

New Directions (Rugby) Limited

Milner House

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out this inspection on 17 March 2015. The inspection was unannounced.

Milner House provides a respite service for up to three people with a learning disability. There were three people staying at the home at the time of our inspection.

There was a registered manager in post at the 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.

People told us they felt safe living at Milner House. Staff demonstrated they understood the importance of keeping people safe and understood their responsibilities for reporting any concerns regarding potential abuse.

Summary of findings

Staff knew how to support people safely. Risks to people's health and welfare were assessed and care plans gave staff instructions on how to minimise identified risks. There were processes in place to ensure people received their prescribed medicines in a safe manner.

There were enough staff on duty to meet people's needs. Staff's suitability to deliver personal care was checked during the recruitment process. Staff received training and support that ensured people's needs were met effectively.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). No one had a DoLS authorisation at the time of our inspection.

People were supported to maintain a balanced diet. Staff took prompt action when people's health needs changed.

We saw staff supported people with kindness and compassion. Staff treated people in a way that respected their dignity and promoted their independence.

People and their relatives were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences, and care plans were regularly reviewed.

People were encouraged to share their opinions about the quality of the service and we saw improvements were made in response to people's suggestions.

The registered manager maintained an open culture at the home. There was good communication between staff members and staff were encouraged to share ideas to make improvements to the service. People said the registered manager was visible and accessible.

There were effective processes in place to ensure good standards of care were maintained for people.

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?

The service was safe.

People felt safe living in the home. Staff demonstrated they understood the importance of keeping people safe. Risks to people's health and welfare were assessed and care plans gave staff instructions on how to minimise identified risks. There were enough staff on duty to meet people's needs and people received their prescribed medicines in a safe manner.

Good



Is the service effective?

The service was effective.

Staff received training and support to ensure people received the care they needed. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtained people's consent before they delivered care and support. People were supported to maintain a well balanced diet and to maintain their health.

Good



Is the service caring?

The service was caring.

Staff supported people with kindness and compassion, in a way that respected their dignity and promoted their independence. People were involved in planning how they were cared for and supported. Care was arranged to meet people's individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

People were encouraged to be independent. People were provided with information and supported to follow their interests. Staff were responsive to people's changing needs.

Good



Is the service well-led?

The service was well-led.

People were encouraged to share their opinions about the quality of the service and we saw improvements were made in response to people's suggestions. There was an open culture at the home and good communication between staff and people who used the service. There were quality assurance checks in place to monitor and improve the service.

Good



Milner 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.

We carried out this inspection on 17 March 2015. The inspection was unannounced and was undertaken by one inspector.

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

We reviewed the information we held about the service. We looked at statutory notifications sent by the registered

manager. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority commissioners who had no concerns relating to the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with the registered manager, the team leader and two support workers. We spoke with two people who stayed at the home. We observed how people were supported to maintain their independence and preferred lifestyle.

We looked at four people's care plans and checked the records of how they were cared for and supported. We checked three staff files to see how staff were recruited, trained and supported to deliver care appropriate to each person's needs. We reviewed management records of the checks staff made to assure themselves people received a quality service.

Is the service safe?

Our findings

People told us they felt safe staying at the home. We saw people were relaxed with staff and approached them with confidence, which showed they trusted the staff. We found there were policies and procedures in place to keep people safe. The registered manager told us, “Staff know it’s their responsibility to make sure everyone’s safe.”

People were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, “I would look for changes in behaviour and if I had a concern I would report to the manager or team leader.” Another member of staff told us, “If there is any concern I write it down and pass it to the manager.” Incidents were recorded and actions were taken to protect people and keep them safe. One staff member was in the process of writing an incident form following concerns raised by someone who used the service.

There were policies and procedures in place to keep people safe. Specific risks to people’s health and welfare had been identified and assessed. The registered manager told us when people were initially assessed, staff try to, “Pre-empt anything that could happen.” Staff knew about each person’s risks and needs for support. Staff told us they had training in risk assessment and knew how to plan care according to each person’s needs. One member of staff told us, “Care plans are really detailed. Incident forms go in people’s files and that would change their care plans.” We saw people’s care plans were updated where risks had been identified. Care plans described the actions to be taken to minimise the identified risks and provide support to people. For example, we saw on one person’s care plan how risks to their health had been assessed. We found staff followed instructions on the care plan and took steps to minimise risks to the person and reported any changes to their health. People were supported in a way that maintained their independence and ensured their choices were not unnecessarily restricted.

