

Albany Farm Care (Havant) Limited

Milton House

Inspection report

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Date of inspection visit:
22 March 2018

Date of publication:
01 May 2018

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

Milton House is a 'care home'. People in care homes receive accommodation and 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.

This inspection took place on 22 March 2018 and was unannounced. This was the first inspection of the service following its registration in April 2017.

Milton House provides personal care and accommodation for up to six adults with complex learning disabilities and mental health illness. Some people were also living with sensory issues, physical disabilities and behaviours that may cause harm to themselves or others. At the time of our inspection there were three people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support CQC policy 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. This service had been adapted to suit the individual complex needs of the people who lived there.

People living at the service were not socially excluded due to their behaviours because they were enabled to live their chosen lifestyles with intensive specialised care from staff. People had moved to this service within the last year from other services.

The building was spacious and airy and has been designed with input from behaviour support specialists to meet individual needs. The service had a communal kitchen, dining/lounge room and secure garden.

There was a registered manager in place. 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.

People were safeguarded from avoidable harm. Staff adhered to safeguarding adults procedures and reported any concerns to their manager and the local authority.

Staff assessed managed and reduced risks to people's safety at the service and in the community. There were sufficient staff on duty to meet people's needs. Staff understood and practiced the principals of Positive Behavioural Support (PBS). A method of supporting people who display, or are at risk of displaying, behaviour which challenges.

Staff were able to recognise that harmful behaviours were also a form of communication.

The provider gave people the opportunity to share their views by training staff to understand people's communication styles, using objects of reference and collecting detailed data about people's moods, facial expressions and body language.

Safe medicines management was followed and people received their medicines as prescribed. Staff protected people from the risk of infection and followed procedures to prevent and control the spread of infections.

Staff completed regular refresher training to ensure their knowledge and skills stayed in line with good practice guidance. Staff shared knowledge with their colleagues to ensure any learning was shared throughout the team.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff liaised with other health and social care professionals and ensured people received effective, coordinated care in regards to any health needs.

Staff applied the principles of the Mental Capacity Act 2005. 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. An appropriate, environment was provided that met people's needs.

Staff treated people with kindness, respect and compassion. They were aware of people's communication methods and how they expressed themselves. Staff empowered people to make choices about their care. Staff respected people's individual differences and supported them with any religious or cultural needs. Staff supported people to maintain relationships with families. People's privacy and dignity was respected and promoted.

People received personalised care that meet their needs. Assessments were undertaken to identify people's support needs and these were regularly reviewed. Detailed care records were developed informing staff of the level of support people required and how they wanted it to be delivered. People participated in a range of activities.

A complaints process was followed to ensure any concerns raised were listened to and investigated.

The registered manager had not informed us of events that potentially impacted the safety and welfare of people at the service. This meant we had no information to enable us to monitor the safety of the service. We have made a recommendation about this.

An inclusive and open culture had been established and the provider welcomed feedback from staff, relatives and health and social care professionals in order to improve service delivery. A programme of audits and checks were in place to monitor the quality of the service and improvements were made where required.

Further information is in the detailed findings below.

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.

People were protected against abuse by staff who understood their responsibility to safeguard people. Risks associated with people's needs were assessed and action was taken to reduce these risks.

Medicines were managed safely.

The provider's recruitment process ensured appropriate checks were undertaken to check staff suitability to work with vulnerable adults.

Staffing levels were based on an assessment of people's individual care and support needs.

Systems were in place to ensure that ongoing learning took place when there were concerns.

Is the service effective?

Good 

The service was effective.

People were always asked for their permission before personal care and support was provided. Where needed people's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA).

Staff received supervisions, appraisals and training to support them to provide effective care for people.

People were supported to ensure they received adequate nutrition and hydration.

Staff worked well as a team and people were supported to maintain good health and had access to appropriate healthcare services.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were kind, caring and supported their independence.

People were involved in decisions about their care and the home.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs and responded appropriately when these changed.

People were provided with appropriate mental and physical stimulation.

There was a process in place to deal with any complaints or concerns if they were raised and this was followed.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to ensure a quality service was being provided and develop further.

Staff felt supported and confident to raise concerns with the manager who they felt would take all necessary action to address any concerns. The provider's values were clear and understood by staff.

