

## Rochdale Gateway Leisure Limited

# Millgate House

### Inspection report

10 Oak Street  
Whitworth  
Rochdale  
Lancashire  
OL12 8NU

Tel: 01706515800

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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

Millgate House is part of an organisation that is a registered charity. It is a care home without nursing care that can accommodate eight young adults with learning and physical disabilities on a short term basis. It is also registered to provide personal care to a person with disabilities living in the community in their own home. Millgate House is situated in the village of Whitworth between Bacup and Rochdale. The service is registered to care for up to eight people. At the time of the inspection three people were using the service.

People's experience of using this service:

- The service met the characteristics of 'Good' in all of the five key questions.
- Staff were recruited safely but we noted in one case the need to improve some pre-recruitment checks.
- Although the service was following the principles of the Mental Capacity Act 2005, we have made a recommendation around the need to complete documented capacity and consent records.
  - We have made a further recommendation in relation to the management of checks and audits so that they are effective in picking up some of the issues seen at the inspection.
- Risks to people's health and safety were managed safely.
- Care records were up to date and reflected people's current health care needs.
- People who used the service could not tell us of their experiences but their relatives told us that their loved ones were looked after and were happy with the care and support that was provided.
- People were protected against abuse, neglect and discrimination through good safeguarding processes.
- Staff we spoke with were positive about their roles and wanted to do the best for people.
- Staff we spoke with knew people well. They had developed good relationships with people.
  - People who used the service clearly enjoyed the presence and attention from staff.
- More information is contained in the full report.

Rating at last inspection: At our last inspection the service was rated good overall. Our last report was published on 6 July 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Millgate House

## 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 checked 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 was conducted on 15 and 16 January 2019.

Inspection team: This inspection was conducted by one adult social care inspector.

On the first day of the inspection the inspector visited the home and saw the office, communal areas, bedroom and bathroom facilities. On the second day, the same inspector contacted relatives and healthcare professionals by telephone to seek their feedback on their experience of the service.

Service and service type: The service was a care home without nursing and it also provided care and support to one person living in their own home in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first day of the inspection was announced. We gave the service 48 hours notice of the inspection as it is a small service and we needed to be sure that the registered manager was available at the office.

What we did: Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with two relatives of people who used the service and two healthcare professionals about their experience of the care provided. Due to most people living with learning disabilities, it was not possible to get a verbal response to our questions.

We spoke with the registered manager, deputy manager, senior team leader and two care staff members. We looked at two people's care records and a selection of medicines and medicines administration records (MARs). We looked at other records including quality monitoring records, two staff recruitment records, training records and records of checks carried out on the premises and equipment.

Details are in the key questions below.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- Recruitment systems and processes were in place but in one case, insufficient recruitment checks had been made prior to the member of staff starting work. The registered manager undertook to make further enquiries in this case to ensure that the recruit had been safely employed.
- We saw that all other staff had been recruited safely by the provider.
- People who used the service could not speak with us but their relatives told us that their loved ones felt safe using in the service.
- Staff members we spoke with confirmed they had received training in safeguarding and knew their responsibilities to raise concerns.
- Safeguarding and whistleblowing policies and procedures were in place to guide staff in their roles.
- A relative told us, "My family member receives good care and I know they are safe."

### Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified, and were managed safely. For example, people at risk of choking had adequate measures in place to manage the risks involved with eating and drinking.
- We looked at fire safety. We found regular checks were undertaken to ensure equipment, including alarms, was safe.
- We found personal emergency evacuation plans [PEEPs] were in place for all people who used the service and had been updated when a people's needs had changed.
- A variety of environmental risk assessments, environmental checks and servicing had been completed.

### Staffing levels

- We received positive responses from relatives in relation to staffing levels within the service. We also observed a good staff presence during the inspection.
- Staffing rotas supported that there were enough staff available to manage and support people's needs.
- A relative said, "I'm here regularly and have never had a problem with the availability of staff."

### Using medicines safely

- People's medicines were managed safely, and all staff were trained in the safe management of medicines. The provider had a medicines management policy available.
- We checked Medicines Administration Records (MAR) for two people who used the service for the two weeks before the inspection and saw that the records were completed accurately to confirm they had received their medicines as prescribed and there was no medicine left over.
- People's relatives told us they were happy with the support their loved ones received with medicines.

