

# Milewood Healthcare Ltd

# Vincent House

## 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

We inspected Vincent House on 17 December 2018 and 15 January 2019. The inspection was announced. When we last inspected the service in February 2017 we found the provider was meeting the legal requirements in the areas that we looked at and rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Vincent House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Vincent House is a large terraced house which is registered to accommodate a maximum number of six people with a learning disability. There is a dedicated male and female unit, each with three en-suite bedrooms. At the time of the inspection there were four people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring.

Medicines were managed safely with an effective system in place. Staff competencies around administering medicines were regularly checked.

The home was clean and tidy and communal areas were well maintained. Appropriate personal protective equipment and hand washing facilities were available. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

There were enough staff employed and on duty to meet people's needs. We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

People were supported by a team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place.

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

Staff were aware of people's nutritional needs and people were protected from the risk of poor nutrition. Care records contained evidence of people being supported during visits to and from external health care specialists.

People told us staff were kind and caring. Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People had access to a range of activities. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager, senior staff and nominated individual, to monitor and improve the quality of the service. Feedback was sought from people who used the service through meetings and surveys. This information was analysed and action plans produced when needed.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Vincent 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 was 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 comprehensive inspection took place on 17 December 2018 and 15 January 2019 and was announced. We gave the provider short notice that we would be visiting. We did this because the service is a small care home and people are often out during the day. We wanted to make sure someone was in when we arrived at the service. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted commissioners and other health and social care professionals who worked with the service to gain their views of the care provided by Vincent House.

Due to technical problems, the provider was not able to complete a Provider Information Return. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection we reviewed a range of records. This included one person's care records and the medicine records of two people. We also looked at three staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with the registered manager, deputy manager, a senior support worker, two support workers and the nominated individual. The nominated individual has overall responsibility for supervising the management of the service. We spoke with all four people who used the service and we spent time

observing staff interactions with people throughout the inspection.

# Is the service safe?

## Our findings

People told us the service was safe. One person told us, "I do feel safe." They told us it was their choice to have an audio monitor in their room so staff could hear them as they were at risk of falling. They told us they felt reassured and safer with this monitor in place and they could turn this off at any time to ensure their privacy was maintained.

We looked at records which confirmed that health and safety checks of the building and equipment were carried out. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw documentation and certificates to show that relevant checks had been carried out on emergency lighting and the fire alarm.

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff understood the policies and how to follow them. Staff were confident the provider would respond to any concerns raised.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. Staffing levels were flexible around the needs of people who used the service. During the inspection we saw staff had a calm approach and responded to people's needs in a timely manner. However, we did note that some people were funded for one to one time with staff but the staff member providing this support was not identified on the duty rota. We pointed this out to the registered manager who told us they would take action to address this.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as going out into the community and falls. This meant staff had the written guidance they needed to help people to keep safe.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked.

The home was clean and tidy and communal areas were well maintained. Appropriate personal protective equipment and hand washing facilities were available. Staff had access to equipment to maintain good food hygiene practices. Cleaning responsibilities were allocated to staff each day and checks were carried out.

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt to reduce the risk of reoccurrence. There were plans in place for emergency situations. For example, what to do in the event of a fire and each person had a personal emergency evacuation plan. This meant staff had the information they needed to ensure people were safely evacuated in an emergency.

# Is the service effective?

## Our findings

People told us staff provided a good quality of care from well trained staff. One person told us, "[Registered manager] has trained staff well."

Before using the service an assessment of people's needs was completed. This was to ensure their needs could be met and the correct equipment was available to ensure people's safety and comfort. People were invited to spend time at the service to see whether they would like to stay there before moving in.

Care staff were well supported in their role as the registered manager ensured staff received regular supervision and an annual appraisal. Supervisions provided staff with the opportunity to discuss any concerns or training needs. Staff told us they felt well supported by the registered manager and deputy manager. Comments included, "[Registered manager and deputy manager] are very supportive" and "It is a good place to work as everyone is so supportive and the training is very good."

New staff completed an induction to the service and shadowed more senior staff to get to know people and their needs. The provider had a programme of training and staff were supported to further their own development. The training chart showed staff were up to date with their training. One staff member told us, "I have just done training in schizophrenia and it was really good. I did some more research afterwards."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions. Mental capacity assessments and best interest decision were available within care records we looked at during the inspection.

