

North Yorkshire County Council

Milestone House

Inspection report

Milestone House, Eastgate
Seamer
Scarborough
North Yorkshire
YO12 4RB

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Milestone House is a residential care home providing personal care to four people at the time of the inspection. The service can support up to seven people providing short breaks for adults with learning disabilities and people on the autistic spectrum.

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

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximised people's choice, control and independence. People and their relatives were involved in their care planning to ensure they were supported to live their best lives, as independently as possible. Support was provided which promoted people to develop their daily living skills and access a range of activities and events. People and their relatives told us they received care and support from staff who they knew and had their preferences respected.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights. Records were up to date and decisions made on behalf of people under the Mental Capacity Act 2005 were consistently applied or reviewed to ensure they continued to be the least restrictive option and in the persons best interest. Care records included person-centred information for staff to follow. People told us staff were respectful, caring and understanding around their emotional and physical needs.

The service worked closely with a range of health professionals to ensure people received the most up to date care which promoted their health and wellbeing; enabling them to live as normal lives as anyone else.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives.

The culture of the service was open and were responsive to people who they empowered to express their views. People spoke positively about the service they received and the way the service was managed. The registered manager and staff team were passionate about providing people with a personalised service which promoted their independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published January 2020) and there was a breach of regulation in relation to quality assurance at the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

We recommended the provider consider best practice guidance on the prevention and control of infection and update their practice accordingly.

At this inspection we found the provider had made improvements.

We recommended the provider consider best practice guidance to review staffing using an accredited staffing tool to ensure people receive a person-centred service.

At this inspection we found the provider had made improvements.

Recommendations

We have made a recommendation for the provider to review guidance about the management of CQC notifications.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Milestone House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Milestone House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

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

Service and service type

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

Registered Manager

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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 the registered manger and two staff members. We reviewed two care plans, medication records and staff recruitment files. We observed interaction between people and staff. We reviewed records associated with the management of the service, which included policies, procedures, audits, and checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one care staff, two people in receipt of care and support at the service and five family members. We reviewed environmental home maintenance checks, and additional information used to manage and improve the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection we recommended the provider consider best practice guidance on the prevention and control of infection and update their practice accordingly.

The provider had made improvements.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider followed government guidance and health professional recommendations to support people to enjoy receiving visitors and to visit others. A purpose-built summer house was in use in the garden areas which provided a welcome, safe alternative to visiting in people's own rooms.

Staffing and recruitment

At our last inspection we recommended the provider consider best practice guidance to review staffing using an accredited staffing tool to ensure people receive a person-centred service.

The provider had made improvements.

- Staffing was reviewed and amended to safely meet people's assessed needs.
- The provider had contingency plans to ensure there were always enough staff available to provide safe care and support.
- People received their care and support from regular staff who they knew.
- The provider operated safe recruitment practices when employing new staff. Appropriate checks were completed to ensure staff were suitable for the role which included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans included guidance for staff to follow to keep people safe.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home and equipment safe.
- A fire risk assessment was in place and fire drills took place. Any required actions were recorded and followed up to ensure the service remained safe
- Processes ensured required actions were implemented following any accidents or incidents. This helped to protect people from harm as part of lessons learnt.

Using medicines safely

- People received assessments to determine the level of support they required to take their medicines.
- Where people needed support to take their medicines, they received them safely as prescribed. One person said, "I have a locked cupboard in my room, I have the key and give myself my medicine when it is due. Everything is good with medication, I manage it like I do at home and I am happy with that."
- Medicines were received, stored, administered and disposed of safely.
- Staff involved in handling medicines had received recent medicines training and were assessed as competent in this role.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse. Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm. One person said, "Yes, staff make me feel safe."
- Systems and processes ensured good recorded oversight of any concerns. Information was shared with safeguarding bodies to ensure all necessary actions were taken to keep people safe from abuse.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection systems were either not in place or robust enough to drive sustained improvements. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits and performance checks were used to manage the service, maintain standards and identify areas for improvement.
- Action plans had been incorporated into wider service plans to maintain and improve standards.
- Routine maintenance and safety checks were completed for the home environment. This included checks to ensure high risk areas such as windows and bed rails remained safe.
- The registered manager was not always clear on when the CQC had been notified, as required about certain incidents.

We recommend the provider consider current CQC guidance to ensure management and oversight to ensure all required notifications are submitted to the CQC as required and take action to update their practice accordingly.

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

- People and their relatives told us the service was managed well with caring staff. A relative said, "[Person] is looked after well. I know that they are safe there and that has been a big concern of mine, not only giving me a break, but the reassurance of knowing that [person] is safe."
- Staff told us senior staff were approachable which resulted in good communication and support for the benefit of people using the service. A relative said, "They [staff] try to arrange respite for people who get on at the same time so that they can build up companionship. It's been a real help for them. The only thing is that we can't book in advance anymore, apart from that I can't think of anything I would change about the service."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to. A relative said, "I address things as they happen, [person] is very important to me, we discuss everything anyway, good or bad. It's always an open discussion, not defensive at all, as they're very good at listening."

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

- People were given the opportunity to feed back on the service they received and told us the senior staff including the registered manager were approachable. One person told us, "We drop them off with a smile and they are smiling when we pick them back up so we assume everything in between is alright."
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independent living arrangements. One staff member said, "People often stay here for a few weeks respite. Many of them take it as a holiday from their daily routines so anything goes; we support them with daily living skills like cooking and domestic tasks. They can enjoy a rest by enjoying nothing more than a good TV programme or a singalong to their favourite tune, we support them with whatever they want to do."
- Thorough pre-assessments of people's need ensured care was planned to meet any personal characteristics and preferences. People's views were recorded and where required adjustments made to ensure care was tailored to meet their needs.

Continuous learning and improving care; Working in partnership with others

- People and their relatives told us they felt confident that the service would act if they suggested an area for improving care.
- The registered manager was passionate about enabling people to live their best lives. They spoke with enthusiasm about the service model, supporting people holistically with their daily lives, health and where required personal cares, in a homely environment with a dedicated staff team.
- The service had good partnership links with stakeholders including other health professionals for the benefit of people who stayed there. For example, input was available to maintain people's health and wellbeing as required.