privacy and dignity were respected and promoted.

People were supported to practice their religious faith and maintain relationships and cultural ties.

Is the service responsive?

Good

The service continued to be responsive. The service completed robust needs assessments and used these to create detailed person-centred plans for people.

People were encouraged to achieve specific goals towards their independence. People and relatives told us they had made good progress in achieving their goals.

People attended a wide range of activities in line with their preferences.

The provider ensured that documents were in a format that was accessible to people who lived in the home.

The provider had a robust complaints process and records showed complaints were responded to in line with the policy.

Is the service well-led?

Good

The service continued to be well led. People and relatives spoke highly about the management and organisation of the home.

The registered manager and provider completed a wide range of quality assurance checks and audits to monitor and improve the quality and safety of the service.

The values of the organisation were clear and focussed on delivering high quality, person centred care to people living in the home.

MIG House Residential Care Homes

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 was carried out on 27 July 2017 and was announced. The provider was given 48 hours' notice of our inspection as they are a small home and people are often out during the day. We needed to be sure someone would be in.

The inspection was completed by one inspector.

Before the inspection we sought feedback from the local authority commissioning team and local Healthwatch.

During the inspection we spoke with two people who lived in the home and four relatives. We spoke with three members of staff, the registered manager and two support workers. We reviewed two people's care files including care plans, risk assessments, progress reports and medicines records. We reviewed two staff files including recruitment, supervision, appraisal and training records. We also reviewed other reports, audits and documents relevant to the management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe in the home. One person said, "I'm safe here." Staff were knowledgeable about the different types of abuse people might be vulnerable to and were confident in how to escalate their concerns to the registered manager. One member of staff said, "Any concerns and I'll tell [registered manager]." Records showed staff received annual training in safeguarding adults and indicators of abuse were discussed in staff meetings. Incident records were reviewed and these showed the service took appropriate action in response to incidents, including amending people's support if required. This meant people were protected from avoidable harm and abuse. There had been no incidents where there had been allegations of abuse since our last inspection.

Staff looked after people's money for them. Records showed the amount of money held in the service was checked by staff on a daily basis and audited monthly by the registered manager. During the inspection people were supported to go out shopping for personal items. On returning to the home they were supported to record the money they had spent in their finances books and to confirm the amount of money was correct. Observations showed staff supported people to account for their money in a structured and positive manner. One person told us, "I'm rich! [Staff members] help me with my money. I spend it on sweets and chocolate. I pay for things myself. I gave the money to the man at the till." Staff prompted people to remember to ask for change and receipts to reduce the risk of financial abuse. Where people were able to understand their financial transactions they signed the books and receipts with staff. This meant there were effective systems in place to reduce risks of financial abuse which involved people in managing their finances.

Care plans contained a range of risk assessments to mitigate risks faced by people in their daily lives. Risk assessments were clear with measures in place to mitigate risks including those faced during care tasks, activities, daily living tasks such as cooking and cleaning, fire and evacuation. People could present with behaviours which put themselves or others at risk and there were clear behavioural plans in place with clear instructions for staff on how to respond to these situations. For example, one person's behaviour plan included the specific language to be used during incidents and how to gauge the person's ability to respond to staff instructions.

Care plans emphasised the need to redirect and distract people as well as the importance of keeping people engaged with activities to avoid incidents of behaviour that may be harmful. During the inspection observations showed one person became impatient waiting for their scheduled activity. Staff supported the person with an interim activity to divert their attention and reduce the risk of an incident. A professional involved in this person's care fed back to the home, "There has been a marked improvement in [person's] behaviour since living in the home." This meant risks to people were managed so people were protected from harm.

Staff received annual training in physical intervention and the registered manager was a trainer in the physical intervention techniques used in the home. Care plans and risk assessments showed people were individually assessed for specific physical interventions with clear instructions to staff on how to carry out

the technique and under which circumstances. Care plans stated physical intervention was only to be used as a last resort when people's safety was at risk. Records showed the service had not used physical intervention since our last inspection.

The registered manager told us, and rotas viewed confirmed there were always a minimum of two staff on duty during the day with one staff member on duty overnight. The registered manager worked a range of hours to ensure there were sufficient staff on duty so people could be supported flexibly with their activities. One member of staff had been recruited since our last inspection in May 2015. There were appropriate records to demonstrate the service had ensured they were suitable to work in a care setting, including employment references, a criminal records check and a detailed interview record that demonstrated they understood the role they were applying for. This meant the service had ensured they had enough suitable staff working in the home.