People, their families and staff had the opportunity to become involved in developing the service.

The registered manager had not informed us of events that potentially impacted the safety and welfare of people at the service. This meant we had no information to enable us to monitor the safety of the service. We have made a recommendation about this.

Milton 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 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.

The inspection was prompted in part following the notification of concerns to us about the care and welfare of people at the service.

This inspection took place on 22 March 2018 and was unannounced. Two inspectors carried out the inspection.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

We spoke with the managing director, director of care, the registered manager and two members of staff. We also received feedback from two professionals before the inspection and spoke with one at the time of the inspection. Families were invited to send us their thoughts and experiences of the service in writing.

Due to our desire to maintain people's well-being we only interacted briefly with people living at the home. We observed interactions between staff and people using the service. We reviewed one person's care records and sampled one other person's records, plus staff records such as supervisions. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

We were not able to ask the people using the service if they felt safe due to their individual needs and well-being, but they appeared content within the home. During the inspection, we observed good interaction between staff and people using the service. Staff knew people very well and had developed a good rapport with them.

People were protected by staff who understood how each person communicated if they were in pain, anxious, upset or unhappy. We observed staff minimising the risks of harm through their understanding of and responses to individual instances of potentially harmful behaviours. Staff said, "It helps to know people's non-verbal gestures to help keep people calm, we remain positive and try to engage with them."

Risks assessments were in place for people. They contained personalised guidance for risks such as: accessing the community, absconding, becoming unwell and personal emergency and evacuation plans (PEEPs). Risks were identified through pre-assessment of an individual's medical history and care needs before they entered the service.

Staff understood how to report concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff gave us examples of the signs they would look out for that would cause them concern. For example, bruising or mood changes. Staff understood that they could blow-the whistle to care managers or others about their concerns if they needed to. (Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services). One member of staff said that they would respond to a safeguarding concern by talking to the registered manager.

The registered manager and directors told us that they refer safeguarding concerns to the local authority. However they had not notified us of these concerns, to enable us to monitor the safety of the service.

There were abuse risk assessments in place that included information on how vulnerable to abuse the person was and how to spot the signs of abuse.

Personalised care plans detailed how much support people living at the home needed for their safety, for example 'Two to one support at all times waking day, one waking night staff' and 'Hourly checks overnight.'

Some people had behaviours that were challenging to the service. Risk assessments included guidance for the staff on how to manage these behaviours. For a person at risk of harm from trying to leave the building, the care plan said 'Staff will remain on the other side of the door and outside the windows to follow up on further action if required.' Risk assessments also advised staff to phone 999 if an individual's behaviour became unmanageable. An external professional said that staff managed challenging behaviour "Extremely well."

There were sufficient staff to meet people's needs. All of the people using the service needed support from

staff in the community and most were funded for allocated one to one support, and this was scheduled in the rota. There were two waking staff at night and additional support was available on call if staff needed advice or in the event of an emergency.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

Medicines were stored appropriately in a locked cabinet. Medicines were well organised and had not expired. No medication errors were found and medication audits and risk assessments were in place. There was information on how people take their medication effectively and information about the application of creams and lotions. Hospital passports were in place to communicate people's needs to hospital staff should the person need to have a stay in hospital. This included information on how people took their medication. Some people were prescribed PRN (as required) medicines. There were protocols in place to ensure that they were given to people appropriately and only when necessary.

The premises were clean and tidy. Laundry was washed separately for different people using the service and there were appropriate gloves and gowns available for staff to help manage and prevent infection.

Safety was considered in the environment with equipment such as; alarms, a gated entrance and protective window coverings. There were planks of wood used to secure some of the windows. The managing director told us that this was a short term measure to keep a person safe whilst they were waiting for new window restrictors. Restrictors were in place on all other windows and regularly checked to protect people. Hot water temperatures were regularly checked and work was undertaken to adjust the temperature if they were above the recommended safe temperature. There were risk assessments in place in regards to the environment, for example when staff were cooking and for when people accessed sharp knives.

The home had received a five star rating from the Food Standards Agency (FSA). This is the highest rating for food hygiene standards; found on the day of the local authority's inspection.

Is the service effective?

