

Milewood Healthcare Ltd

Glenthorne Court

Inspection report

377 Norton Road
Stockton-on-tees
TS20 2PJ

Tel: 01642558621

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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 ●

Summary of findings

Overall summary

About the service

Glenthorne Court is a residential care home providing personal care to seven people at the time of the inspection. The service specialises in care provision for younger and older adults with a learning disability or mental health issues.

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.

The service was a large home, bigger than most domestic style properties. The service can support up to eight people all living in their own flats in one large adapted building. There were also communal areas including a large lounge and rear garden. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design. There were deliberately no identifying signs 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.

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

People's medicines were ordered, stored and disposed of safely. Medicine records were completed correctly. People were encouraged to take positive risks and risk assessments were in place to minimise the risk of avoidable harm.

People were supported by well trained staff. Staff supported people to eat and drink enough to keep them healthy. When people required access to health care this was arranged to ensure the best outcome for the person's wellbeing. The service had recently been renovated and decorated and there were now improved lounge areas for people to use.

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.

Care was delivered with dignity and respect. People liked the staff who supported them and were happy with the care and support they received.

People's support plans contained detailed information to ensure their individual needs and preferences had been considered. They were reviewed regularly to reflect any changes. People were involved in a variety of activities that reflected their own hobbies and interests. They went out individually whenever they wished to

and regular group outings were also arranged. There was a procedure in place for addressing complaints and this was correctly followed.

An effective system of checks and audits was in place. People and staff were regularly consulted about the quality of the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published June 2018). There were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 well-led.

Details are in our well-Led findings below.

Good ●

Glenthorne Court

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

The inspection was carried out by one inspector.

Service and service type

Glenthorne Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Notice of inspection

This inspection was unannounced.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager and support staff.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed documents sent by the registered manager to show what actions had been taken in response to initial feedback. We received feedback from two external health professionals who had connections to the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People had individual risk assessments in place. These provided staff with information about the best way to minimise avoidable risk.
- People were encouraged to take positive risks in order to live their lives in the way they wanted to. The registered manager told us they would talk with people about the pros and cons of a decision. They said, "People are encouraged to discuss things with us and then go away to think about it. Risk is part of life and of being independent. If things don't go wrong people don't learn."
- The registered manager recorded and reviewed information about accidents and incidents. Information was sent to the provider's head office each week to be analysed and any concerns regarding patterns or trends were highlighted. We saw evidence of action being taken in response to issues such as regular falls.
- Safety checks were completed on the premises to ensure risks were minimised.
- Fire safety procedures were in place and included regular fire drills and equipment checks. People also had individual evacuation plans so staff knew how to support them in an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in how to protect people from abuse and were aware of how to report any concerns. One member of staff told us, "If I saw something I didn't think was right I would report it to a senior or the manager. I'm not afraid to speak up if I have to."
- The registered manager understood their responsibilities with regards to safeguarding people. Referrals were made to the local authority safeguarding team where appropriate.

Staffing and recruitment

- There was a robust recruitment system in place and checks were done to ensure suitable staff were employed to support people.
- There were plenty of staff available to meet people's needs, including supporting them to go out whenever they wished to.

Using medicines safely

- People were receiving their medicines as prescribed. Medicines were stored correctly, and stock was checked regularly.
- Guidance was in place for staff about how and when to administer medicine prescribed to be given 'when required.' This included detailed information about the dose and the medicine itself but did not contain information specific to each persons' individual needs. Following the inspection, we received evidence that these documents had been reviewed and improved.
- Independence with medicines was risk assessed and encouraged wherever possible. One person was supported to manage their medicines independently. They completed their own electronic records which were shared with the registered manager.

Preventing and controlling infection

- Communal areas were kept clean and tidy. Staff supported and encouraged people to keep their individual flats clean and tidy.

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 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

- Detailed pre-admission assessments were completed before anyone new moved in to the service. This meant the registered manager could ensure the service was able to meet each person's care needs.
- Further assessments were completed on admission and support plans were produced to provide staff with all the information they needed to meet people's needs. These were written and reviewed in line with current guidance and best practice.

Staff support: induction, training, skills and experience

- Staff were supported in their role and received regular supervisions. A supervision is a one to one meeting between a member of staff and their line manager.
- New staff completed an induction to the service and there was an ongoing programme of staff training. Staff told us they felt they had received the training they needed to support people safely.
- Some staff were due refresher training but this had not yet taken place. There were plans in place to address this and registered managers were being trained to deliver some training to staff themselves.

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

- People were supported by staff to shop for and prepare their own food.
- Healthy cooking sessions were held on a weekly basis and we saw photographs of the food that had been prepared. Some people had done little or no cooking prior to moving to the service and they told us they had enjoyed taking part in these sessions.

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

- People were supported with their healthcare needs and staff ensured people attended appointments. Everyone had been for an annual health check and medicine review.
- Healthy lifestyles were encouraged, one person was supported to attend the local gym.

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

- The service had recently been refurbished and fully redecorated. Communal rooms were bright, spacious and welcoming. People had chosen the colour scheme for their own flats and when one person changed their mind the colour was changed in line with their request.
- The registered manager told us a recent renovation had made a big difference in the service. They said, "The extra space has improved things massively. People don't feel so on top of each other and so they're happier to spend time with each other."

