Scope

Mill Lane

Inspection report

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Date of inspection visit: 24 July 2014
Date of publication: 02/12/2014

Ratings

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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012, and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

The inspection was unannounced. This meant that the provider and managers did not know that we were planning to carry out the inspection.

Our last scheduled inspection of this service was on 05 July 2013 where we found that all of the regulations we inspected were being met.

Mill Lane is a service that is registered to provide accommodation and care for up to five young people with physical and mental health conditions. At the time of the inspection, there were four people living at the service.

The registered manager for the service has been absent since July 2013. CQC was notified of this absence by the provider. A registered manager is a person who has

Summary of findings

registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. An acting manager has been managing the service since this date and has subsequently submitted their application to the CQC to become the registered manager.

The majority of relatives we spoke with told us that they felt their family members were safe, that the staff were caring and respectful and that they met their family members needs. Our observations confirmed this. We saw that staff treated people with respect and were kind and compassionate towards them. People's dignity was promoted and staff treated people as individuals. They had developed good relationships with them and encouraged their independence. People were able to develop relationships with others within the community, gain paid employment and take part in activities that they enjoyed.

Staff were well trained and supported by the provider. They had the skills and knowledge to provide support to the people they cared for. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant that they were working within the law to support people who may lack capacity to make their own decisions.

People had access to healthcare professionals when they became unwell or required specialist help with an existing condition. Healthcare professionals told us that the service followed their advice when it was given and that the staff had shown genuine interest in people's welfare.

The service was open and honest. The people who lived at the service, their relatives and staff could question current care practices. People, their relatives and staff were listened to and the service learnt from their mistakes to improve the quality of the care that was being provided. The majority of relatives told us that they were very happy with the care that was being provided to their family members and that they felt the service was being managed well.

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?

Good

The service was safe because staff knew how to reduce the risk of people experiencing abuse. The provider had assessed the risks to people's safety and there were enough staff to support people when they needed it. People received their medicines when they needed them and they were stored safely.

Staff demonstrated a good knowledge of the Mental Capacity Act (2005) which meant that they worked within the law when supporting people who lacked capacity to make decisions for themselves.

The service was meeting the requirements of the Deprivation of Liberty safeguards.

Is the service effective?

Good

The service was effective because the training staff had received gave them the knowledge and skills they needed to provide good quality support to the people they cared for.

People had access to specialist healthcare advice when they needed it to help them stay healthy.

People received enough food and drink to meet their nutritional requirements.

Is the service caring?

Outstanding

The service was caring because staff were kind and compassionate. They knew the people that they supported well and treated them as individuals.

People's privacy and dignity were respected and their independence was encouraged.

People and their relatives were involved in making decisions about their care through meetings and regular contact. The service pro-actively promoted the use of advocacy services if people wanted to use these.

Is the service responsive?

Good

The service was responsive because it had assessed people's individual needs and preferences and made sure that these were met. This included having access to activities within the community that people enjoyed.

Where people lacked capacity to make their own decisions about their care, the service followed the principles of the Mental Capacity Act (2005) to make sure they were working within the law.

Relatives were confident to raise concerns with the management and the staff if they had any. Complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well-led because it was open, honest and transparent. The majority of people's relatives and all of the staff told us that they could approach the management team and were confident that they would be listened to.

Summary of findings

Staff were happy working for the service and said that they could challenge the way that care and support was being provided. There were opportunities for staff to gain qualifications and promotion within the service and the provider awarded them when they provided care that was above and beyond what was expected.

The quality of the service was monitored regularly and learning from incidents, accidents, complaints and concerns took place to improve the care and support that people received.

Mill Lane

Detailed findings

Background to this inspection

The inspection team consisted of an inspector and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in mental health services.

Prior to our inspection we reviewed information we held about the service. This included any notifications that had been sent to us by the provider. A notification is information about important events which the service is required to send us by law. We also reviewed some information that we had requested from the provider and spoke to the commissioners of the service and the local authority quality monitoring and safeguarding teams.

On the day we visited, we spoke with three staff members, the acting manager and a healthcare professional who was visiting the service. We spoke to the people who lived at the service although they were unable to give us detailed feedback on their care. We therefore also spent time observing how care and support was provided to them.

After the inspection we telephoned one healthcare professional and four people's relatives for their feedback on the service.

We looked at three peoples support plans, staff training and recruitment records and records relating to how the service monitored staffing levels and the quality of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

Three of the relatives that we spoke with told us that they felt their family members were being cared for in a safe environment. They said that they had no concerns regarding their safety. One of them told us, "I'm very confident about the excellent care my relative is getting." However, one relative did not feel that their family member was safe all of the time. They told us that this had been raised as a concern with the provider which was being dealt with. A healthcare professional told us that they had not observed any safety issues at the service during their visits.