Our findings

Staff and the registered manager knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. Throughout our visit we saw people's needs were met.

Staff told us they "Really enjoyed" working at the service and that they were "Ready to learn new things". Staff stayed up to date with good practice guidance and any changes in legislation. Staff had the knowledge and skills to undertake their role and regularly refreshed this through completion of training courses. From training records we saw staff were up to date with the provider's mandatory training and had also completed additional courses in relation to people's specific needs. This included in regards to learning disabilities, autism, and supporting people who displayed challenging behaviour. It was clear that staff had a good level of skill and training to manage people with challenging behaviours. We observed them patiently implementing safe distraction techniques, they understood how and when to escalate their interventions if needed and they ensured that everyone was kept safe.

The provider and registered manager had systems in place to support staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered manager had regular supervision meetings with staff. These meetings gave staff and their manager time to discuss the service and their work performance and training needs. A programme of staff development meetings called appraisals was in place. Staff told us that they received supervision and felt supported in their roles. This meant that staff were supported to enable them to provide effective care.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff regularly weighed people and supported them to maintain a healthy balanced diet. Staff were aware of people's dietary requirements and any risks associated with eating for example, by choking and how this risk was reduced.

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. Staff supported people to have regular reviews with their social care team and provided regular feedback to people's allocated social workers.

Each person had a health action plan which was regularly updated outlining their healthcare support needs. We saw in people's records they had attended their annual health check with their GP and also had access to other primary care services. Staff supported people to their health appointments, including any specialist appointments they required. Staff followed advice provided by healthcare professionals and kept a record of any changes in behaviour. Relatives told us staff kept them up to date with any changes in a person's health and fed back the outcome of healthcare appointments.

The Mental Capacity Act 2005 (MCA 2005) 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.

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The best interest meetings and subsequent decisions taking place in the service were recorded. However we found that in some cases people did not always have an advocate to speak on their behalf at these meetings where their future and best interests were discussed. Before the inspection had ended the registered manager had arranged for an advocate to visit the home to meet with people.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied appropriately for DoLS authorisation for those they had assessed.

Staff were aware of the need to ensure people were involved as much as possible and supported to make as many decisions as they were able to. Where possible people were asked to give their consent and this was recorded. Throughout the inspection we observed consent being sought on regularly for all activities such as where people wanted to spend their time, and what they wanted for their lunch. Staff were seen to respect people's choices. Staff had received training in the principles and operation of the Act and were able tell us about people's rights to take risks when they had capacity.

Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The manager and staff were aware of equality and diversity issues. We could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans where needed. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Is the service caring?

Our findings

The service had a vibrant atmosphere where people were encouraged to offer their views and opinions. Staff told us, "We are good in all areas but I think we are really good in caring for people."

Staff treated people with kindness, respect and compassion. Some people at the service had difficulties in communicating verbally. Staff were aware of people's communication methods and how they communicated their needs, wants and wishes. Staff were also aware of how people communicated if they were in pain and were aware of what it meant when people displayed behaviour that could challenge others.

We observed staff responding promptly to people's requests for assistance and regularly approaching people to check whether they were happy and comfortable and whether there was any assistance they required. Staff were aware of what made people happy and we observed people smiling when interacting with staff. Staff were aware of what may upset people and provided emotional support when required.

People were empowered to make as many choices as they were able to, about the care and support they received. For example going in and out of the house to spend time in the garden, we heard staff just remind people about appropriate footwear. Staff were aware of people's preferences and their daily routine. Support was provided in line with this and there was detailed information in people's care records about how they liked to be supported and what was important to them. Staff explained how they supported people to make choices.

Staff supported people to explore their preferences and supported their individual needs. For example if someone wanted to go out to the local area staff worked with the person to ascertain if transport was needed and how much money was required. This included in regards to their religion, culture and developing and maintaining relationships.

People were encouraged to maintain relationships with friends and family members. Staff regularly communicated with people's family members and always welcomed relatives to visit the service.

Staff respected people's privacy and dignity. We observed staff discreetly supporting people with their personal care and this was delivered in the privacy of their bedroom or bathroom. Staff respected people's need to spend time on their own and gave them the space to do so, whilst being available as and when people wanted company.