### Preventing and controlling infection

- The service managed the control and prevention of infection well. All areas of the service were clean and tidy.
- We observed staff wearing personal protective equipment when necessary. We saw stocks of aprons and gloves throughout the service.
- In 2017, the service had received a five-star (good) food hygiene rating from the local authority and had not been inspected since then.
- All the relatives we spoke with told us they felt the service was clean.

### Learning lessons when things go wrong

- Accidents and incidents were being recorded but there were no formal records of any review of these or discussion with staff about any lessons learned. However, there were only two incidents where it was appropriate to document since the last inspection in 2016 and the registered manager said that these matters had been discussed with staff. Although members of staff supported this, it is good practice to record reviews of these incidents, lessons learned and discussion with staff and relatives.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Regular reviews of care records were being completed and information contained in care files was up to date.
- Assessments obtained from other health and social care professionals were used to plan effective care for people.
- Care files contained information that confirmed assessments of people's needs. These were completed prior to them moving into the service.
- The service had taken action to address concerns if they felt a person was unsuitably placed.
- Staff applied their learning in line with best practice. This led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff told us they had received positive support through supervision, appraisal, coaching and development.
- Staff told us they had completed a comprehensive induction and learning programme and records we saw supported this.
- Staff files and training records confirmed staff received a variety of training that supported them in the delivery of care to people. Training included fire safety, first aid, infection control, health and safety, moving and handling, safeguarding and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- A relative said, "Staff seem to know what they are doing and are well trained. My relative has a special way of feeding and all the staff know how to manage this."

Supporting people to eat and drink enough with choice in a balanced diet

- People had choice and access to sufficient food and drink throughout the day; food was well presented and although people could not speak with us, they looked as though they enjoyed mealtimes.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required.
- Where people required their food to be prepared differently because of medical need or problems with swallowing, this was catered for.
- Staff supported people safely and with care at mealtimes and people were not rushed.

Staff providing consistent, effective, timely care within and across organisations

- Where people required support from healthcare professionals, this was organised and staff followed guidance that was provided. We noted that information was available to other agencies if people needed to access other services such as the hospital.
- In one case we noted that the service had made successful representations about the unsuitability of a wheelchair. The person was provided with special chair that was better suited and used to aid mobility and safety.

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

- We saw that people's bedrooms were personalised and homely. Communal lounges and dining areas were bright, comfortable and spacious with a homely feel.
- People looked relaxed and comfortable in the environment.
- All of the people who used the service had some form of disability and consideration had been made around this with the decoration and design of individual bedrooms and communal areas.
- In one bedroom however, a window restrictor was defective and this would have allowed an able person to fall and injure themselves. This was repaired before anyone used the room. The registered manager said that this had been an oversight as the person who generally used the room was wheelchair bound and could not climb on to a window ledge. All other rooms were fitted with restrictors which were operating effectively.

#### Supporting people to live healthier lives, access healthcare services and support

- Care records we looked at showed people were referred to the relevant professionals when there was a health need.
- Records supported that people saw healthcare professionals regularly; for example, dentists or GPs.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had submitted two DoLS applications since the last inspection in 2016. These applications had been authorised and we found that any conditions were being adhered to.
- However, capacity assessments were limited and when formal assessments were unavailable from healthcare professionals, there were insufficient guides to staff on the position of the person they were supporting.
- The service was also not documenting how consent was being provided for the purposes of the service it was providing. Where people have limited capacity, the MCA and associated Code of Practice provides guidance about the steps that should be followed to ensure that people's best interests are protected. Although we were satisfied that people were not being prejudiced as a result of this omission, the risk was that people's best interests may be affected. This was especially the case if staff were not completely aware of the person's background, family situation and previous involvement with health and social care professionals.
- The registered manager said that the service was small, and all managers and staff were aware of a person's situation and their supporters and family. They did accept that staff new to the service would have

to rely on input from other staff on these points and there could be issues if those staff were unavailable.

