Milewood Healthcare Ltd

Caedmon House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

Caedmon House is a residential service providing support for up to nine people with a learning disability or an autistic spectrum disorder. The accommodation is a terraced house in the seaside town of Whitby on the North Yorkshire coast. On the day of our inspection there were nine people living at the service but one person was on holiday.

There was a registered manager employed at this service. 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.

The care and support for people was provided by staff who had been trained and who knew people well. Staff were aware of how to alert the appropriate people if they suspected someone was at risk of harm and there were clear policies and procedures in place for them to follow.

Summary of findings

Care plans were person centred and had been reviewed. There were individual risk assessments in place with clear management plans to help support people. Peoples medicines were being managed safely.

People who used the service had access to a variety of activities and educational courses. These had led to work placements for people.

The audits carried out by the service had not identified all areas requiring improvement. Cleanliness was an issue in some areas and in others there were health and safety risks. This was a breach of Regulation 15 of the Health and Social Care Act 2008(Regulated Activities) 2014. You can see what action we asked the provider to take at the back of this report. We also recommended that the service look at good practice guidance around auditing care services.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

This service was not safe.

There had been a flood two months prior to the inspection and affected areas had not yet been decorated. Some areas of the service were not well maintained posing a health and safety risk and there was a lack of cleanliness in others.

Staff were recruited safely and there were enough staff to meet people's needs. They had been trained in safeguarding and recognised when people were at risk of harm.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Care plans were personalised and identified people's needs and preferences clearly. They also had clear management plans in place to manage when a risk had been identified linked to people's needs.

The service was working within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff worked hard to support people to live as independently as possible.

Where necessary an advocate was used to support people who used the service.

Is the service responsive?

Good

This service was responsive.

People's care was person centred and staff were flexible in their approach when delivering care and support.

People's social and spiritual wellbeing was met through a variety of activities either in groups or individually with support from staff.

People who used the service knew how to complain and who to complain to if they had any concerns.

Is the service well-led?

Requires improvement

This service was not consistently well led.

Although audits were carried out to monitor the service they were not robust enough to identify all areas needing improvement.

Summary of findings

There was a registered manager at this service who was experienced and had the support of people who used the service and staff.

Caedmon 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.

This inspection took place on 11 June 2015 and was unannounced. An inspector and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had particular knowledge and experience of learning disability.

Prior to the inspection we reviewed all the information we held about the service such as statutory notifications. We had not asked the provider to complete a Provider Information Return (PIR) before the inspection. 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.

During the inspection we spoke to four people who used the service, two care workers, the deputy manager and the registered manager. We looked at care and support plans in detail for two people and checked three care worker employment files. We were shown the training matrix and other documents relating to the running of this service such as audits and meeting minutes. We observed a lunch time at the service and checked to see whether or not medicines were managed safely.

We contacted the local authority commissioners to ask if there were any concerns about this service and they had none. We also spoke with a social care professional who told us that they had no current concerns about the service.

Requires improvement

Is the service safe?

Our findings

People we spoke with said they felt the service was safe. One person said “Yes it’s safe; I trust (name) she’s my key worker” and another said "Yes, feel safe – it’s a nice safe building."

At the start of the inspection we looked around the service and in the bedrooms of most people with their permission. One person did not wish us to go into their bedroom and we respected that request. We saw that there was a small flat for one person and the rest of the accommodation was single occupancy bedrooms with en suite facilities. There had been a flood two months prior to our inspection and we could see the flood damaged areas.

In some areas the house was in a state of some disrepair and posed a health and safety risk. An upstairs landing had an uneven floor which was a trip hazard. A bannister on the landing of some steep stairs was not secured safely and we could feel it move as we held it. Although some work had been completed following the flood damage there were areas that had not been decorated.

The cooker in the main kitchen had one of its ovens out of order with a ‘do not use’ sign stuck to it. When we asked about this we were told it had been out of order for some time but the other part of the oven still functioned. There were apparently no plans to replace it imminently. We were told that there were ovens in other parts of the house but this was the main kitchen where lunch was provided to everyone on the day of our inspection. As people who used the service were encouraged to help to cook or cook independently this could prove unsafe as it was not properly maintained.

