

Aspire Healthcare Limited

Milton Lodge

Inspection report

23-24 Esplanade
Whitley Bay
Tyne and Wear
NE26 2AJ

Tel: 01912533730

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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

This inspection took place on 27 February and 7 March 2017 and was unannounced.

A previous inspection undertaken in January 2016 found breaches of Regulation 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in connection with maintenance of the premises and furnishings and unsuitable quality assurance systems.

After the inspection, the provider sent us an action plan to show how they would rectify these concerns and we returned to follow these up and check all regulations were now being met. We found the provider had made improvements to meet the Regulations.

Milton Lodge is registered to provide accommodation for up to 13 people who have a learning disability or mental health diagnosis. Some people may have come to the service from a hospital environment where they had been cared for under the Mental Health Act (MHA) 1983. At the time of the inspection there were 10 people living at the service with one vacancy to be filled in the coming few weeks.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received training in the safeguarding of vulnerable adults and were aware of what to do in the event of concerns. Suitable recruitment practices were in place for staff working with vulnerable adults and the provider ensured enough staff were available to meet the needs of the people who lived at Milton Lodge.

There were arrangements in place to manage the premises and equipment. Where any maintenance issues were identified, these were dealt with. Fire checks and drills were carried out in accordance with fire regulations.

Medicines were managed adequately and staff had received suitable training to support them administer people's medicines in a safe manner.

Any risks had been identified and risk assessments put in place. The provider had a robust risk monitoring procedure and risk was reviewed regularly and when any issues arose. Where accidents had occurred, they were recorded and monitored by the registered manager.

People enjoyed the food available to them and confirmed this when asked. There was a range of nutritious meals and refreshments available throughout the day. We saw staff provided additional support to people with special dietary needs, for example, those with diabetes.

People were provided support to remain healthy and we saw evidence of this. Where necessary, arrangements were made for people to see GP's and other healthcare professionals when they needed to and we saw copies of letters of attendance held on people's care and support records. Healthcare professionals told us they had a good working relationship with staff at the service.

Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. We found the provider was complying with their legal requirements.

We observed that staff were kind and attentive in their interactions with people. Relatives and visiting professionals told us staff were caring and we observed that people displayed warmth and humour towards staff with whom they clearly enjoyed good relationships. The privacy and dignity of people was maintained. Advocates were used when this was required to support people.

People were asked their views of the service through regular 'resident' meetings and by completion of a survey used to gather their views periodically. A complaints procedure was in place. There had been no recent complaints and people were aware of how to complain if they needed to do so.

Regular staff meetings took place and staff felt supported to be able to share their views. We were told that morale within the team was good.

The provider had improved their quality assurance systems, with regular checks being made on care records, infection control and the management of medicines for example.

The provider had displayed their rating within the service and also on their website as legally required.

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.

Redecoration had been completed with further improvements planned. New furniture had been purchased.

Medicines were managed safely.

Staff understood safeguarding procedures and knew how to protect people from abuse.

Is the service effective?

Good 

The service was effective

Staff had received suitable training and confirmed they felt supported.

The service worked within the principles of the Mental Capacity Act 2005. Applications had been made to deprive people of their liberty in line with legal requirements.

People were supported with eating and drinking if required and people we spoke with told us they had a good variety of food which they enjoyed.

Is the service caring?

Good 

The service was caring.

We observed staff to be kind, caring and attentive during our inspection. We saw staff and people interacting with warmth and humour.

The dignity of individuals was preserved and staff were sensitive to protect people's privacy.

People were supported to maintain independence and staff sought their consent prior to carrying out care tasks, including administering medicines.

Is the service responsive?

Good 

The service was responsive.

People were able to choose the activities they wanted to participate in with many spending time away from the service visiting local areas with their key worker.

Care plans were in place that were centred around individuals and reviewed regularly.

A complaints procedure was in place, however, there had been no recent complaints. People were regularly consulted about their experience of care.

Is the service well-led?

The service was well led.

The service had a registered manager in post whom was well liked by the people she cared for.

The provider had updated their procedures; audits and checks on the quality and safety of the service had improved.

Staff at the service worked well with other healthcare professionals.

Good ●

Milton Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 27 February and 7 March 2017 and was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We were also accompanied by a staff member from the National Audit Office who wished to shadow an inspection to learn more about the work of the Care Quality Commission and its value for money.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed all of the information we held about Milton Lodge, including any statutory notifications that the provider may have sent us, for example, those in connection with specific incidents at the service. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009.