The people who lived at the service were protected from the risk of abuse as the provider had taken steps to protect them. The staff we spoke with demonstrated that they understood what abuse was and how they should report concerns if they had any. There was a clear reporting structure with two of the staff members being responsible for safeguarding within the team. The provider also had a dedicated team to deal with any safeguarding issues that were raised. Staff told us that they had received training in this subject and training records we viewed confirmed this. We observed that there were clear written instructions displayed in the service that detailed how a concern must be reported and what telephone numbers to use. The provider had also reported safeguarding incidents to the relevant authorities including us, the Care Quality Commission as is required. This meant we could be confident that the service would be able to recognise and report safeguarding concerns correctly.

Staff told us that some people who lived at the service occasionally displayed behaviour that might challenge others. They were able to describe to us what circumstances may trigger this behaviour and what steps they would take to keep themselves and the other people within the service safe. We looked at the support plans of two people regarding this and saw that the information the staff had told us matched what was documented within their support plans. This meant that any staff who were not familiar with the person would have information to help them support the person if needed. Staff told us that they did not use restraint when supporting people and we did not see any untoward restrictive care practice during our inspection.

We observed one person display behaviour that might challenge others during our inspection. A member of staff dealt with this in a calm manner, allowing the person to relax whilst engaging with them and acknowledging with them that they wanted some 'quiet time.'

Staff demonstrated a good understanding of the principles of the Mental Capacity Act (MCA) (2005) and we saw evidence of these principles being applied during our inspection. Staff were seen supporting people to make decisions and asking for their consent. There was a procedure in place to access professional assistance should an assessment of capacity be required. Staff were aware that any decisions made for people who lacked capacity had to be in their best interests.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The staff and managers were aware of DoLS and what authorisation they needed to apply for if they had to deprive someone of their liberty. Staff had recently attended further training on the subject that the provider had arranged following the recent Supreme Court judgement regarding DoLS. In response to this, a re-assessment of people's care needs had taken place and a decision had been made to apply for a DoLS for all of them. These were due to be completed in August 2014. All of the people who lived at the service had staff supporting them on a one to one basis which meant that they had continuous supervision and support and therefore a DoLS application may be appropriate.

Risks to people's safety had been assessed. Records of these assessments had been made. These had been personalised to each individual and covered areas such as; going out into the community alone, behaviour, medication, going out in the sun, moving and handling, swimming and evacuation from the building in the event of an emergency. Each assessment had clear guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that guidance had been followed.

The recruitment records of staff working at the service showed that the correct checks had been made by the provider to make sure that the staff they employed were of good character.

The staff we spoke with told us that there were enough staff to meet people's needs and we observed this on the day of our inspection. The acting manager told us that each

Good

Is the service safe?

person who lived at the service had one staff member to support them at all times. A rota was produced detailing how many staff were needed to provide care. The acting manager and the staff told us that other staff were always available to cover sickness or holidays and that agency staff were used when necessary.

Prior to the inspection, the provider had informed us that there had been eight medication errors within the last 12 months. We therefore checked that people's medication was being managed safely.

We found that the arrangements for the management of medicines were safe. They were stored safely and securely in people's rooms. The temperature that medicines were stored at was recorded each day to make sure that it was at an acceptable level to keep the medicines fit for use.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medication were in good order, provided an account of medicines used and demonstrated that people were given their medicines as was intended by the person who had prescribed them.

We observed one member of staff giving out medication in the morning. This was done correctly and in line with current guidance which is in place to make sure that people are given their medication safely.

Where people were prescribed their medicines on a "when required" basis, for example, for pain relief, we found detailed guidance for staff on the circumstances these medicines were to be used. We could therefore be assured that people would be given medicines to meet their needs.

Good

Is the service effective?

Our findings

The staff we spoke with told us that they had received enough training to meet the needs of the people who lived at the service. We checked their training records and saw that they had received training in a variety of different subjects including; infection control, manual handling, safeguarding adults, first aid, food safety and epilepsy. However, we saw that only a few staff had received training in how to support people with behaviour that might challenge others. The acting manager confirmed that they were aware of this and had booked all staff to receive training in this subject in October 2014.

Staff told us that they had regular supervision meetings with their line manager in which they could raise any issues they had and where their performance was discussed. We checked four staff records which confirmed this. Staff also told us that the provider gave them an opportunity to progress within the service if they wanted to and that they were able to do further qualifications.