The home supported people to take medicines prescribed for them. People had individual medicines plans which included information on the dose, time, strength, route and form of medicines. There was information on the purpose of people's medicines and any side effects staff should be aware of. The plans contained information on how to support people to take their medicines in a safe way. People were involved in the processes of administering their medicines. Two people who lived in the home signed for their medicines to indicate they had agreed to take them.

Where people were prescribed medicines on an 'as needed' basis there were clear guidelines regarding when these medicines should be administered. The home administered all medicines from their original packaging and recorded medicines administered on medicines administration records printed by the supplying pharmacy. Staff kept daily records of the medicines in stock in the service and the registered manager completed monthly audits of medicines. The records and medicines were checked and were found to be correct. Medicines were stored in a locked cabinet in the office. This meant people's medicines were managed so they received them safely.

Good

Is the service effective?

Our findings

People and relatives told us they thought staff were good at their jobs. One relative told us, "They're good with [my relative]. It's a good team." Records showed staff received training in areas relevant to their role. Since the introduction of the Care Certificate all staff had been required to complete it. The Care Certificate is a recognised qualification that provides staff with the fundamental knowledge and skills required to work in care. In addition, staff received specialist training in areas relevant to the needs of people living in the home. For example, staff had received training in epilepsy, autism, learning disability awareness and non-violent intervention techniques. The provider's policy was that all staff should have, or attain a level 3 qualification while working in the home. Records showed five staff had completed a level three diploma in health and social care and the two remaining staff were in the process of completing it.

Records showed new staff joining the service received a comprehensive induction to the service, and completed a three month probationary period where they received regular support from the registered manager. Records showed the probationary period was supportive and focussed on ensuring staff understood their role and responsibilities. After staff had completed their probationary period they continued to receive monthly supervisions from the registered manager. Supervision records showed staff discussed people, their progress and needs, paperwork and record keeping, safeguarding, maintenance, and CQC standards. In addition, each supervision considered the progress staff were making in relation to their personal development plan and appraisal goals. Staff had annual appraisals and individual training plans focussed on their professional development and the needs of people living in the home. This meant staff received the training and support they needed to perform their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 interest 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People who lived in the home lacked capacity to consent to their placements. Records showed the home had made appropriate applications to the local authorities to ensure people's care and support was legally authorised. Care plans contained details of the types of choices that people did have capacity to make, and how they expressed these choices. The home had continued with its use of "best interests decision books." These were books that were used to record when people had expressed a decision that was unusual or different from the usual choices they made. For example, one person's book recorded when they made meal choices that were different from those described in their care plan.

People were offered choices throughout the inspection and their decisions were respected by staff. During the inspection people were offered a range of activities and food choices. People had been supported to go shopping in preparation for their planned holidays and upon returning were very clear they had made their own choices about purchases.

People's dietary preferences were clearly recorded in their care plans. Records showed people were supported to explore menu choices in individual and house meetings. There was a menu on display in the home which showed a range of different tastes were catered to. People were encouraged to eat a healthy and varied diet although staff recognised that people's preferences were often for unhealthy food. Staff encouraged moderation when it came to less healthy foods such as sweets and chocolates.

People were supported to be as involved as possible with meal preparation. During the inspection observations showed people took different roles in the preparation of shared meals. For example, one person was involved in cooking the meal itself, while another person set the table and a third person gathered people together for the meal. A relative told us one person had developed their cooking skills while living in the home. They told us, "His cooking is really good now, he made us a curry and it was delicious." This meant people were supported to eat and drink enough and encouraged to maintain a balanced diet.

Relatives told us people were supported with their health needs. One relative told us, "They're really good with his health things. He had to go to hospital for some tests and they knew what was going on and got it all checked out." The GP had provided feedback to the home which stated, "Excellent rapport with clients and up to date with their problems." People had Health Action Plans and hospital passports in their files. These documents are considered good practice for people with learning disabilities as they ensure all their health related information is in one place and is available for health professionals as and when they need it. People's health related documentation was clear and updated to reflect changes in people's health conditions. Records showed people were supported to attend health appointments and the advice and recommendations of health professionals were included in people's care plans and shared amongst staff during handovers.

People living in the home experienced long term health conditions, including epilepsy. Where the health conditions led to people being exposed to risk, or more vulnerable to certain risks, this was clearly recorded in people's care plans and risk assessments. There were clear guidelines in place regarding people's seizures to ensure staff had the information they needed to respond appropriately in the event of a seizures. This meant people were supported to maintain their health and have access to healthcare services when they needed.

Good

Is the service caring?

