

Millsted Care Ltd

# Millsted Support

## 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

### About the service

Millsted Support is a service which provides personal care to people living in a supported living setting. The service provides care to people with a learning disability or autistic people. At the time of our inspection, 4 people (all male) were receiving care from the service. Everyone lived together in one home.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support:

People's independence was promoted and people were able make decision about how they wished to receive their care.

People were being given the opportunity go out and to participate in activities of their choice.

People were respected by staff who engaged with them well and helped to ensure their privacy was upheld.

Staff followed safe systems in relation to a person's medicines. They also followed infection control processes such as using gloves and masks when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care:

People received care in a kind and respectful way by staff who knew people. Staff knew, how to communicate with people and how they liked their care to be provided.

People were supported to make their own decision around the care they received as well as the food they ate. Where people could prepare their own meals, they were supported to do so.

People were protected from possible abuse. People said they felt safe with staff and staff were trained in how to recognise abuse. Staff also knew of risks related to people and followed guidance to help people remain safe.

People were cared for by a sufficient number of staff who had received training in their role and were supported by management.

#### Right Culture:

Improvements had been made since our last inspection. People, relatives and staff all felt a positive shift in the service. They described the service as one that focused on a person as an individual and gave people the opportunity to decide how they wished to spend their time.

People, staff and relatives were involved in the running of the service. Management was approachable and willing to listen. Staff worked with external agencies to provide effective and appropriate care to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published March 2022).

We found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a lack of management oversight and governance arrangements in place. We also found the provider was in breach of Regulation 18 Registration Regulations 2009, as they had not submitted notifications of accidents or safeguarding concerns to CQC which is a requirement of registration.

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 these regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Millsted Support

## 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

This inspection was carried out by 2 inspectors.

#### Service and service type

This service provides care and support to people living in 1 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection started on 5 July 2023 and finished on 6 July 2023. We visited the head office and supported living service on 6 July 2023.

### What we did before the inspection

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 reviewed the information we held about this service. This included statutory notifications in relation to accidents, incidents or any safeguarding concerns.

### During the inspection

We spoke with 5 staff which included the registered manager, the provider's director of care services and 3 care staff. We spoke with 1 person who used the service as some people were out or were unable to communicate with us verbally.

We reviewed the care plans for 4 people in varying detail, looked at medicine records and 3 staff recruitment files. We looked at information in relation to the running of the service such as audits, training details, surveys and staff meeting minutes.

On the day before our site visit, we spoke with 3 relatives to obtain their feedback about the care their family member received.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At our last inspection we found staff were not always following guidance in place for people in relation to any potential risks. At this inspection, the documentation in relation to people's risks had improved as well as staff knowledge. This meant people were kept safe from avoidable harm by staff.
- Where people were at risk of choking, they were being provided with food and drink prepared in an appropriate way and staff had received training in its preparation. A staff member told us, "We have to cut his food into small pieces."
- Staff were able to tell us they needed to walk with someone when they used the stairs. This was in line with the person's care plan and risk assessment.

### Using medicines safely

- People received the medicines they required in a safe way, as improvements had been made to systems since our last inspection where we found gaps in people's medicine administration records (MARs).
- People's MARs seen at this inspection showed that staff had signed each time a person had received their medicine.
- People who required as and when medicines had protocols in place to indicate why they may need the medicine.
- Only suitably skilled staff administered medicines as staff were training in medicines management and had their competency assessed.
- The registered manager worked in line with the STOMP project to help reduce unnecessary medicines to people. One person had already had a particular medicine reduced.

### Systems and processes to safeguard people from the risk of abuse

- People were helped to stay safe and free from abuse as staff were trained in how to recognise and report abuse. A relative told us, "He feels safe with staff. If he wasn't happy, I'd notice."
- Appropriate referrals of potential concerns had been made to the relevant authorities and the registered manager worked with the authorities to carry out investigations.
- Staff had a good knowledge on safeguarding. A staff member said, "We need to safeguard everything. We need to make sure people are protected from abuse like finance, mental or physical."

### Staffing and recruitment

- There was a sufficient number and consistent staff team to care for people and to help ensure that they were able to go out each day or attend activities. One person told us, "It's the same staff." A relative said, "There are always 2 or 3 staff."

- Some people had been funded for one-to-one care hours and the registered manager was reviewing each person's requirements to help ensure they had sufficient one to one hours for their needs.
- Staff were recruited through a robust recruitment process which included providing a full work history, references, their fitness to do the job and their right to work in the UK. Each prospective staff member had a Disclosure and Barring Service (DBS) check prior to commencing at the service. DBS checks ensure staff are suitable to work in this type of service.