- There was a garden area which had seating and plants and people had access to this whenever they wished.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS were in place where required and the registered manager kept records of when the authorisations needed to be renewed.
- Staff understood the basic principles of the MCA and further workshops on this were planned.
- People consented to their care and treatment and were supported to make their own decisions wherever possible.

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 were kind and caring. One person said, "It's brilliant living here - the carers are brilliant."
- Staff had a good relationship with the people living at the service. They were able to describe people's personalities and the way each individual preferred to be supported.
- An external professional told us, "I feel that all the residents are happy and get on with the staff. I have observed the staff to have positive, friendly, professional relationships with the residents."
- People's religious and cultural needs were considered when providing support. Although nobody using the service at the time of the inspection was practising their religion one person did chose to visit church to light a candle for a loved one and staff supported them to do this.

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

- Staff included people in the care planning process. People's preferences and choices were clearly documented in their support plans.
- People were not only involved in decisions about their own support but also had a great deal of input into the service. The registered manager told us, "Our house is pretty much run by the lads - it's their home at the end of the day."
- People had access to independent advocates if necessary. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect. There was joking and banter between staff and people using the service and this was all appropriate and in good humour.
- People's privacy was respected. We saw staff ask permission to go into people's flats.
- People were supported to be independent. Staff encouraged people to keep their flats clean and tidy and helped them to be as independent as possible with food shopping and preparation. People went out whenever they wished, either on their own if it was safe for them to do so or with the support of staff.

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

- Support plans included detailed information about each person and how they wished staff to support them.
- Staff treated each person as an individual and tailored the way they communicated to meet each person's needs.
- Each person's personal goals were considered and staff worked with people to achieve these. One person was learning to tell the time and another was learning to read.

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.

- Information was available in different formats to suit people's individual needs and preferences.
- Easy read documents were available. These used pictures to help people understand information.
- One person did not like being given information in easy read format and preferred to be given time to read things themselves and go to staff with any questions and staff respected this.

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 able to undertake individual activities of their choice but there were also group activities arranged for the whole house. The registered manager told us, "Everyone is getting on well. People are happy to have separate lives but they do all get on."
- A weekly walking group had been set up at the suggestion of people using the service and staff had supported this taking the group out on a variety of routes in the local area.
- One person enjoyed craft activities and regularly visited the library for materials for this. They told us about the pictures they had made and about their other hobbies and interests. Another person was doing a 3k charity run to raise money for a local hospice and had designed their own t-shirt for the event.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People had been given information on how to complain in a format they could easily understand.
- The registered manager was proud to tell us the service had only ever received two complaints. These had been investigated in line with the complaints policy.

End of life care and support

- People were all given the option of completing end of life plans. We saw some people had chosen to do this. The registered manager said other people were more reluctant and they had respected this.
- One person had been keen to have a funeral plan in place and to pay for this. This had given them peace of mind around their end of life that had been very important to them. Staff supported them through the process.

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 requires improvement. At this inspection this key question had now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to ensure that quality monitoring systems and processes were always effective. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Monitoring of the service had improved. The registered manager and provider carried out a number of regular audits and checks to monitor the quality of the service. Any issues found during these checks were included in an action plan to make sure they maintained a high standard of care.
- The provider was meeting the conditions of their registration. They understood the requirements to submit certain information to us and did so in a timely manner.

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

- The provider had a scheme for mentoring staff on a senior training programme. This gave staff the opportunity to increase their knowledge and shadow senior staff. This was designed to benefit staff who may wish to apply for senior role in the future.
- Some staff told us there were times when they could 'get on each other's nerves' and on these occasions they saw staff meetings and supervisions as an outlet. The registered manager had recognised the difficulties of a small staff team spending a lot of time together and was working hard to improve staff morale.
- Staff told us they were very happy in their work. One member of staff said, "I absolutely love this place. We work well as a team to tackle any issues we come up against."
- The registered manager had an open-door policy if staff ever need to talk. We saw staff regularly popping in and out of the office throughout the day and there was a relaxed atmosphere between staff and the registered manager. One member of staff told us, "[Registered Manager] is a lovely manager. I know I can learn a lot from them."

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

- The registered manager had a good understanding of the duty of candour. This is where we ask providers and managers to be open, honest and transparent about their service. The registered manager assisted us throughout the inspection, listened to the advice given and quickly acted upon any issues raised.
- Any incidents were appropriately reported to the local authority and families kept informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to feedback on the quality of the service. Monthly resident meetings took place which people got involved in. We saw evidence of things being suggested at these meetings and then acted upon.
- There were regular staff meetings and all staff told us these were useful.
- Staff were regularly asked for their views and felt included in decisions made. One member of staff told us, "If I come up with an idea [registered manager] will be supportive and guide you in the right direction. They allow us to think for ourselves."
- People were encouraged to be involved in local community. They attended social clubs, the library and gym. One person had enrolled on a local MIND programme for mental health awareness.

Working in partnership with others

- The service worked well in partnership with others. For example, they had a very good relationship with their GP surgeries and pharmacies. The registered manager told us, "We moved doctor surgeries recently and have found the new surgery are very responsive."
- We received positive feedback from an external professional who provides additional support for one of the people who use the service. They told us, "I find all of the staff friendly and approachable. The manager is friendly and helpful and has a very good, trusting, relationship with the young man I support."