Our findings

Observations during the inspection showed staff interacted with people in a positive way that supported their sense of self. Staff were heard validating people's choices and decisions and giving praise for tasks attempted and completed. For example, staff asked one person to tell others that lunch was ready and then praised them for doing this in a calm way.

Staff had a well developed understanding of people's non-verbal communication. For example, staff explained that a specific noise meant the person was hungry and wanted their meal. Staff were observed using picture exchange communication systems (PECS) with people to support them to understand the sequence of their day. Staff wore lanyards with frequently used images so they could communicate with people clearly in a way they could understand. Care plans contained details of people's communication needs and how they expressed emotions, as well as details on how staff should respond to specific communication needs.

The atmosphere in the home was friendly and relaxed, with people interacting with staff in a way that demonstrated they liked and trusted each other. For example, one person was observed to need support with a medical device. Staff offered support quickly and supported this person in private. People and staff joked with each other easily, one person said "I like [staff]. I can tease him." A relative told us they thought staff were, "Nice blokes." Another relative told us, "My relative is happy there. He likes the staff, he takes the mick out of them and if he's got any problems he knows he can talk to the staff." This meant people and staff had developed strong, positive relationships with each other.

Care plans contained details of people's life histories and important relationships. People were supported to stay in touch with their families, with visits happening regularly. During the inspection one person was talking about their family and staff supported them to phone them. Staff supported people to attend social events and meet new people. Some of the people living in the home had spoken to staff about wanting to develop new friendships and relationships. Staff supported people to attend social events where this was more likely to develop. Staff in the home recognised that people had sexual needs, and people were given private time to express these needs.

People's care plans contained details of their religious and cultural needs. People were supported to practice their faith in line with their preferences. One person attended religious services and events regularly. Another person was supported to have culturally specific meals on a regular basis.

Staff respected people's privacy. Observations during the inspection showed that people were given time on their own when they wanted it. One person was asked if staff knocked on their door before coming in, they told us, "Always, every time they knock." A relative told us staff respected people's privacy. They said, "He likes to spend time in his room. The staff don't hassle him if he wants to do that." Care plans contained details of how to support people to maintain their dignity. This included supporting people to gain more independence with their personal care. The home was liaising with healthcare professionals to change the type of continence aids one person used to increase their independence and dignity during care.

Good

Is the service responsive?

Our findings

Before people moved into the home the service completed a comprehensive needs assessment. This included an evaluation of different types of interaction skills, personal skills and needs, family and relationships support, finances, health and safety, medical health needs as well as hobbies and interests. The service created an initial risk assessment that was reviewed within 48 hours of the person moving into the service. The assessment reviewed had captured both the needs and personality of the person. The needs assessment was strength based and considered qualities including leadership and social skills.

Care plans were detailed and outcome focussed. They provided staff with details of the level of support people needed as well as instructions for how to support people to develop their independence and reduce the support needed. For example, one person's care plan showed they had initially required staff to complete a care task for them, but could now complete it themselves with only verbal prompts from staff.

Staff completed monthly reviews of people's care plans. During these reviews people were supported to choose a specific goal to focus on in the short term. Such goals included hoovering their bedroom, putting clothes into the washing machine, or washing their crockery. The goals were different for each person living in the home and varied according to their ability to achieve them. Staff completed daily monitoring of these goals and at the end of the month evaluated whether the goal had been fully, partially or not achieved. People were given rewards when they had completed a goal. For example, one person had successfully mastered hoovering their bedroom and had chosen a computer game as their reward. Staff reviewing goals and whether or not they should be continued considered whether full achievement was possible or likely. If the person had partially achieved the goal, but was unlikely to fully achieve it, staff recognised their efforts and a new goal was set. For example, one person had only partially achieved the goal of completing their laundry. However, after two months the home recognised the person was unlikely to achieve full independence with this task and chose to move onto focussing on a different domestic task. This meant the service promoted people's development, recognised their achievements and responded to changes in their needs. Comparison of current and previous care plans showed people had made significant progress in their independent living skills.

Relatives told us people had made progress living in the home. One relative told us, "He's done really well. I couldn't believe how well he was doing last time I saw him." Relatives explained that people had continued to make progress even when they had lived in the home for a significant period. Progress was not limited to new people who moved to the home.

An external professional working with someone who lived in the home had noted, "The quality of his life is important to the home. There have been marked improvements." Staff told us the positive structure they worked in had a positive impact on people's relationships with their families. A member of staff explained, "[Person] was having a difficult time when they visited their family, but on the most recent visit he did really well. His [relative] couldn't believe it when he arrived and gave them a hug." Records showed a decrease in incidents and near misses as people were supported by the home to achieve their goals.