- We recommend that the service instigates an assessment process dealing with people's mental capacity and consent to care and support so that all staff can be guided on the process.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were observed to be treated with kindness. Their relatives were positive about staff's caring attitude.
- Each person had their history recorded in care plans which staff used to get to know people and to build positive relationships.
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed. One person, who was not able to communicate verbally, used a 'thumbs-up' sign to highlight their views to us.
- A healthcare professional said, "Staff are excellent and the home has a fantastic support team, that works closely with service users and their families."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people and their relatives to make decisions about people's care. Where needed, staff sought external professional help to support decision making for people.
- Staff signposted people and their relatives to sources of advice and support or advocacy.
- A relative told us there was always staff available to speak with them about their family member, which they appreciated.
- A relative said, "I can always speak to someone at the home about my relative's care and they always keep me informed when something is going on."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People and their relatives were afforded choice and control in people's day to day lives. A relative said, "The service offers choice about things and we have a say in what happens."
- We observed staff treated people with dignity and respect and provided compassionate support in an individualised way.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

### Personalised care

- Care plans were up to date and reflected people's needs.
- Staff knew people's likes, dislikes and preferences and used this detail to care for people in the way they wanted.
- People's relatives were involved with people to make choices and have as much control and independence for people as possible, including in the development of their care and support plans.
- Reasonable adjustments were made where appropriate and the service identified, recorded and met people's information and communication needs, as required by the Accessible Information Standard. This included providing important documentation in accessible formats including easy to read and braille. This standard was introduced in 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.
- People had access to planned activities every day of the week at an activity/day centre that was controlled by the provider. Each person's preferences were known, and activities were designed around those. For example, we saw that one person enjoyed art and at the inspection was involved in creating a mural on a wall.
- People were supported to maintain and develop relationships with those close to them, including family members and friends at the home.
- A healthcare professional said, "The service offers a full range of individual support and activities for the service users."

### Improving care quality in response to complaints or concerns

- People's relatives knew how to provide feedback about their relative's experiences of care and the service.
- People's relatives knew how to make complaints; they felt these would be listened to and acted upon in an open and transparent way.
- Records we looked at showed the service had received one complaint since the last inspection. This had been acknowledged, investigated and responded to consistent with the provider's policy.

### End of life care and support

- At the time of the inspection, all the people using the service were young adults and were not requiring end of life support. The registered manager said that the service had a policy and systems to support people with end of life care that incorporated extensive involvement with family members and local GP's.
- Some staff members had completed training in end of life care and support.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The service demonstrated a commitment to provide a person-centred and high-quality care approach by engaging with everyone using the service, their relatives and stakeholders.
- During the inspection we saw that the registered manager and senior staff positively encouraged feedback and acted on it to continuously improve the service.
- Records relating to the care and support of people who used the service were accurate, up to date and complete.
- Policies and procedures were available to support staff in care delivery.
- Staff understood the service's vision. One senior member of staff told us, "We are all here for the right reason. I want to instil in staff, at all levels, the ethos of the service and how we all want to do better for the people we support. I am encouraged by the manager to do this."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager and staff at the service understood their roles and responsibilities.
- We saw that quality assurance processes worked as intended. For example, a healthcare professional told us about being alerted by the service following a care plan review and how this had led to a change in medication.
- The provider's quality system involved checks being carried out by the registered manager and specialist workers in areas such as fire, water safety and equipment.
- Where issues were established after checks had been made, we saw action plans had been produced and action taken. Staff told us that they felt involved in these processes and that areas of improvement were discussed at team meetings.
- There were plans to continue improvements within the service and this was discussed at meetings with the board of trustees. Trustees of a charity have responsibility for how the organisation is managed and run.

Engaging and involving people using the service, the public and staff

- All the relatives and healthcare professionals we spoke with told us that management were approachable.
- Every staff member we spoke with were highly complementary about management and senior staff. They all felt involved in the running of the home and that they had an important role in developing the service.
- Records we looked at showed that regular staff meetings were being held.

- Meetings for people who used the service were conducted and records of these were available.
- The service had received thank you cards which contained numerous positive comments from family members about the service and staff members.

#### Continuous learning and improving care

● Quality assurance processes and systems were in place and identified issues such as medicines documentation oversights and environmental matters. Action was taken in these circumstances. However, checks were not effective in identifying issues we found during this inspection. For example, the recruitment and mental capacity issues seen earlier in this report.

- We recommend that the service revise its quality assurance systems to ensure that they cover all essential areas of service delivery and are in line with current best practice.

#### Working in partnership with others

● The documentation we looked at during the inspection showed that the service consistently worked in partnership with professionals at other services and facilities. Records noted the involvement of GP, mental health specialists, social workers and commissioners of people's care.

- A healthcare professional said, "This is an excellent well run and organised provider. Staff offer support to professionals who visit the home and welcome collaborative approaches to individual cases."