High standards of hygiene had not being maintained in some areas. When we looked in people’s bedrooms we saw that some rooms were clean but in others there were soiled showers and toilets demonstrating a lack of cleanliness. One room had a damp area on the ceiling with wall paper coming away from the ceiling. There was a reference in the Health and Safety monthly audit that the guttering required checking but no one had checked the bedrooms directly below the roof space for damage which is where we saw the damp. Two bedrooms we looked at smelled of urine. The issues had not always been identified in the monthly audit which suggested that checks needed to be more robust.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Individual risks to people who used the service were assessed as part of the care planning process. There were clear risk management plans in place where they were needed. For instance if people displayed behaviours that challenged others their plan identified any triggers for the behaviour, identified preventative measures staff could take, told staff how to react and any safety measures they could take.

The service provided a consistent team of care workers who people knew well which was important because of people’s needs. We saw that there were sufficient staff on duty to meet the needs of people who used the service and when we looked at the rotas this confirmed that the staffing was consistent. Staffing levels were dictated by the needs of people who used the service. We saw that where some people required one to one support this was provided.

People who used the service told us that they felt there were enough care workers to look after them saying, “Yes there’s always plenty of staff. I’m 2:1 (referring to having two staff to accompany them) when I’m out but there’s always people to take me.” A care worker said, “We always have plenty of staff. Some people have 1:1 all the time and 2:1 when they go out. We never run understaffed.” Our observations confirmed this.

The service had effective recruitment and selection processes in place. We inspected three care worker recruitment files and saw completed application forms and interview records. People had two references recorded and checks had been completed using the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective care worker members are not barred from working with vulnerable people.

People were protected from harm because staff were aware of different types of abuse and knew how to recognise and report any incidents. There were policies and procedures available for staff which gave them clear guidelines about how to safeguard people who used the service. All care workers had received training in how to safeguard people but some of the training was out of date. They were however, able to describe how they would alert the appropriate people if they witnessed any incidents of abuse.

Requires improvement

Is the service safe?

The Care Quality Commission had received eight statutory notifications related to people's safety since the last inspection. Statutory notifications are changes, events or incidents that registered services must tell CQC about. In all cases the service had taken appropriate action and made referrals to the local authority safeguarding team when necessary. The local authority takes the lead role in investigating any cases of potential abuse. The registered manager updated us on the most recent incidents during the inspection. We also discussed one of these with a social care professional who told us that the service had taken the appropriate action in dealing with the matter.

People's medication was managed safely. It was stored in a locked cupboard in an identified room. There was a care plan for each person relating to their medicines and there were risk assessments where they were appropriate. Medicine administration records were completed correctly. One person's risk assessment identified they were at risk of stockpiling medicines and so staff administered their medication with their consent. Other people administered their own medication following an assessment of their competency and a risk assessment. There was a detailed medicines policy and procedure which staff followed and staff had been trained to administer medication safely. Protocols were in place for 'when required' medicines and monthly medicine audits were completed.

We saw that there was a fire risk assessment in place and checks had been carried out to ensure the system worked properly. There was a record of fire safety checks which we saw took place in line with the requirements of fire safety legislation.

Accidents and incidents were documented and actions determined. These were reviewed when monthly audits were completed.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge required to support people who used the service. Staff told us that they had an induction when they started working at this service and we saw evidence of the induction in staff files we looked at. The registered manager told us about the induction period which involved some mandatory training and shadowing experienced support staff. They explained how important this was for staff and people who used the service to get to know each other.

Staff had access to more specialist training courses to assist them to support the people who used the service. These courses included epilepsy, learning disability and autism, and correct use of restraint. We observed that staff knew people well and when they displayed any behaviour that challenged staff were able to use techniques that worked well for each person. A member of staff told us, "I completed some training with the in house training manager and some specialist courses with an external training company."

Staff had access to regular supervision. Supervision is an opportunity for staff to discuss any training and development needs and to receive feedback from their supervisor. When we looked at staff files we could see that supervisions had taken place. Staff told us they found supervision valuable.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. Some people had mental capacity assessments in place and had decisions made in their best interest which were recorded and we could see that the appropriate health and social care professionals had been involved in these.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are in place to protect the rights of people who use services, by ensuring if there are any restrictions to their freedom and liberty they are carried out lawfully. The registered manager demonstrated a good understanding of DoLS. They had completed DoLS applications for authorisation where appropriate.

We saw staff consult people and seek their consent throughout the inspection. Staff offered people choices to support them to make decisions. Where people were unable to make decisions we saw evidence that staff applied the principles of the legislation.

