

Mrs Patricia Pauline Milligan

Mrs Patricia Pauline Milligan - 51 Wellington Road

Inspection report

51, Wellington Road
New Brighton
Wallasey
Merseyside
CH45 2ND

Tel: 01516395685

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

51 Wellington Road is a care home providing personal care and accommodation to up to eight people who have a learning disability. At the time of the inspection there were eight people living in the home. The home is a domestic style house within a local community. Accommodation is over three floors with bedrooms located on the first and second floor.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. Support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. The home was situated close to public transport links and good local amenities, meaning it was easier for people to access their community.

People's experience of using this service and what we found

The systems in place to monitor the quality of the service required further development to ensure all areas of the service had clearly recorded checks and the providers involvement was evidenced. People told us the home was managed well, that they were included in decisions regarding their home and they were happy. Staff agreed the home was well managed and would be happy for their family members to receive support there. The management team were aware of their responsibilities.

Staff knew the people they supported very well. Care plans were in place that were detailed and based on the needs and preferences of each individual to help ensure they received person-centred care. Staff knew how best to communicate with people and people told us they could speak with staff at any time if they had any concerns or complaints. People were encouraged to participate in any hobbies or activities they chose to, and when needed, staff supported people to maintain relationships that were important to them.

People told us staff treated them well and were always kind. Staff spoke about people they supported with warmth and compassion and we observed positive, familiar interactions between people living in the home and staff. People's views regarding the support they received were sought and feedback taken based on this. People told us they had full choice about how they spent their day and staff supported them in whatever way they needed to achieve what they wanted each day.

Staff were supported through a comprehensive induction, regular supervisions and access to training

relevant to their roles. People were supported to eat a well-balanced diet. They were involved in deciding the menu each week and encouraged to prepare some meals. The service monitored people's health and made appropriate referrals to other health and social care professionals when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe living in the home. There were sufficient numbers of staff on duty who had been safely recruited and were knowledgeable about safeguarding procedures. Medicines were administered by staff who were trained to do so, and people told us they received them when they needed them. Regular checks were made to help ensure the building remained safe and there was an ongoing programme of improvements in place. Some additional checks were required and following the inspection, the assistant manager evidenced that risks regarding legionella had been assessed. Accidents and incidents were reviewed by the management team to identify any potential themes and trends. This helped to prevent reoccurrence in the future and minimise risk to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

Mrs Patricia Pauline Milligan - 51 Wellington Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not in work during the inspection and we were assisted by the assistant manager.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We also spoke with the assistant manager and a member of the care team.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to safe recruitment, as well as supervision and training records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We received evidence from the assistant manager, of actions taken based on the findings from the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely and records of administration were completed.
- There were no records maintained when medications were returned to the pharmacy each week. A system was put into place immediately following the inspection.
- Medicines were stored safely in a locked trolley attached to the wall in the office. The temperature of the room was controlled by a thermostat to ensure it stayed within recommended ranges.
- Medicines were administered by staff who were trained to do so. People told us they received their medicines when they needed them.

Assessing risk, safety monitoring and management

- Regular internal and external checks were made on the building, utilities and equipment to help ensure they remained safe. We found however that there had not been any checks undertaken with regards to legionella. Following the inspection, the assistant manager evidenced that risks regarding legionella had been assessed.
- Individual risks to people had been assessed and measures had been taken to reduce risks. Window restrictors were in place when deemed necessary to maintain people's safety and the assistant manager agreed to formally record the risk assessment process they followed when deciding whether window restrictors were required or not for each person.
- Staff were aware of emergency procedures, including evacuation of the building and fire drills were completed regularly.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding procedures and a policy was in place to guide them in their practice.
- There had not been any safeguarding incidents since the last inspection
- People told us they felt safe living in the home. One person said, "I feel safe here because I know who I am living with" and another person told us, "We look out for each other."

Staffing and recruitment

- People received care and support by staff who were familiar with their individual needs, preferences and routines. People told us there were enough staff to support them in a timely way.
- One carer had been recruited since the last inspection and all necessary checks had been completed to ensure they were suitable to work with vulnerable people.
- Permanent staff covered each other's holidays and periods of sickness, so agency staff were not used

within the home.

Preventing and controlling infection

- The home was clean and well maintained with an ongoing program of upgrades and redecoration in place.
- Staff received training in infection prevention and control and followed good practice guidance.
- Personal protective equipment was available, and we observed staff use this appropriately.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the management team to identify any potential themes and trends. This helped to prevent reoccurrence in the future and minimise risk to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the home to ensure their needs could be met. Care plans were then developed based on these assessments, as well as information provided by other health and social care professionals.
- Staff were kept updated regarding best practice through CQC newsletters and updates from the local authority.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction when they started in post, which was in line with the care certificate. New staff worked alongside more experienced staff for several months until they knew people's needs well and how to meet them.
- Staff told us they felt well supported in their roles and one of the management team was always available on the phone out of hours if needed.
- Supervisions were completed regularly, and a system was in place that prompted the management team when they were due.
- Regular training was completed by staff on line. A staff member told us additional training was supported to meet people's individual needs. For instance, when a person moved into the home that had a specific health condition, training was provided in that area.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs had been assessed and preferences were known by staff.
- A weekly menu was developed with people and there were several meals prepared each day to meet people's individual preferences.
- Staff supported and encouraged people to shop and prepare meals.
- When people were in, they sat together for meals and we saw this was a sociable experience. Some people liked to eat out and were supported with this when necessary.