Staff told us the levels of staffing were good. One member of staff told us, “We don’t use the same rota twice. We are constantly updating the rota. The rota is person centred to people who stay here. We look at the relationships between people, we look at their needs and interests, so people aren’t restricted. We are a small team but we can

call extra staff if needed.” Staffing levels were monitored to ensure there were sufficient staff to meet people’s needs safely. The registered manager told us, “Occupancy rates had increased and we recognised we needed three permanent members of staff.” We found the staff rota was flexible and included additional staff who worked at certain times during the week, to provide extra support when required. The registered manager told us, “The rota includes changes to staff numbers, depending on people’s needs. We don’t have a rota with set hours.”

Records we looked at showed staff were recruited safely, which minimised risks to people’s safety and welfare. The provider checked that staff were suitable to support people and ensured they could work independently before they began working alone with people at the home. We saw, and staff told us, checks were made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

The provider had completed risk assessments of the premises and equipment and had identified actions required to minimise risks, such as arranging regular legionella water testing. Records showed the provider undertook checks of the water, gas and electricity and identified when action was needed to minimise risk to people who lived at the home.

There was an effective system in place to ensure people received the medicines they needed safely. Staff who administered medicines told us they had received training to allow them to do this safely. The team leader told us, “One member of staff is new and has not completed all the training, so will not administer medicines until their competency is agreed.” We saw all medicines were kept safely in locked cabinets. Staff kept a record of how much medicine was stored. We saw when medicine was administered people were given a drink, staff ensured medicines had been taken and people were not rushed. Some people were prescribed medicines to be given on an ‘as required’ basis, such as medicine for pain relief. We saw protocols were in place to explain how and when these medicines should be administered, so they were administered safely and consistently by staff. The medicine administration records we looked at were signed and up to date.

Is the service effective?

Our findings

People we spoke with told us they were happy with the care provided by staff. One person told us, “Staff look after me.” We saw staff knew people well and provided effective support according to people’s needs. For example, we saw how staff supported people to choose what they would like for their packed lunch the following day. Staff knew people’s favourite foods and the level of support they needed to prepare the lunch.

Staff told us they had an induction which included training, shadowing experienced staff and completion of a workbook. Staff records showed competencies were checked at one-to-one supervision meetings during their inductions. We found staff on induction received supervision and feedback from the team leader and the registered manager. Staff told us they felt supported by the registered manager during their induction.

Staff told us, and records confirmed, they were supported by the registered manager in regular staff supervision meetings, to obtain training that enabled them to meet people’s needs effectively. One staff member told us, “I ask for training on anything that comes up. I have done a ‘managing people’ course for my role.” The registered manager told us, “We have a robust training database. It is planned a whole year ahead. We discuss in supervision what staff would like in addition to mandatory training. If people have additional needs I will ask for training in that. We did some on diabetes recently.” One member of staff told us they had received recent training in promoting positive behaviours, which included techniques to help them if people displayed behaviours which challenged.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out requirements that ensure where appropriate; decisions are made in people’s best interests when they were unable to do this for themselves. Staff we spoke with understood the requirements of the MCA, they told us how decisions were made in people’s best interests where required. One member of staff told us, “We would work in partnership with health professionals to help make a decision.”

People told us they made their own decisions and staff respected the decisions they made. One person told us, “I

get to go to bed when I want.” All the staff we spoke with told us the service enabled people to lead independent lives away from their own homes and that people always made their own decisions for their everyday living.

People told us, and we saw, that staff asked people how they wanted to be cared for and supported before they acted. One person told us staff asked for their permission before they were supported. One member of staff said they obtained people’s consent by, “Asking them if they are okay with what I’m doing, before supporting them with individual care.” Another member of staff explained how they gained consent from people who were not able to communicate verbally. They told us, “One person waves like this if they don’t want to do something. It’s written in their care plan.”