Physical restraint was required at times to maintain the safety of people who used the service and others. The registered manager told us this was always the last resort and they would use other appropriate techniques to de-escalate the situation first. Staff had been trained in the safe use of physical restraint. Where this had been assessed as being required detailed risk assessments and procedures were in place. Where any form of restraint had been used an incident form was completed and the service had notified the Care Quality Commission. Incidents were reviewed by the service to ensure that the correct procedures were followed which protected people from any unlawful restraint.

We ate with people who used the service at lunch time. They were given a choice of scrambled egg on toast or a cheese omelette. One person helped to set the tables and serve the food and when we asked them if they knew what was for lunch they brought us the menu from the kitchen wall. The menu had plenty of choice and included all food groups so the food provided was nutritious. All the food was freshly cooked by staff but people who used the service were encouraged to use the kitchen and make their own snacks. Staff ate with people and chatted to them making mealtimes a social experience.

Mealtimes were flexible according to people's needs. Two people had chosen what they wanted for lunch but did not appear. A member of staff went to remind them that their food was ready but it was forty minutes before they appeared. Staff disposed of the food because it was cold and when the people appeared they explained what they had done and said that they would cook more food for them. One person accepted this but the second became verbally challenging and left the kitchen and complained to the manager. Staff remained calm, did not challenge the person and the manager dealt with the situation. After a while when the person was calm they came and made themselves a sandwich.

People who used the service were encouraged to make their own snacks with support. They were encouraged to assist with clearing pots and washing up on a rota system. One person told us, "The food's alright. I don't like cooking

Good

Is the service effective?

but I wash up on Wednesdays and Sundays." Staff told us "They (people who use the service) don't have kettles in their rooms but they can have drinks whenever they want and we encourage them to make their own."

We also saw that where people had special requirements for eating and drinking staff were aware of them and could explain them to us. For instance they told us "We have to have a restriction on (name) as he would (specific activity) to dangerous levels." Staff used their knowledge of the person and their behaviours to assist them in recognising when it would be safe to carry out the activity again.

We saw one person had gained weight recently and so this was being monitored on a weekly basis. The person also saw the learning disability nurse regularly who gave health advice and support.

We saw evidence that the service liaised with health professionals to ensure that people were supported to maintain their health. Professionals said in questionnaires, "They (the service) listen to professionals and act on this advice" and "Staff team appear to promote a good working relationship with the individual."

The community learning disability team was involved in reviewing people's support and gave guidance to staff about how best to support people. We saw evidence this advice was reflected in people's support plans. We also saw that in some cases people were seen by the learning disability nurse.

People had a health booklet which had an action plan and was reviewed regularly by health professionals. This ensured if they had to visit their GP or hospital there was clear and up to date information about their current care. They also had a hospital passport which contained essential information staff would need to know, it was especially important as some people who lived at the service would not be able to tell hospital staff about their needs.

Good

Is the service caring?

Our findings

The staff we observed supporting people had a caring manner. They were calm and patient especially with those people who needed a lot of reassurance. They used a variety of distraction techniques and were consistent in following the agreed management plan so that people did not get conflicting messages from different staff. People told us, “The staff are happy and make us laugh” and “The staff are always happy.” One person said, “The staff never shout and you can have a talk with them.” Another person told us “Yes I like it; no grading here.” When we asked the registered manager about this they indicated that this was a reference to an outdated practice of classification which had happened in the past to this person.

People were able to express themselves in a supportive environment. When one person had become distressed with staff they (the staff) remained calm and gave them space to allow their distress to dissolve. We later saw that person hug the manager and apologise.

Staff were respectful when speaking with people. We observed the lunchtime period and saw that people who used the service and staff sat down together to eat. There was a friendly atmosphere with a lot of chatter. People were at ease with each other and with staff.

We saw one person had visited another’s room and they were enjoying a computer game. People could also spend time in private if they wished in their rooms. Friendships were encouraged and there were opportunities to do things as a group to promote people’s wellbeing. All of the people we spoke with told us they liked living in Caedmon House.

Despite the lack of care and attention to the environment by the provider we could see that staff were working in a positive and caring way with the people who used this service.

Advocacy services were used when appropriate. One person had an Independent Mental Capacity Advocate (IMCA) who was appointed because this person had a DoLs in place. The IMCA’s role is to support and represent the person who lacks capacity. Other people were supported by families, care coordinators or the learning disability nurse.

Good

Is the service responsive?