During the inspection we spoke with a social worker and a trainee social worker.

We spoke at varying lengths with seven people who used the service and one relative. We spoke with five members of staff, which included the registered manager, one senior care and support worker and three care and support staff. The nominated individual who is a representative from the provider organisation also attended part of the inspection and we were able to speak with them about a variety of issues, including leadership and governance. We reviewed a range of care records and the records which are kept regarding the management of the service. This included looking at four people's care records in depth. We also looked at three staff recruitment, training and development records.

Is the service safe?

Our findings

At the last inspection we found areas of concern with refurbishment of the building and replacement of worn furnishings. We found the provider had completed the outstanding work, and had purchased replacement furniture and new carpets in parts of the building. People told us they were happy with the environment. One person told us, "It's [bedroom] been decorated recently and had a new carpet because there was a burst pipe in the room." Another person showed us their bedroom and explained it had been decorated recently. We saw other bedrooms which had received a makeover.

People told us they felt safe and one person said that since they had lived at Milton Lodge, they felt the safest they had ever been. People had keys to their own bedrooms which meant they could keep them locked in order to secure their personal property. A family member told us, "I am sure they [all people] are safe living there....why wouldn't they be ...there's enough staff." The provider had recently fitted new door entry systems which meant that people were secure and uninvited visitors were not able to gain entry.

Staff demonstrated a good understanding of safeguarding and whistleblowing procedures. People told us they felt safe living at the service and when staff supported them with their care. There was a safeguarding policy in place and the staff followed the local authority safeguarding procedures with regards to reporting suspicion or allegations of abuse. Staff had undertaken a safeguarding of vulnerable adults training course and completed a safeguarding self assessment toolkit in February. Through discussions with us, they demonstrated an understanding of their responsibilities towards protecting people from harm.

People told us they received their medicines safely. One person said, "The staff see to all my medicines. They keep them safe in here [medicines room] for me and make sure I get them on time....never had a problem with them." We observed medicines being administered during the inspection and found that staff followed safe working practices and respected people's rights during the process. We were able to confirm from records that staff had received suitable medicines training. Medicines were stored correctly in cool, clean and secure environments. Staff were mindful of locking medicines cupboards when they were finished supporting people. Medicines that were no longer required, for example refused or accidentally damaged, were recorded and stored in a safe manner until disposed of correctly. There was currently no one who lived at the service required controlled drugs or medicines which required refrigeration. The registered manager told us that a new controlled drugs storage unit with register and refrigerator were on order and due for delivery. The registered manager was in the process of updating their 'as required' medicines information to ensure they had full details which were in line with NICE guidelines. They also confirmed that the organisations medicines policy was to be updated within the next month.

Regular maintenance checks were made within the premises to ensure that the substance of the building remained sound and that equipment was in good working order. Gas and mains electric checks had been carried out and the provider regularly maintained the fire system which included checks of the equipment, including fire alarm systems and extinguishers.

The registered manager raised regular requests for minor maintenance or repairs in the service which

needed to be addressed. These requests were followed up quickly by the provider. For example, repainting of doors leading to people's bedrooms and poor lighting in a shower room had been placed on the providers IT system and we were told that they would be completed soon. One new window which had been replaced did not have a suitable window restrictor installed. We found there were no risks posed to any person who lived at the service and the provider had a new window restrictor immediately fitted during the inspection.

One person had items stored on top of their wardrobe which we were concerned posed a risk to them. During the inspection, the registered manager informed us that the situation had been rectified and said, "If needed in future we will look at fixed wall cabinets as a means of additional storage."

The provider had compiled a fire risk assessment in line with fire authority expectations to ensure that all possible controls were in place to mitigate the risk of harm should a fire occur. The provider had also implemented recommendations from the local authority. All of the people living at the service were able to tell us about the procedures in the event of fire and that they had previously participated in fire drills. People confirmed that regular fire drills took place. One person said, "I leave by the closest door and wait outside at the front.... we have had some training in the procedures." However, one person told us, "Some residents just stay in bed [when drills take place]." All of the people at the service were mobile. We were confident from what people told us and from records viewed that the in the event of a fire occurring, that people would be able to evacuate the building themselves.