#### Preventing and controlling infection

- People were cared for by staff who followed infection control procedures as staff had received training in infection control.
- Staff said they had access to personal protective equipment and a relative told us they had seen staff using gloves when needed. A staff member said, "We have got gloves, masks and aprons when we support with personal care."

#### Learning lessons when things go wrong

- The registered manager took steps to reduce the reoccurrence of accidents and incidents. This included establishing better reporting processes for staff when they had concerns about a person.
- One person had moved to another of the provider's supported living services when staff had identified they were not settled where they were living. As such, since their move, their demeanour had changed and they were much happier. This was confirmed by their relative.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, we found the provider in breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 as the correct processes were not in place to restrict a person's liberty. At this inspection, we found improvements had been made and the registered provider was no longer in breach of this regulation.

- Staff's understanding of the principles of the MCA had improved and they had applied these principles to assess a person's capacity for a particular decision. Where one person was identified as lacking capacity a community DoLS had been applied for.
- Management was continuing to review each person's capacity in line with the MCA to ensure that no one was being restricted unnecessarily. We were told, "We carried out a full audit and have started to have conversations around people's consent and when to flag when something needs to be done around the MCA."

Staff support: induction, training, skills and experience

- People received care from staff who had gone through an induction period and were provided with appropriate training for their role. A staff member said, "If someone makes a small error, we get extra

training to improve."

- Staff received a wide range of training modules, from infection control to health and safety and safeguarding adults. Staff had been trained in people with a learning disability and the Oliver McGowan learning disability training (the government's preferred and recommended training for health and social care staff) had been provided to managers and was being rolled out to care staff.
- Staff had the opportunity to meet with their line manager on a regular basis to discuss their role, any concerns or training requirements. Staff said they found these supervision sessions useful.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given enough to eat and drink and were supported to develop their own menu plan. A relative said, "He likes his food." A staff member told us, "We have a menu chart. [Person's name] will show us if he needs more."
- People were enabled to make their own food or meals. A staff member said, "People prepare their lunch and dinner."
- Where people were on a modified diet this was recorded in their care plan and staff had a good knowledge of people's individual needs. Staff were able to tell us about 1 person who had their food in a particular consistency.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported to access healthcare professional input to help prevent hospital admission and to support people to remain well.
- There was evidence in people's care plans of liaison with professionals such as the GP, dietician and speech and language therapy team. One person said their feet were dry. They had been seen by the doctor and staff applied the prescribed cream daily.
- Staff worked towards providing effective care. They told us they tried to match staff with people's interests. The registered manager said, "If staff have an interest in computers, I will schedule them to support [person's name]."
- People's needs were assessed prior to them receiving care from the service. Where one person moved from another of the provider's supported living services, staff took time to ensure their transition between services was smooth and that where they were moving to was more appropriate for them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect. One person told us, "They (staff) are kind and they help me out." A staff member said, "If I need to support [person's name] with a shower, I need to explain to him and encourage him as he will take a long time to accept."
- People received kind care from staff. A relative told us, "Staff are quite good and caring." A staff member said, "[Person's name] sometimes gets frustrated and cries or makes sounds. We talk to him and make him calm down. If he is telling us he wants something, if it is possible, then we do that."
- Staff felt they had seen improvement in the service since our last inspection. We were told, "People are happier. They are not bored." Relative's confirmed this, telling us, "He is getting what he requires and he seems happier" and, "He is really happy. Staff talk to him. They support him to do what he is capable of doing."
- People had good relationships with staff as we observed a relaxed atmosphere in the service and it was clear people were comfortable in staffs presence.

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

- People were supported to make their own day-to-day decisions. One person told us it was soon to be their birthday and they could choose how they wished to spend their day. They said, "I will go dancing and karaoke. I like to go to the library and I like computers."
- Staff said they gave people choice in order to help them feel in control of their lives. A staff member said, "We give people choice for food and activities. People can eat at any time. They sometimes prefer to eat together, but not always. It's dependant on what they are doing."

Respecting and promoting people's privacy, dignity and independence

- People privacy was respected by staff. A staff member told us, "If we are giving personal care, we close the door and curtains. We make sure they are getting proper privacy."
- People's independence was promoted. A relative told us, "They (staff) encourage him to be independent." A staff member said, "We encourage him to prepare (his own) coffee. We need to remind him not to use cold water, but he can do it himself." Management told us, "We have been working on changing the culture of staff to support people with things, rather than doing things for them."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