Our findings

We found that the service was responsive to people's individual needs and the care plans were person centred and up to date. There were detailed descriptions about people's needs and how they could be supported by staff. For example one person had a medical condition which identified actions that staff may need to take. Where any actions had been necessary they were identified and recorded in the care plan.

People told us that they "Did what they wanted" and when we looked at care and support plans we saw that they were personalised and reflected people's needs, wants and interests. We saw that although people could live their life as they wished their care and support had structure and had been planned with the person.

Care plans had sections under the headings, 'My Life', 'My Choice' and 'My Prospects'. We saw that there was a lifestyle plan in some cases written by the person. The care and support plan also looked at people's particular social, leisure, daily living and domestic skills. This information then determined the opportunities available locally and at the service for the person. For example we saw that most of the people we met had been able to access some educational opportunities at a local college.

Each care plan we looked at clearly outlined every aspect of the person's life and reflected the person's wishes and preferences. This information helped staff know the person better and provide the care and support they required. We saw care plans had been reviewed to ensure that people were receiving the care they needed.

Throughout the day we saw staff responding to people in a positive and planned way. For example we saw that when one person started to photograph people in the lounge. Staff reminded them that house rules said no photographs could be taken without permission and asked them to delete it which they did. They then continued to go round the room asking if they could take photographs and all the staff said no. They were then reminded that if other people who used the service could not answer they must not take their pictures. The service was protecting people whilst at the same time responding to this person's need to have clear boundaries.

We asked people who used the service how they spent their day and saw that a range of activities were available. Daily routines were diverse with people working at a local farm, going to the gym, biking, disc jockeying at a local centre and going to karaoke. People were able to access the activities as individuals with as much or as little support as required. Vehicles were provided and people were also encouraged to use local transport.

We saw that most people had accessed some educational provision at the local college and one person had a work placement on a farm linked to their course. They told us, "I go to the farm four days a week. I do the gardening and look after the livestock; pigs, lambs and chickens."

Some people mentioned that they went to a club called the Tuesday Club where they could meet friends and where activities were available. Other people showed us photographs and other evidence of them taking part in individual activities. There were trips out arranged and holidays were being planned by people to different places. One person told us "I'm going to Scotland; to Edinburgh in a caravan." Peoples social and spiritual needs were considered individually.

We asked people who used the service if they wanted to complain about something what would they do. They told us that they could express their opinions and knew who to complain to. One person said, "We have service users meetings; say what you like" and another said, "I was going to complain because someone was shouting but the staff sorted it before I had to. I would tell staff or my key worker or the manager." A third person said, "I would complain to manager; never complained; like it here." This demonstrated that people knew how to complain and would be confident in doing so.

Requires improvement

Is the service well-led?

Our findings

This service was one of a group of 14 services providing care to people with learning disabilities in Yorkshire and the North East. The provider is a company called Milewood Healthcare Limited. The registered manager had worked for this provider for a number of years but had only recently been registered with the Care Quality Commission.

They were well known by people who used the service and staff. They had a good awareness of the needs of people who used the service and were able to answer all our questions during the inspection. The registered manager had sent statutory notifications to CQC as appropriate demonstrating a responsible approach to reporting.

Meetings were held regularly with people who used the service and staff. One person who used the service told us, "I can say anything at service user meetings." We saw the minutes for the staff meetings where there had been discussions around people's needs and the running of the service.

Audits of people's care had been undertaken looking at all aspects of care and health and safety but these were not always effective. The operations audit gathered information about how care was delivered, medicines arrangements, how staff managed finances for people who used the service, mealtimes, people's choice and involvement and the experiences of people who used the service. Where there were any shortfalls identified action plans were in place. The health and safety audit looked at the building and equipment. However we saw that although the health and safety audit had identified that a gutter needed checking it failed to identify where there had been a leak in a person's bedroom under the roof space which had left a damp area with wall paper coming away showing a lack of robust checks within the environment.

Questionnaires had been sent to professionals who visited the service. The comments they made were positive. Staff had also received questionnaires and been asked how the service could be improved. There were a number of responses that identified the decor as a cause for concern. They wrote, "Some bedrooms are beginning to smell and could do with being stripped and redone" and "External; good clean up. Internal; much the same." Our observations corresponded with some of the comments being made by staff. The registered manager told us that they had highlighted the areas requiring improvement to the provider. The necessary improvements had not yet been made.

We recommend that the service review their quality systems and look at good practice guidance around auditing in care homes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and lack of cleanliness. Regulation 15 (1) (a)(c)(e) (2)