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. They told us they had received recent training in MCA and they were the MCA champion across all the provider’s services. They told us being a champion meant other staff could refer to them for guidance in this area. The registered manager told us they had obtained professional guidance from the local authority and were in the process of using the information to write an MCA procedure for the provider. We saw the registered manager had developed an easy read guide about the MCA for people who used the service. The guide was easy to understand and contained up to date information about the MCA. The registered manager told us they knew how to make an application for consideration to deprive a person of their liberty. They told us no-one who lived at the home was deprived of their liberty or had a DoLS authorisation at that time.

People told us they liked the food and they chose what they ate on a daily basis. One person told us, “I choose food every day. I have what I like.” Another person told us, “We get to choose what we eat. I like to eat curry on a Thursday night.” The registered manager said, “We don’t have a planned menu. We have a variety of foods. We ask people what they want for the next day. We sometimes cook different foods for different people on the same day.” We saw people made their own decisions about their meals and were supported by staff according to their needs. We heard staff ask people what they would like for their

Is the service effective?

evening meal. People chose what they wanted and were then supported by staff to the shops to buy the ingredients. We saw the choices people made matched the information about their dietary requirements in their care plans. This demonstrated staff supported people to maintain a healthy diet. We observed the evening meal and saw people were supported by staff to help make the meal according to their needs and abilities. For example one person helped prepare the food by grating cheese. Food looked appetising and we saw people were given the support they needed by staff to eat their meals.

Staff were knowledgeable about people's individual needs, which minimised risks to people's health. For example, a member of staff told us how one person was supported with their personal care because of a health issue. Staff explained, because they were a service where people

stayed for short periods of time they only occasionally supported people to access healthcare services. We saw staff reacted quickly and effectively when one person told them they felt unwell. Staff took immediate steps to identify the problem and make the person more comfortable. One member of staff told us how they managed if there was a change in someone's health. They said they shared information with other staff, "In the care plan, in the handover notes or a relative would tell us." We saw on people's care plans that up to date information was available about people's health. Health professional's details were recorded in people's care plans, so they could be contacted easily for advice. Information was recorded when contact was made with a family member and health professionals' advice was recorded.

Is the service caring?

Our findings

People told us they were happy staying at the home. One person told us, “I like coming here.” We saw good communication between people and staff and the interaction created a friendly environment. People did not hesitate to ask for support when they wanted it, which showed they were confident that staff would respond in a positive way. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. For example, staff sat with people and took time to ask them on a one to one basis how they had spent their day. Staff were compassionate and supported people according to their individual needs. One person was upset about something and staff listened to them and put them at ease by suggesting a solution to the problem. A member of staff told us, “We look at everyone’s needs. When they’re here, it’s their home. We like them to be happy.”

People were involved in making decisions and planning their own care. People chose and planned their evening meal and their evening entertainment. The registered manager told us people contributed to their care plans, “At initial assessment and when they stay.” We saw people had given their opinions on the care they received in a

customer survey completed in March 2014. The questionnaires were easy to read and contained pictures to help people understand the questions. There were some positive comments, one person had written, ‘Staying there really makes a difference.’ We found people who used the service were supported to express their views about the care they received and were invited to ‘residents meetings’. The minutes from the meetings recorded people’s opinions about the service. We heard one person ask staff if they could attend a resident’s meeting soon. The team leader told them they would arrange a meeting for the next time they stayed.

Staff understood the importance of treating people with dignity and respect. For example we heard staff speak with people quietly and discreetly when they asked for support with personal care. One member of staff told us, “We always knock before we go into a bedroom. We do things how you would expect others to do to you and we show new staff that as well.” Another member of staff said, “We follow person centred practice at all times. We honour people’s preferences and choices.” They gave an example of how one person’s religious beliefs meant they did not eat certain foods and how they took this information into consideration when supporting people to plan meals.

Is the service responsive?

Our findings

People told us they were happy with their care and support and that staff encouraged them to be independent. They said they spent their time in the way they preferred. People told us about things they enjoyed doing, such as swimming and going to the gym. People's interests had been recorded in their care plans. Staff supported people to work towards goals in connection with their interests. For example, we saw one person was supported to do some laundry to increase their independence and daily living skills. We spoke with the person and they told us they wanted to learn this skill. We saw this was recorded in their care plans with detailed instructions for staff on how to support the person to achieve their goal. The support staff gave people reflected the information in their care plans. A member of staff told us, "We look at people's care plans and previous history to see what they like to do. For example help with dinner. We encourage them all the time."