Informal resident meetings took place, where people could decide on activities and meals. These were recorded in daily records and handover records. Staff had handovers at shift change times, (day to night staff and vice versa) and we heard them talking to each other about changes and issues they had noticed.

The registered manager told us they were not aware of the Accessible Information Standard (AIS). However, they told us that they could produce easy read and large print versions of information for people if needed.

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.

Is the service responsive?

Our findings

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose how they spent time during the day and the activities they engaged with. Staff understood what people were saying as they could read their body language and use sign language. Staff explained that it was important for people to have choice and control over their lifestyle.

People received personalised care. Staff were well informed about people's needs. There was a stable staff team who had been at the home from when it opened. This had enabled staff get to know people and understand their needs and how they liked to be supported.

Feedback from outside professionals confirmed that staff knew people well and were able to respond to their needs. For example, one professional told us "I assessed a person whose needs were documented as challenging behaviour prior admission to Milton House. The challenging behaviour had drastically reduced after admission to Milton House." Another said, "I have recently done some work with the provider around a crisis case. I was impressed by their knowledge of the service user and the efforts they had clearly made in order to adapt their environment to meet their needs, as well as offering consistent care and support."

People's care records provided detailed information about their needs and how they were to be supported with their personal care, their physical and psychological health, finances and social needs. We saw risk management plans fed into the care planning process to ensure people remained safe whilst their needs were met. Care plans were regularly reviewed and updated in line with any changes in people's needs or health. Detailed records were kept for any specific health needs. For example, a record was kept documenting all food and fluid to ensure people received a well-balanced diet and any weight loss could be monitored.

Staff supported people to engage in activities and to try new things; such as ad hoc sessions where people choose what they wanted to do during those times. Such as riding a tricycle, which encouraged exercise as well as getting someone outside.

A complaints process was in place. Staff were able to describe the behaviour people showed if they were upset or unhappy and told us they would support the person to explore what was upsetting them so it could be addressed. Staff said they felt comfortable speaking to the registered manager if they had any concerns or wished to raise a complaint and were confident that any concerns raised would be taken seriously and appropriately dealt with. There had been no complaints since the service was registered.

We discussed end of life care with the registered manager as this had not been included in the current care plans. They said this would be reviewed when the care plans were reviewed.

Is the service well-led?

Our findings

A registered manager was in post, they had been at the service since its registration in 2017. One staff member told us "They are really supportive and hands on."

The registered manager and staff were able to clearly demonstrate the provider's values and vision. Staff confirmed they were always seeking to improve the quality of care provided. Care was delivered in a person centred way, ensuring people were at the forefront.

The registered manager had not informed us of events that potentially impacted the safety and welfare of people at the service. This meant we had no information to enable us to monitor the safety of the service. We have made a recommendation about this. For example, we were not made aware of the safeguarding referrals that had been made to the local safeguarding team. We had not been made aware of the concerns about behaviour's that had taken place at the service, the damage to the property, the effect on staff, staff injuries and the effect on other people using the service. Visitors to the home had told us prior to the inspection, of concerns they had about the environment and the management of care.

We recommend that the registered manager informs CQC of any events where the health, safety and welfare of people at the service have or could have been affected. Also, that the registered manager informs CQC when a safeguarding referral has been made, and the outcome of that referral.

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. The staff told us the registered manager was "hands on" and there was a team approach towards supporting people. The registered manager and directors all said, "We've got a really good team."

People were unable to provide verbal or written feedback to staff about their experiences of the service. Staff used their knowledge of people and observations of their behaviour to identify what they enjoyed and if they were upset or worried. Relatives and other health and social care professionals were asked to express their views of the service through completion of an annual satisfaction survey. The results of the first survey since registration had not yet been analysed.

The provider had systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks.

Staff had signed to confirm they had read the provider's policies and procedures. From speaking with staff we identified their knowledge was up to date with good practice.

The registered manager and provider worked with other agencies, to support care provision and service development. This included the local authority and clinical commissioning groups who funded people's care. The registered manager kept representatives from the funding authorities up to date with people's

care and support needs and where there were any changes in their health. Staff informed the funding authorities about how funded one to one support was used. The registered manager also liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team and through accessing learning and development opportunities.