Detailed risk assessments were in place for individuals and for risk in general, for example, lone working or for pets kept at the service. These had been reviewed regularly and monitored for any changes. Actions and interventions were recorded for people who had behaviours which may have challenged the service. This included what staff should do in the event of an episode occurring, including contacting community support teams where necessary.

A food hygiene rating had been awarded to the service by the Local Authority in October 2016 and they had achieved the highest award of a five star rating. We found four food items which had been frozen, had a use by date which had just past. When we spoke with the registered manager about this, they told us that the date was not correct as it was the date the food had been purchased fresh and not when it should be used from frozen. They said they would rectify this.

The service had emergency and local contingency plans in place. These included the personal emergency evacuation plans for people in the building, which would be used to support staff and emergency services to evacuate should, for example, a fire or flood occur.

Accidents and incidents were recorded and signed off as having been dealt with correctly by the registered manager. All accidents and incidents were monitored by the registered manager who analysed them to check for any patterns or concerns.

During the inspection we did not see any issues with staff levels. One person told us, "Staff always have time to talk or go out with me." The staff we spoke with did not feel hurried in their duties and we saw them respond to people quickly. The registered manager monitored the needs of individual people which helped to decide how many staff were required on each shift. They considered aspects such as, how often people required scheduled support in the community and how many people required one to one supervision. We reviewed the staff rotas and saw that shifts were covered with the correct amount of staff.

Staff were safely recruited and robust administration procedures were in place to ensure pre-employment

vetting checks were carried out. Staff confirmed that they had supplied two references and an enhanced check with the Disclosure and Barring Service (DBS) had been completed. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role and assist them make safer recruitment decisions. We saw evidence of these completed checks in staff personnel files.

Is the service effective?

Our findings

People thought the service was effective and had made a positive impact on their lives. One person told us, "This was the greatest move I made to come here." Another person said, "I am happy that I can now make my own meals, it makes me feel confident."

At the last inspection we found staff had received adequate induction and training to enable them to meet the needs of the people they cared for and this continued. One staff member told us they were encouraged to take a level three diploma in health and social care (formerly National Vocational Qualification NVQ). They said, "The manager is giving me all the opportunities I need to complete my NVQ 3." They continued, "The manager has been very supportive of my progression." During the inspection we passed on information to the registered manager and provider about awareness training sessions regarding positive behavioural support. The provider contacted the trainer and made arrangements for this to occur in the near future. Positive behavioural support is an approach to understand people's behaviour with the overall goal of improving their quality of life and that of those around them.

We confirmed from speaking with staff and viewing records that appropriate support continued for the staff and management team, including regular supervision sessions and yearly appraisals.

Health care professionals thought that communication between staff and themselves was good at the service. One health care professional whom we spoke with told us, "I have always found the staff to be proactive with any queries or questions about people's care needs."

People received food and refreshments which met their individual requirements and needs, including for those who had a particular health need, for example, diabetes. People told us, "The food is good here, I can have what I want" and "There are soft drinks available all the time or tea and coffee."

A range of fresh, frozen and tinned food was available with a range of hot and cold drinks. People's records detailed likes and dislikes and regular meetings with staff, either individually or as a group enabled people to discuss issues around food they may have had.

One person told us they thought there was not enough food. We checked kitchen areas and observed meals served. However, we found no evidence to substantiate this claim, including when we checked menus, kitchen areas and food storage facilities.

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. The service had followed the principles of the MCA and also acted in a way to minimise the need for readmission to hospital due to people's mental health needs.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The service continued to act appropriately with three DoLS applications having been sent to the local authority which were awaiting authorisation.

The service had previously been involved with an Independent Mental Capacity Advocate to support one person at the service. An IMCA is a type of statutory advocate introduced by the Mental Capacity Act 2005 (the Act). The Act gives some people who lack capacity a right to receive support from an IMCA. This enabled the person to receive additional support from a dedicated mental health professional.

People were supported to remain healthy. One staff member told us one person was going for two hour walks regularly to help them lose weight and keep fit. People were also supported to access health care professionals, including GP's, opticians, psychiatrists and dentists and they confirmed this. One person told us, "I get out a lot, I have heart problems and I am booked into the Freeman Hospital in March... the staff look out for me." Another person told us, "I see the doctor or the psychiatrist when I need to and we have occasional meetings." We saw one person had recently attended an optician and received new glasses and another had attended their GP for blood tests.