Staff told us people were free to make their own decisions. One member of staff told us, "We plan the day around them and see what they want to do. We respect people if they just want to chill out." People's records showed that they chose how they spent their time and their choices were recorded. One person told us, "I like to have a bath every night. I have a nice bubble bath." This had been recorded in the person's care plans and staff told us they supported the person to do this. The registered manager told us, "We are a small service with a nice dynamic. We have regular staff who know people's needs. Care plans are comprehensive and we know what people like. Choices are instilled in staff. Every choice matters. What people want to wear, if they want a bath or a shower. We don't plan too far ahead, the service is guided by the choices of the people staying here."

We saw people had shared information about themselves and their likes, dislikes and preferences for care were clearly defined in their care plans. Staff told us how important it was to read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. A member of staff told us, "Everyone has a support plan which we go through with them. We update care plans at every stay."

There was good communication between staff when they shared information about people's needs, to ensure they received good care. Staff told us that the handover of information between shifts was clear and effective. One

member of staff told us, "I write in the handover files. Handover is definitely useful." One member of staff told us, "I read care plans, speak to colleagues, speak to families and find out if there any changes." Staff told us they would highlight any issues to senior staff and updated people's care plans and risk assessments where required. The registered manager told us the team leader sent them a summary of handover information each week, so they were aware of any changes.

We saw people received personalised care that was responsive to their needs. Everyone who used the service had a named key worker. One person told us they had chosen their keyworker, they said, "We get on well." The staff member who was the key worker for the person spent time with them on an individual basis, to find out if there had been any changes to their needs. Staff told us a key worker worked closely with someone and was responsible for managing their annual care plan reviews and keeping their care plans up to date. They told us, "A key worker ensures the information is there for other staff." We saw information was shared where relevant, with staff, family and other professionals, to ensure the care the person received met their needs. For example there was a pictorial diary for people to take away with them at the end of their stay. A member of staff told us, "We fill this in from people's daily notes." One person told us, "I take my diary home in my rucksack and mum looks at it."

Staff told us people's care plans were reviewed each year by the registered manager and on an ongoing basis by their keyworker. Staff told us, "Some people like to go through their care plans and sign them off." We found care plans were reviewed and updated regularly to minimise identified risks, as appropriate to people's changing needs. For example one person's care plan, about how they should be supported with personal care, had been updated at their last visit, because their needs had changed. There was evidence that reviews involved the person and other relevant people where appropriate, such as relatives and the local authority.

People told us they would raise any complaints or concerns with staff. One person told us, "I do tell staff when I'm not okay, I tell [name of key worker]." The staff member confirmed the person had recently made comments about

Is the service responsive?

an issue they were not happy with. The staff member told us about action they had taken to prevent the situation from reoccurring. We saw the staff member had acted quickly and explored the person's concerns.

The provider's complaints policy was easy to read, because it had pictures to help people's understanding and it was accessible to people in a communal area. This showed people were encouraged to share their opinions and

experiences. Staff told us how they would support people to make a complaint if they wished. One member of staff told us, "I've read the procedure. If someone wanted to complain I might have to support them to fill it in (complaints form). I would tell them about the steps to take." Records showed that complaints had been responded to in accordance with the provider's policy and to the complainant's satisfaction.

Is the service well-led?

Our findings

All the people we spoke with were satisfied with the quality of the service. One person told us, “I love it here.” We saw records of compliments made by visiting health professionals about their good experiences of the service. The registered manager told us, “Every customer who has come here has decided to stay, which I think is a testament to the service and staff team.”

People were positive about the leadership within the home. One person told us, “The manager is [name]. They talk to me every day.” We saw the registered manager was visible and accessible to people in the home and people knew them by name. Staff told us the registered manager was approachable and they could take any issues to them. The registered manager told us they made sure they were accessible to people. They said, “I always have an open door. I will have a cup of tea with people in the morning.”