People living in the home were supported with a variety of activities. For example, one person attended full time education and records showed the home liaised closely with the college to ensure the person received consistent support. When not attending education the service ensured the person was engaged in alternative activities to keep them occupied. Records showed people attended the local gym, swimming pool, various local parks, shopping, dance classes, bowling, parties and club nights as well as meals out and visits with family members.

Records of house meetings showed people were offered choices of different activities and were actively involved in making decisions for themselves. For example, the records for the meeting where the home planned a holiday showed people had been involved in ways that suited their needs. For example, one person had been shown pictures of them on previous holidays to give them some context. Another person was shown pictures of different types of holiday destination and activity. The meeting minutes recorded how people had responded to the images and the views of people who could communicate using speech which showed people had been involved in making decisions together.

House meeting minutes were recorded using a specialist computer package which combined symbols and words to make them accessible to people living in the home. House meetings led to actions. The actions from house meetings were included on the home's improvement plan. The provider checked that actions from house meetings were completed when they visited the home. This showed the service listened to and responded to the feedback of people living in the home. People were fully involved in making decisions about activities and other aspects of living in the home.

The home had a robust complaints policy and procedure with clear timescales for response. There was a version available to people living in the home created with the specialist computer package so that it was accessible to them. Records showed that complaints were responded to in line with the policy. One complaint had related to a specific concern about a person's support and behaviour. Records showed the registered manager had sought advice from a national organisation recognised as being expert in supporting people with these needs in order to find a solution to the complaint. Feedback from the complainant showed they were happy with the resolution. This meant the service listened to and responded to complaints.

Good

Is the service well-led?

Our findings

People told us they liked and trusted the registered manager. One person told us, "[Registered Manager] helps me." Relatives also told us the registered manager kept them informed and up to date of any issues they needed to be aware of. One relative said, "If anything happens [registered manager] lets me know. He'll ring me up and let me know how things are going."

Staff told us the registered manager was supportive and approachable. Observations during the inspection showed staff approached the registered manager easily and comfortably. The registered manager spoke about the staff with respect and showed he valued their work and contribution to the service. The registered manager said, "It's a great team here. I'm blessed with a brilliant team. We all work hard."

The provider had a clear vision and values for the home which focussed on achieving the best outcomes for people living in the home. The culture in the home was person-centred. This was shown by the detailed knowledge staff had about people's preferences and lifestyles and the interactions observed during the inspection. Throughout the day people laughed with staff over their choices of football team and were able to quickly answer any questions about people's needs and preferences. Handover records and daily records of care focussed on the people living in the home and their wellbeing. In addition, staff meeting records showed the focus of discussions was the needs of people and how to best support them to meet their goals.

The home completed regular checks on the health and safety of the service. Records showed that issues were escalated and addressed appropriately. The home completed regular fire alarm checks and practice evacuations to ensure people knew how to respond in the event of an emergency. There were robust building risk assessments and regular checks to ensure the cleanliness of the service. The registered manager completed a monthly night time check to ensure the quality of support provided at night was as required.

The provider completed monthly visits to check on the quality and the safety of the service. These included a review of care plans, records of care, staffing levels, staffing records including meeting minutes and supervisions as well as environmental checks. Records showed actions identified were addressed by the registered manager and maintained. For example, a provider visit had identified the lack of actions from house meetings. Since this had been identified house meeting actions had been included in the registered manager's action plan. The registered manager also completed a comprehensive audit of all documentation on a quarterly basis. This ensured that all paperwork was up to date and that care plans were being followed. This meant the service was completing appropriate checks to ensure it was well managed.

People, relatives and external professionals were asked to complete feedback surveys annually. The feedback from these was analysed and changes were made to the home as a result. For example, following feedback received through the surveys the provider had recognised the layout of the communal areas of the home did not work for the people living in the home, as there was limited space for people to do the indoor activities of their choosing outside their bedrooms. The downstairs had been re-structured with building

work completed to create a new games room. This meant there were now separate spaces for people to watch television and play computer games. People had separate shared spaces for relaxing activities and more high energy activities. A relative told us this worked well. They said, "My relative doesn't really like the lounge, but now he's got somewhere else he can go and be with the others that isn't the lounge."

The home had a service development plan which had been developed with a view to ensuring the home was financially sustainable and able to meet the needs of people living in the home. The service kept up to date on developments in the sector and included ensuring the building was maintained, and a target to have all staff with a high level of training and qualifications. The registered manager was committed to the continuous improvement of the home. He told us, "It's about making it better all the time. I want it to continue to improve. Good wasn't good enough for me." This meant the home was focussed on continual improvement of the quality of the service.