Adapting service, design, decoration to meet people's needs

- The home was suitable to meet the needs of the people living there.
- A bath lift was available for people who may need this due to mobility needs.
- People told us they had all decided to convert one of the lounges into a games room, with a pool table. This was due to be converted soon.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received the care and support they needed. The service referred people to other healthcare professionals when required. One person told us, "[Staff] will call a doctor if I need one, they are good like that."
- When needed, staff supported people attend external appointments to help maintain their health and wellbeing.
- People were registered with a local dentist and had oral healthcare plans in place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Nobody living in the home required a DoLS application to be made.
- People were involved in all decisions regarding their day to day care and support and told us they consented to the support they received.
- One person told us, "We can do whatever we want, it is not regimented here. We make our own choices; go out if we want to and get up when we want."
- People's consent however was not always clearly recorded. We discussed this with the assistant manager who printed consent forms before the end of the inspection.
- Staff had completed training in relation to mental capacity and understood people's right to make choices and decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them well and were always kind. One person said, "We all help each other out, we are a team, we work together." Another person told us, "[The managers] are not like the bosses, it is not staff and service users, it is just all of us together. It is the best home I have been in."
- Staff knew people they supported well, including their preferences regarding care. They spoke about people they supported with warmth and compassion. We observed positive, familiar interactions between people living in the home and staff.
- People's diverse needs were known and respected by staff. There were policies in place to support this, including religion and belief and equal opportunities policies.
- The language used by staff in records about people's care and support, was respectful.

Supporting people to express their views and be involved in making decisions about their care

- People's views regarding the service were sought through regular group discussions, residents' meetings and twice-yearly satisfaction surveys.
- People were supported to make decisions, and the assistant manager told us they would contact advocacy services should anybody require this.
- People made choices about how they spent their day and told us it was completely up to them how they spent their time. During the inspection we saw that people got up and dressed when they chose to, went out to work placements, sat in and watched television and some people went out to a local pub together.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in ways that prompted staff to provide care that encouraged people to maintain their independence.
- Equipment was in place to promote people's independence. This included a bath chair and use of a hot water sensor that enabled a person with visual impairment to make a cup of tea safely and independently.
- Staff were able to describe ways they protected people's privacy when providing care and we observed people's dignity being maintained throughout the inspection.
- People were encouraged to prepare their own drinks and snacks throughout the day and everybody made their own breakfast.
- Confidential information regarding people's care was stored securely on a computer to protect people's privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place that were detailed and based on the needs and preferences of each individual. This enabled staff to get to know people as individuals. Care plans were consistent with risk assessments. This meant that staff knew how to support people appropriately and helped to ensure people received person centred, responsive care.
- Care plans were reviewed regularly, and staff were alerted by the electronic system when reviews were due. It was clear that people were involved in the development and ongoing review of support plans.
- People received person centred care and staff were responsive to people's changing needs and choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were recorded within their care plans.
- The assistant manager told us they could provide records in different formats should it be required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to maintain relationships with people that are important to them. People with family that lived locally visited regularly and staff supported other people to send cards to family members for special events throughout the year.
- People told us they were able to continue any hobbies or activities they wanted to, both within the home and the local community. We observed a group of people go out to a local pub, another person attended a work placement and others completing jigsaws or going shopping.
- Activities were arranged based on people's individual preferences. For instance, one person told us how they enjoyed gardening. A greenhouse had been purchased for them and they told us staff were supporting them to attend the Southport Flower Show later in the year.

Improving care quality in response to complaints or concerns

- People told us they could speak to staff at any time if they had any concerns.
- A complaints policy was available and information on how to make a complaint was also included within people's contract.
- There had not been any complaints received since the last inspection.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection.
- Care plans showed that people had the opportunity to discuss their end of life care wishes if they chose to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Some systems were in place to monitor the quality and safety of the service to help ensure people received good quality care, but these checks could be further developed and recorded. For instance, the regular medicine checks undertaken by the assistant manager were not recorded.
- Best practice guidance was not always reflected in some areas of the service, such as legionella monitoring and recording the risk assessment process in areas such as use of window restrictors.
- The assistant manager took responsive actions during the inspection, to address any issues raised and provided evidence of actions taken after the inspection.
- Although this is a small family ran service, systems need to be developed to reflect how the provider maintains oversight of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback regarding the management of the service was positive. People told us they were happy living in the home and everybody knew the registered manager and assistant manager. One person told us, "[Managers] always tell us this is our home and encourage us to do the things we want to do."
- Staff told us it was a nice place to work, that is was "homely" and would recommend the home to their friends and family "Without a doubt."
- Staff felt supported and told us they could speak to the registered manager or assistant manager at any time if they had concerns and were confident they would be listened to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Relatives were kept informed of any incidents that involved their family member as required.
- Staff told us that they would not hesitate to inform a member of the management team of any issues or concerns they had.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The assistant manager was aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.

- The ratings from the previous inspection were displayed within the home as required.
- A range of policies and procedures were in place to help guide staff in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team worked with other health professionals to help ensure people received appropriate and coordinated care.
- Systems were in place to engage with people to plan their care and seek their feedback regarding the service they received. This included care plan reviews, meetings, quality assurance surveys and a complaints process.
- Regular staff meetings were held to engage with staff and seek their views. Staff felt involved and that they were listened to.