Staff understood their roles and responsibilities and felt supported by the registered manager. Staff told us they enjoyed working at the home. One member of staff told us they found their work, “Challenging and rewarding.” We saw there were regular staff meetings, daily written handovers and staff were provided with regular supervision meetings. One member of staff told us, “The manager gives me paperwork a couple of weeks before so I can bring ideas to supervision meetings.” The staff member told us they felt able to speak openly, they said, “I’ve suggested loads of things. The manager takes them on board.” They gave several examples, including developing a new form for staff handovers to include more information to help newer staff. We saw staff used the new form.

The registered manager told us, “Staff are forthcoming with suggestions. They are happy to tell me if they think things need to be improved. I encourage staff to take ownership of suggestions.” The registered manager gave an example where staff who had recently attended some training, amended the provider’s related policy. They said, “It makes sense, the new policy will go to the management team for approval. It will then go on the provider’s database and be shared with staff. Staff will make changes to the policy at meetings if required.” This showed the registered manager encouraged staff to develop and make improvements to the service, which helped them to deliver high quality care to people.

Staff told us they had regular staff meetings and these were useful. Staff confirmed there was good communication between staff members and they were motivated to improve the service. For example, records showed that the provider had attended a recent staff meeting and given feedback to staff on positive comments received about the standard of care at the home. The registered manager told us, “Compliments are mostly verbal, so I capture them on a form and share them with the Board of Trustees. The provider may feedback to staff on an individual basis and may send staff a card or box of chocolates.” The registered manager told us, “We are open with staff about feedback and try and get everyone involved. There is no us and them.”

There were additional meetings for staff between representatives from all of the provider’s services, to share ideas and then feedback to colleagues in their own services. The registered manager told us the provider introduced new quarterly meetings where team leaders could meet with managers because, “We (the staff) felt there was a gap in sharing information.” This demonstrated there were processes in place to enable staff to share information about the service in an open way to help improve the quality of care for people.

Records showed people were encouraged to provide feedback about the service through questionnaires and regular meetings. We saw the most recent questionnaires had been sent to people in 2014, asking for their opinions of the service. The registered manager explained that responses were analysed by the provider. They told us if any issues were identified, they would take steps to make required improvements to the service. No issues had been reported in the latest survey. The provider published a summary of the survey responses in their magazine, ‘On the record’. The magazine was available to everyone and demonstrated that the provider took people’s views seriously.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager understood their responsibilities and was aware of the achievements and the challenges which

Is the service well-led?

faced the service. They explained how they worked with the local authority to make improvements to the service and had recently hosted a consultation event with the local authority to look at funding of services.

There was a system in place to monitor the quality of service. This included monthly checks made by the registered manager of the quality of people's care plans and financial records. The registered manager told us, "I do the audits and I pass information to the keyworker about any actions and I check it a month later." We saw the audit process was effective. Actions had been taken to make improvements and people's care plans had been updated. The registered manager told us the provider had a, "Quality Assurance Group which meets quarterly and looks for patterns in audits. They will pass on any actions to the provider who passes them onto the registered manager of the service."

Additional monthly checks were carried out by a manager of another of the provider's services. They looked at areas such as quality of care plans, medication and household issues. The provider organised further checks to be made by an external auditing company who looked at the service records and made recommendations for improvement. We saw action plans were shared with the provider, who checked actions were completed in a timely way. This meant the quality assurance system, which helped to improve care for people, was strengthened by independent checks.

The registered manager told us there were many opportunities for senior staff in the provider's group to meet, share ideas and reflect on their practice. We saw evidence of meetings which involved different levels of staff. Some meetings included team leaders and some included the provider's board members. The registered manager told us they spoke openly at meetings and shared their experiences. They said, "We are a very open team." They gave an example where a member of staff had attended a recent multi-disciplinary meeting. They and other relevant professionals had looked at ways services could work better with local GPs. Senior staff discussed the information at their meeting and shared ideas to make improvements. The provider had attained a silver award from the international investors in people accreditation scheme, for their staff management achievements. This showed the provider encouraged innovation amongst staff, which helped to improve standards of care for people.

People's confidential records were kept securely in the care office. Staff could access records when required and share them with people who stayed at the home. Staff updated people's records every day to make sure that all staff knew when people's needs had changed. The provider's policies were easily accessible to staff.