Is the service caring?

Our findings

People said that the staff team were funny, caring and kind. Comments included, "I love it here, I get on with all the staff and I have a laugh with them"; "The staff go out of their way to help"; "They [all staff] are canny [nice]"; "I always have a good laugh and crack [talk] with the boss [registered manager]...she is good as gold" and "Some of us can work our ticket [moments of poor behaviour], but the staff just seem to know how to manage us...they are good really." Healthcare professionals we spoke with thought the staff team were caring in their approach. One told us, "I would say they are caring here, yes...never had any cause to think otherwise." The relative we spoke with felt that staff showed a caring nature through their interactions with them.

A healthcare professional told us that staff supported people to keep in contact with their family if that was important to them, including visits supported by a staff member to see parents.

Staff showed kindness to people at special times of the year. For example, one person told us that staff had bought all the people who lived at Milton Lodge a present for Christmas.

People had personalised their bedrooms. We saw pieces of furniture, pictures and other items were on display in many of the bedrooms, and people had chosen items personal to them. One person told us how they enjoyed collecting DVD's and we saw they had a large collection.

During meals we observed a good rapport between staff and the people who lived at the service. A caring, empowering approach was being adopted by staff. Staff knocked on people's bedroom doors before waiting for approval before entering in order to maintain people's privacy.

People told us the staff treated them with dignity and respect. One person told us, "They [staff] don't look down on you." Another person told us they were assisted to be as independent as possible, but if they needed assistance they said, "They [staff] will help where they can. We observed staff interact in a kind and caring way with people throughout the inspection. We heard one member of staff compliment a person after they had just had a shower and their hair washed and the person seemed pleased with the positive remark. Staff knew people's likes and dislikes and care and support records reflected this. Staff interactions with people showed they knew them well and that they cared about their well-being.

People were supported to be fully involved in decisions about their care and support needs. People and records confirmed this. Each person met regularly with their key worker in order to review their individual needs and set targets around agreed outcomes the person had agreed. Information was available to staff which confirmed which relatives or other significant people were important to each individual, including for example, mothers, care managers or friends. This meant that the service had information which could be used to ensure that relevant people were involved in the on-going care and support provided to individuals.

Information to support people and their families was available. For example, complaints procedures, meeting dates and general provider information. Information was available on advocacy services. Records

confirmed that an advocate had been used for one person. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

People were encouraged to remain as independent as possible. One person told us, "I do my own laundry here, there is a washing machine and a dryer.... I change the bed each week." Another person said, "I feel more independent and confident here."

Is the service responsive?

Our findings

People said they were fully involved with their care planning and review. People had key workers who were dedicated staff assigned to individuals. Key workers ensured care records were kept up to date and reviewed regularly. One person confirmed this and said, "We [key worker and person] are reviewing my care plan at the moment." They went on to say they felt fully engaged with the process. One person told us that the registered manager had previously responded positively and arranged for a particular mattress to be made available to support their health needs.

People confirmed that before they agreed to move into the service, they were able to visit. People told us they were asked for a range of information about themselves to support the staff in providing personalised care tailored to them individually. One person told us, "I remember being asked all sorts of things...they needed to find out about me I suppose."

People's care and support records were tailored specifically to them. Records included general information about each person, including GP and next of kin details. More detailed information on people's assessed needs and the outcomes they wished to achieve, including for example, holidays or specific days out were recorded and regularly reviewed to monitor people's progression; particularly towards goals which were important to them. One healthcare professional told us that staff supported people with goals which were important to them and confirmed that one person they worked with was planning a holiday this year.

One person told us they could speak with a range of staff if they felt they needed additional support. They told us, "If I have a problem I can talk to my key worker or the manager..... I can even talk to staff in other homes in the company if I want to." It was noted that the provider had a number of services in close proximity to Milton Lodge.

Staff were aware of changes in an individual's personality and were alert to signs that possibly meant additional support or intervention was required. One staff member said, "I would be able to notice if one of the resident's is not well. I am able to spot the warning signs from the residents when they are having problems." One resident was able to confirm this statement and said, "Other resident's wind me up and the staff step in."