The acting manager told us that the service used agency staff when there were not enough regular staff to cover the shifts required. We saw that these agency staff received the same training as the regular staff and that this was checked by the provider to make sure that they had the necessary skills and knowledge to support the people who lived at the service.

There was information within people's support plans about their individual health needs and what staff needed to do to support people to maintain good health. For example, one person who had epilepsy had a plan of care in place regarding this condition. This gave staff clear instructions on how to assist this person should they have an epileptic seizure to keep them safe.

People saw specialist healthcare professionals when they needed to. One person was seeing a physiotherapist regularly to help with their sitting and to strengthen their muscles. Another was seeing a speech and language therapist to assist them with their communication. Records confirmed that staff contacted the local GP for advice and help when needed and that people's medication was reviewed each year to make sure that it was correct and appropriate. People also had their health checked yearly by the GP. One relative told us, "(My relative) had an accidental fall. The staff telephoned me very quickly to inform me of this and explained in detail what had occurred. They reassured me that a doctor had been to see (my relative) to make sure there were no injuries. Accidents can happen and I was very impressed with the actions of the staff and being very open and honest about what had happened. They did everything right."

People were provided with a choice of nutritious food. We observed people enjoying the food that they ate. Staff offered people food that they liked and prompted them to eat and drink when necessary. Records showed that the service had been concerned about one person who had lost weight. This person had been referred for specialist advice. They were on a pureed diet to reduce the risk of them choking. The amount of food and drink being consumed by this person was being recorded. However, although we saw this person being offered fluids regularly throughout the day, staff had not recorded the actual amounts of liquid being consumed (i.e. in mls) so it was unclear whether or not they were receiving enough for their needs. We mentioned this to the acting manager who agreed to change the way food and drink intake was recorded so that it could be monitored more effectively.

Outstanding ☆

Is the service caring?

Our findings

The majority of relatives that we spoke to told us that the staff were kind, caring and compassionate. One relative said, "The attitude of the staff is wonderful. They obviously care deeply for (my relative), (my relative) could not be in a better place." Another relative said, "Every time I visit (my relative), the staff are so friendly and cheerful." A further relative told us, "I can't praise the staff highly enough, they are all fantastic."

The service had a strong, visible, person-centred culture. During our inspection we heard and observed lots of laughter and people looking happy and contented. They looked well cared for and were relaxed with the staff who were supporting them. The atmosphere was one of fun and enjoyment. Staff engaged in meaningful conversations with people and were seen to treat them as individuals. Staff played music with people and sang and danced which made them laugh. We also heard staff joking and telling stories to people which they thoroughly enjoyed. One relative told us, "They don't just support (my relative) physically, they look after all of (my relative)."

One healthcare professional told us that when they visited the service that the "staff are really friendly, I look forward to visiting there" and that they were "really, really impressed with the staff." They added, "They are very conscientious and caring people who enjoy their job. There is always lots of friendly banter and they are genuinely interested in the people they support."

Staff were polite and respectful when they talked to people. They made good eye contact with the person and crouched down to speak to them at their level so as not to intimidate them. We observed staff communicating with people well. They understood the requests of people who found it difficult to verbally communicate. When asked, staff demonstrated a good knowledge about how people communicated different feelings such as being unhappy or in pain so that they were able to respond to these. Documentation was in a format to aide communication. For example, one person had a number of different activities presented in picture format that they could point to indicate whether or not they wanted to take part in them.

Staff told us that the provider was very strict on ensuring that people's privacy and dignity was upheld. We observed staff respecting people's dignity and privacy. They were seen subtlety asking people whether they were comfortable, needed a drink or required personal care. They also ensured that curtains were pulled and doors were closed when providing personal care and knocked on people's doors before entering their rooms. Staff also told us that male carers were not allowed to provide personal care to the females who lived at the service.

The three support plans that we looked at had been written based on the person's individual needs. Each one contained information in relation to the individual person's life history, likes, dislikes, preferences, goals and aspirations. People's dislikes were highlighted in red so that they could be easily identified by staff. Staff were able to demonstrate a good knowledge of people's individual preferences. For example, we saw that it was documented that one person enjoyed certain types of foods. We saw this person being offered these foods for breakfast. Another person liked to stay in bed late in the morning and we saw that this occurred. From our conversations with staff it was clear that they regarded each person who lived at the service in a very positive, meaningful and individual way. They understood each person's care needs and personal situations and conveyed that they were dedicated to giving each person the best care possible.

The healthcare professionals that we spoke with told us that staff listened to them and followed their instructions. One health professional said, "They have always been interested in how they can improve the welfare of (person). They wanted me to give them some training which I did and the manager ensured this was done."