The menus provided a varied selection of meals and choice and people could choose what they wanted to eat. Staff supported people to make healthy choices and ensured there was a plentiful supply of fruit and vegetables included in this.

People had access to the healthcare services they required and staff were knowledgeable about people's healthcare needs. For example, they knew how to recognise when a person was mentally or physically unwell. Staff requested healthcare support when this was needed and followed the advice given.

The premises and environment was comfortable and homely in style. People's bedrooms were individually furnished and decorated. Some areas of the service needed redecoration. However, the registered manager was aware of this and told us painting and decorating was an ongoing process.



## Is the service caring?

### Our findings

People were treated with kindness and compassion. One person told us the registered manager was, "simply the best." Another person said, "All of them [staff] are nice."

Staff knew people well. For example, they knew about people's preferences, what was important to people and how to motivate them in their day to day lives. Staff showed concern about people's wellbeing and responded to their needs. They knew about the things people found upsetting or may trigger anxiety. We observed relationships between staff and people to be friendly and positive.

Staff were well organised and communicated effectively with each other and people. Staff spoke positively about the caring relationships which had developed between them and people who used the service.

Observations throughout the inspection showed staff were caring and respected people's privacy. Staff were polite, friendly and caring in their approach to people. Staff were patient when speaking with people and took time to make sure they understood what was being said. Staff were appropriately affectionate with people and this brought comfort and reassurance for people.

An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. Staff understood people's right to be treated with respect and dignity and to be able to express how they were feeling. Staff told us how they would knock on people's doors before going into their room and how they made sure any conversations about people's health and wellbeing took place with people in private.

Information on advocacy was available for anyone who required this. At the time of the inspection there was one person who used the advocacy service.

## Is the service responsive?

### Our findings

The service was person-centred and delivered support in a way that met people's individual needs. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. People spoke positively about the activities and outings they took part in and told us they had an active social life. Comments included, "I like darts" and "I like to go to bingo and the arcade. I like to go out and have coffee and a cake."

The provider held regular social events for people from different services in the organisation to take part in. One person who used the service proudly showed us a trophy they had received for a football event. People from all the provider's services had come together for a Christmas party and people told us they had enjoyed a buffet, disco and dancing.

At the time of the inspection one person had chosen to celebrate their birthday and with the help of staff were organising a party at a nearby pub. They told us they had invited all people who used the service and staff. A disco had been arranged and they were organising room decorations and food.

People were involved in making choices about the care and support they received. Care records showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's daily living skills, personal care and behaviour that was challenging. People said communication with staff was good, and that staff responded quickly to any changes people wanted in their support.

The provider had a complaints procedure that was also available in an easy read and picture format so that people could understand what they needed to do to raise a concern. People told us they would speak to the registered manager if they had any concerns. There have not been any complaints raised since we last inspected the service.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment.

## Is the service well-led?

### Our findings

The service 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also responsible for the management of three other nearby care homes owned by the provider. They had been registered manager at Vincent House since April 2014. In addition, deputy managers were appointed to support the registered manager in the effective running of services.

People spoke positively about the registered manager. Comments included, "[Registered manager] is nice" and "[Registered manager] will do anything to help you."

Staff spoke very positively about the culture, values and leadership of the service. One member of staff said, "I really like working here. [Registered manager] is really approachable. This is a good company to work for."

The registered manager and other senior staff carried out quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included regular checks of care plans, health and safety and medicines. Records confirmed that where audits identified issues action was quickly taken to address them.

The nominated individual visited the service regularly and carried out quality checks to ensure the service was run in the best interest of people who used the service.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service.

Meetings for people who used the service took place regularly with discussions about activities, raising concerns, the home environment and meal choices.

Annual surveys were sent to people and staff to seek views on the service provided. We looked at the result of both surveys which were positive.

The registered manager and staff had developed good links with people in the local community. People regularly visited the local pub, shops and cafés. The registered manager and staff had formed good working partnerships with all those professionals involved in people's care.

The registered manager understood their role and responsibilities, and could describe the notifications they were required to make to the Care Quality Commission and these had been received where needed.