- At our last inspection, people were not being supported to live independent lives. Improvements had been made and people were being given more opportunities on a day-to-day basis. A relative said, "He had never been on a bus, but he goes on a bus now."
- People confirmed they were given choice and staff supported them to do things. One person said, "Staff help me with the things I want to do." A relative told us, "They are very good at getting him out quite a bit. He goes to the day centre."
- People were supported to learn daily life skills. One person said, "Sometimes I do washing up and laundry." A relative told us, "They (staff) encourage his independence and they are working with him on daily skills."
- Staff told us how they supported people in an individual way. They said, "We ask people for their choices. We know [person's name] likes football. If relatives ask to meet people in a coffee shop or out for lunch, we take them" and, "We used to have a barber come in to cut hair. Now they all go to the barbers."
- People received care from staff who knew them and because of the information in people's care plans, were able to provide care in line with the person's wishes and needs. A relative told us, "They know him. They have got used to him and they tend to notice things."
- Staff supported people to set goals to work towards. For example, a staff member told us, "[Person's name] would like to try horse riding, so we have added that into an action plan for the care plan."
- There was good background information on people as well as detail around their likes and dislikes. All of this helped staff to get to know each person as an individual. People's care plans contained personalised information about the person.
- Some people had advanced care plans in place (this is when a person had discussed with staff their wishes for the future). One person's recorded the music they would like and the type of (funeral) service they wished. Other people had chosen not to discuss their future with staff at present.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had a good understanding of people's individual ways of communicating. They told us, "For [person's name] we show pictures and he will touch the things to show what he likes" and, "[Person's name] needs small sentences where we speak slowly and then he can understand."
- Weekly meetings were held with people to help support them to express their views in the care they received. Meeting minutes were recorded in pictorial format to help people understand what had been discussed.

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

- There was a complaints procedure in place and management took any complaints received seriously. A complaints log was held so the registered manager had good oversight of complaints. We read complaints had been responded to promptly and appropriately.
- The service had received compliments. These included a relative commenting, '[Relative] said he is the happiest he has ever been'.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed 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; Continuous learning and improving care

At our last inspection we found senior management did not have robust oversight of the service or look for ways to improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the registered provider was no longer in breach of this regulation.

- A new auditing system had been developed since we last visited the service. This enabled managers and staff to monitor the quality of care that was being provided to people. The registered manager told us, "The staff will do audits once a month themselves, then I oversee them and [the director of care services] will look over them all. He will come out and do checks like CQC."
- Other elements of the service had improved and were continuing to improve. The registered manager said, "I had training on the [electronic care planning system] and realised it was not being used to its full capacity." The director of care services confirmed this, telling us, "We met with the developers and have worked through the changes we want to make to use it in the way it should be. More work needs to be done to make it more proficient."
- Relatives were happy with the care provided to their family member. One relative told us, "It is absolutely fine. There is a great manager and a good team of people. He (family member) is doing things and he is really happy."
- Senior management told us the everyone had worked hard to improve the service since our last inspection. They said, "We were candid about what had gone on. The new registered manager has been absolutely fantastic. The whole staff team has changed. People are now being given choice."

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

At our last inspection we found statutory notifications had not been submitted to CQC when care had not gone to plan. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found improvements had been made and the registered provider was no longer in breach of this regulation.

- Since our last inspection, the registered provider and registered manager had submitted notifications in

line with their requirements of registration. We had been told of accidents and incidents resulting in an injury as well as safeguarding concerns.

- The registered provider had apologised to people and relatives when care had not gone to plan. Particularly when there had been concerns around the safe care of people.

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

- The registered manager was working with people and staff to promote a more positive culture within the service.
- People were being given more opportunities and chances to go out and to do things they preferred since our last inspection. Relatives had seen an improvement. One relative told us, "The atmosphere is good." A second said, "[Management] takes a great interest. He (family member) looks well and seems to be happy now."
- People were able to participate in the running of the service through regular 'house' meetings where they could bring suggestions of outings and activities.
- Staff had seen a change in the service. They told us, "We are still trying to improve, but we see people as our family members. We do things together."
- Staff surveys had been held and the results were being collated. Ten responses had been received so far. Staff had commented they felt generally positive about teamwork and training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives felt involved in the service and said management were good at communicating with them. One relative told us, "I can talk to [registered manager] about anything."
- Staff were happy working at the service and felt supported by management. A staff member said, "[Registered manager] is just awesome. I have worked in different sectors and she is trying her maximum to improve. She is approachable too."
- Staff were supported through supervision as well as regular staff meetings. A staff member said, "I have a monthly one to one. We discuss how we can improve the care. We have monthly staff meetings. We plan for the next months' activities and what we can do to improve."
- Senior management met on a regular basis to discuss the day to day running of the service as well as improvements.
- Management worked closely with external professionals and authorities. Such as the GP, community nurse, psychiatrist and learning disability team.