People were encouraged to maintain their independence and to get involved in household activities. This included helping with preparing food, cleaning areas of the home and grocery shopping. We observed people being encouraged to help makes cups of tea and their breakfast. People were also encouraged to be part of the community. Some people attended the local church service and were members of the church committee. Another person had been supported to obtain work experience which had led to permanent employment which they told us they enjoyed very much. One relative told us, "They (the staff) really work hard to promote independent living. It is wonderful that (my relative) gets out so often to experience the outside world."

Outstanding ☆

Is the service caring?

Staff involved people in their care. We observed them asking people what they wanted to do during the day and asking them for their consent. One staff member asked, "Do you want to go into your room?" followed by, "Would you like the curtains closed." People were given choices about what to eat, drink and where to spend their time within the home.

Weekly meetings were held between the people who lived in the service and the staff. These were where they could discuss how people were feeling and what activities they wanted to take part in during the coming week. We saw the minutes of these meetings which were in a picture format to help people understand them.

Relatives told us that they were involved in their loved ones care. One relative told us, "The staff communication with relatives is exceptional." Another relative said, "I am fully involved in (my relative's) care. The staff make sure I'm told any information about (my relative's) care and when a medication dose was altered recently, the staff made sure I knew the reasons why and I agreed with it."

Relatives advised that they were in regular contact with the staff by both telephone or during visits and that meetings were held with them to discuss various aspects of the person's care. They confirmed that they were always given two weeks' notice before these meetings were to take place. One relative told us, "We are told the date and time of the meeting but this could be changed if it wasn't convenient for me to attend."

People had access to advocacy services if they needed them. We saw evidence that an advocacy service had recently visited Mill Lane to advise people how to access it if they needed to. This demonstrated that the service was aware of advocacy services and pro-actively introduced the service to people so they could access independent advice if they wanted to.

Good

Is the service responsive?

Our findings

The support plans that we checked demonstrated that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, medication, communication and with their night time routine. There was information provided that detailed what was important to that person, their daily routine and what activities they enjoyed.

Each person who lived at the service had a key worker assigned to them. The key worker was responsible for ensuring that their support plans were up to date and current. We saw evidence that the key worker had reviewed each of the support plans monthly to make sure that the support that was being given continued to meet people's needs.

We observed staff being responsive to people's needs. They provided them with drinks when people indicated that they were thirsty, food when it was requested and provided personal care in a timely manner.

Where people lacked capacity to make important decisions for themselves about certain aspects of their care, the service had followed the principles of the Mental Capacity Act (2005). We saw two examples where meetings had been held with the person, their next of kin and a healthcare professional to reach the decision about their care that would be in their best interests. The majority of the relatives that we spoke with told us that decisions made for their loved ones by the staff were done in their best interests. This demonstrated that the service was working within the law when making decisions for people in their best interests.

People had access to a number of activities that they were interested in. This included holidays, visits to the local pub for drinks and meals, swimming, going to the gym and visiting a night club. On the day of our inspection it was very warm, staff therefore asked people if they wanted to go in the paddling pool in the garden. Relatives told us that their loved ones had access to meaningful activities to enhance their quality of life. One relative said, "(My relative) has a fantastic social life, I sometimes think (my relative) has a better social life than I do!"

Staff told us that they encouraged people to keep in touch with family and other individuals who were important to them. Records were kept that confirmed this and we saw that people regularly saw friends and relatives or called them via the telephone for a chat.

The majority of relatives told us that they could approach the staff to raise any concerns that they had. One relative said, "I don't have to wait for a care plan meeting because the staff take time to talk to me and get my views about (my relative's) care when I visit (my relative) or take them home for a few days." They went on to tell us how they raised a concern with the acting manager regarding an agency worker. They were unhappy with the agency workers attitude and spoke to the acting manager about it who ensured that the agency worker did not work at the service again. They said, "I guess you could call it a complaint, but (the acting manager) dealt with it there and then and I was very satisfied with the action they took to resolve my concern."

The service had received three complaints within the past 12 months. We tracked one of these complaints. We saw that the provider had regularly engaged with the person who had made the complaint and had also met them to discuss their concerns. An action plan had been drawn up from one of these meetings for the service to follow with a suggested timescale for the complainant and the provider to meet again to make sure that the complainant was happy that their concerns had been dealt with. We were therefore satisfied that people's complaints were dealt with appropriately.

Good

Is the service well-led?

Our findings

During our observations, it was clear that the people who lived at the service knew who the acting manager was and all of the staff who were supporting them. We heard some of them regularly ask the staff questions and address them by their name. One person was heard asking in the morning when the acting manager would be arriving and became excited when they were told they would be at the service shortly.