Social isolation was avoided, with people being supported to maintain family connections where appropriate and to engage within the local community. People were mobile and able to participate in activities inside and outside of the service, including attending a local garden allotment, visiting shops or attending the cinema or theatre. One person told us, "There are quiz nights...not all the residents want to join in. I play chess and other games on my tablet." Another person said, "I walk for a few miles every day, someone will come with me... I play on my computer or watch TV. I always have things to do." One person said they passed the time by going to the local library, while another told us they enjoyed shopping and going fishing. A further person explained they were hoping to go to a local team's football match. They said, "One of the staff will go with me, and I know the manager will get the tickets for me."

People had the option to arrange and go on holidays. One person told us they were planning a holiday in Scotland this year and also planning a holiday for 2018. Another person was planning a holiday to Lincolnshire and a staff member was going with them.

People had a choice. We saw, and people confirmed that they were able to choose what items they had in their bedrooms, what they had to eat, how they dressed and what they chose to do during the day. One person said, "I like the choice of food.....it's okay." Another person confirmed that they were able to get up and go to bed when they wished and said, "If I could not go to bed when I wanted, I would tell them."

People told us they knew how to complain if they needed to. We looked at the complaints record and found no complaints had been made since the last inspection. Historic complaints had been dealt with appropriately with staff following the provider's complaints procedure fully.

Is the service well-led?

Our findings

At the last inspection there were concerns with quality assurance systems and we found a breach of Regulation 17 in relation to good governance. For example, the provider did not have robust procedures in place to monitor infection control and had not acted on requests for maintenance or replacement furnishings. We found the provider had implemented a new infection control audit and all the issues which we had found with maintenance and replacement furniture had been addressed.

At the time of the inspection there was a registered manager employed at the service. They had worked at the service since 2003 under a different provider prior to the current registration. They were available throughout the inspection to offer support to the inspection team.

The people we spoke with were all positive and complimentary about the registered manager. One person told us that the registered manager supported them when they needed support to enable them to support their own family member. They told us, "The manager will always help me with situations arising with my [family member] health...I am their next of kin." They continued, "I have never had a manager as kind as [registered manager's name]."

Healthcare professionals told us that the registered manager and staff worked well with them to help provide the best possible support for the people who they cared for. One social worker said, "I have no doubt that all the staff do their very best for the people who live here. I have personally got a good relationship with them all."

Regular audits and checks were completed by the registered manager and the provider's quality assurance officer. Checks included, for example, those in connection with people's care and support plans, medicines management, infection control and the maintenance of the building which was covered via health and safety checks. All quality assurance checks were now entered onto the providers updated IT system which meant improved monitoring by the provider. We saw that where issues had been identified, actions had been taken. For example, the registered manager had written about issues with the water system in one person's bedroom and we saw that this had been addressed.

The registered manager told us when mistakes were identified they ensured the staff member was made aware of the mistake and how they could improve. They told us that if required, they addressed the mistakes with all of the staff during team meetings in order to ensure people's safety was not placed at risk by staff committing the same mistake again.

Records showed staff meetings were held regularly. Notes from meetings showed issues such as staff vacancies, pensions, audits, holidays, activities, quality of food and training were all discussed. When speaking with staff it was clear they understood their roles and the level of care and support they were expected to provide. Staff told us they worked together as a team and were committed to provide good quality care. Staff confirmed that morale was good throughout the team and they all felt supported.

Meeting for 'residents' were held on average every couple of months. We viewed previous recorded meeting minutes and saw that the earlier meeting actions were reviewed and agreed. Discussions included conversations regarding menus, holidays people wished to take, issues with people getting up in the middle of the night and people being noisy from time to time. We noted that an evening activity had been agreed to be organised and was to take place later in March. People who did not wish to attend the meeting were met with by staff and had the opportunity to make comment on the discussions which had taken place. We saw one person had agreed with some food choices made and confirmed they would attend the next meeting.

Recent satisfaction surveys completed by the people living at the service showed they were positive about the care and support provided. People confirmed they thought the service was good and provided them with quality care and support. One person told us, "I can be a pain sometimes, but they [staff and registered manager] have helped me a lot....cannot complain really."

The provider had displayed their CQC ratings on their website and in Milton Lodge as they were legally required to do. This meant that people and relatives could see how well the service had performed against the assessed criteria.

We noticed on the provider's website that a small amount of information in connection with their quality assurance and also information relating to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was incorrect. We discussed this with the registered manager and said she would contact the provider to have them update this information.