Most of the relatives we spoke with told us that the service was well led. One relative said, "(The acting manager), goes out of her way to talk to me about any worries or concerns I might have. She looks after me as well as (my relative), she's a star!" Another relative told us, "The acting manager does a brilliant job, she is always very approachable and is a very caring lady." They added, "I hope that (the acting manager) gets the managers job because she deserves it and will make the place even better."

The various commissioners that we spoke with prior to the inspection told us that the provider and acting manager were approachable and that they listened to them when they raised concerns. One commissioner told us, "They (the management team) are very open and honest. We are confident that any issues we raise will be dealt with. The staff have a very good knowledge about the people they care for and are very pleasant."

The acting manager told us that they worked in a friendly and supportive team and that the provider promoted a culture where people, staff and their relatives could raise concerns that would be listened to and dealt with. This was echoed by the staff we spoke with. They told us that they felt supported by the management team and felt confident that any issues raised would be dealt with. One staff member told us, "If (acting manager) knew anyone was not giving good care, they'd be out the door very fast!"

One healthcare professional we spoke with told us that they felt the service was, 'well-led' and that the management team ensured that the staff were well trained.

Dignity, privacy and respect were key themes of staff training. A number of staff were designated as 'dignity champions'. This meant that they had completed training within this subject and promoted dignity within the service. The service had also held a 'Dignity Action Day' to raise awareness amongst staff and the people who lived at the service about the importance of maintaining people's dignity. All staff had recently received 'culture' training which discussed how they should implement the provider's vision and values for promoting personalised care, teamwork and treating people as individuals. A presentation had also been given on the Care Quality Commissions (CQC) new methodology of inspection to inform staff of the care and support they needed to provide to meet the requirements of the Health and Social Care Act 2008.

Staff told us that the morale was very good and demonstrated that they understood their roles and responsibilities. One staff member told us, "We all pitch in and help each other out." They were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues. They told us that other staff from within the provider's organisation visited to check on how the service was running.

Staff said that they were kept informed about matters that affected the service through supervisions, team meetings and talking to the acting manager regularly. One staff member said that the service was trying to recruit new staff as the turnover of the staff had been identified as an issue. They told us that this had been discussed with them during a staff meeting where they had been encouraged to be open about how this was impacting on them and the people who lived at the service. The relatives who we spoke to also told us that this was a concern of theirs and said that they felt there should be greater efforts made by the provider to ensure a full compliment of permanent staff were in place rather than relying on agency staff. One relative said, "I'm concerned that there are not enough permanent staff, although I appreciate they have difficulty in recruiting good staff. The only downfall with Mill Lane, is they haven't solved the problem of having too many agency staff."

In response to this, the acting manager had completed an analysis of why there was a high turnover of staff at the service. This information was given to the provider and action was taken to increase staff wages and to offer more incentives to work for the provider. The result was that 12 new staff were currently being recruited so that the service

Good

Is the service well-led?

could have consistency of staff. This showed that the service responded to people's concerns and was pro-actively trying to improve the quality of service that they provided.

We asked the acting manager how they learnt from incidents and complaints. They told us that they analysed all incidents and complaints to see if any patterns occurred. We saw examples where learning had occurred to improve the quality of the service provided. For example, one person who lived at the service sometimes had behaviour that might challenge others. These incidents had been recorded by staff. In response to this, the service had analysed these and contacted a behavioural therapist who was working with the person and the staff to support them.

Staff members training was monitored by the provider to make sure that their knowledge and skills were up to date. We saw a document that recorded all the training staff had received and when they should receive refresher training. Staff told us that the provider was very good at giving them the training they needed and that when they requested training in specific subjects, that it was provided. The records of supervision demonstrated that the process was robust and that a number subjects were covered including training needs, personal development and the people who lived at the service.

The acting manager told us that one issue staff had raised with them was regarding the lack of opportunity to progress within the service. In response to this, the provider had introduced a scheme where support workers could be mentored by a team co-ordinator to develop their skills and knowledge to gain promotion. The acting manager told us that two support workers had been through this scheme and had subsequently gained promotion within and outside the organisation. Staff told us that they felt this scheme was good. Some were looking to join the scheme in the near future. The provider also had a performance related pay scheme in place for staff. This was where they incentivised and rewarded staff when they had provided care that was above and beyond what was expected. Three staff had been identified as 'exceeding' expectations in 2014.

The service monitored the quality of the service by conducting audits, observing staff supporting people and asking people and relatives for their views during annual reviews of their care. Spot checks of the care being given at night were being carried out. The provider also carried out 'mock' inspections based on the CQC's new method of inspection.