

Milewood Healthcare Ltd

Blenheim 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 ●

Summary of findings

Overall summary

About the service

Blenheim House is a care home providing personal care for up to seven people with a learning disability. Three people were using the service at the time of the inspection.

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 an end terraced house. There were deliberately no identifying signs to indicate it was a care home.

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

People and family members told us the service was safe. Risks were well managed. The registered manager and staff protected people from the risk of abuse. Arrangements were in place for the safe administration of medicines.

The provider had an effective recruitment and selection procedure and carried out relevant checks when they employed staff. People were looked after by staff who had the skills and knowledge to carry out their roles.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect. They helped to maintain people's independence by encouraging them to care for themselves where possible.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

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.

The provider had a complaints procedure and people were aware of how to make a complaint. An effective quality assurance process was in place. The service was open and inclusive. People and staff were regularly consulted about the quality of the service.

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 20 June 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Blenheim House

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

One inspector carried out this inspection.

Service and service type

Blenheim House 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

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. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

During the inspection

We spoke with two people about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and two care staff. On the second day of the inspection, we spoke with three family members by telephone.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file for a new member of staff 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 contacted three health or social care professionals by email. Their views were incorporated into this report.

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.

Systems and processes to safeguard people from the risk of abuse

- People and family members told us the service was safe. Comments included, "I feel [name] is safe. It's the first place [name] has been where they are safe and happy" and "They [staff] give me peace of mind."
- The registered manager and staff understood safeguarding procedures. Staff had been trained in how to protect people from abuse.

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

- The provider learned from accidents and incidents. They made changes to reduce the risk of them reoccurring.
- Risks were well managed. Staff understood potential risks and how to mitigate them.
- The home was clean and checks were carried out to ensure people lived in a safe environment.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure. They carried out relevant security and identification checks when they employed new staff.
- Staffing levels varied depending on people's individual needs. A family member told us, "The staff are brilliant. I trust them."

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines. Records described the support people required with medicines and were regularly audited.

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

- People's needs were assessed before they started using the service to ensure their individual needs could be met.

Staff support: induction, training, skills and experience

- Staff were appropriately trained. New staff completed a comprehensive induction to the service.
- Staff were supported in their role and received regular supervisions and an annual appraisal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet.

- Staff supported people with their healthcare needs. This included maintaining a balanced diet and prompting people to maintain their oral health.
- The service worked with health and social care professionals such as social workers, the community mental health team and the learning disability team.
- A healthcare professional told us, "The staff have managed to reduce the amount of PRN [as required] medication whereas the previous placement heavily relied on it" and "[Name] has gained weight in a good way."

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

- The premises had been adapted to meet the needs of the people who lived there.
- People had been consulted about the décor. Bedrooms were individually decorated and had en-suite facilities. One person told us, "I love this house."

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.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.

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 and family members told us staff were kind and considerate. Comments included, "It's more of a home than a care setting" and "All the staff are lovely."
- People were treated as individuals and staff supported them to live their lives how they wanted.

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 care records.
- One of the people using the service at the time of our inspection had an independent advocate. 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

- Staff respected people's privacy and dignity. A family member told us, "I have no concerns regarding privacy and dignity."
- People were supported to be independent where possible. Records described what people could do for themselves and what they required support with. Some people were able to access the local community independently.

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 records were regularly reviewed. They included important information about the person and were written in a person-centred way.
- Support plans had clear goals that the service was enabling people to achieve.

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 were given information in a way they could understand. Support plans described in detail the level of support they required with their individual communication needs.

End of life care and support

- People's end of life wishes had not been discussed. The deputy manager told us due to the sensitivity of the subject, it would be considered at the appropriate time.

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 lived full and active lives and were supported to take part in activities that were relevant and of interest to them. These included accessing day services, groups and other activities in the local community.
- People were supported to develop friendships. One person regularly met and socialised with friends at a local café.
- Staff knew people well and understood what was important to them.

Improving care quality in response to complaints or concerns

- People and family members did not have any complaints but were aware of how to make a complaint. A family member told us, "I don't have any concerns. I'd get in touch if there was."
- Systems were in place to ensure complaints were acknowledged, investigated and responded 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was open and inclusive. Family members told us, "There is good communication [with staff]" and "If I have a worry or an issue, they [staff] always respond very quickly."
- A healthcare professional told us, "I would be very happy for any of my clients to be placed there [Blenheim House] if required."
- Staff told us they were comfortable raising any concerns and the management team were very supportive.

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 acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred.

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

- The registered manager and staff understood their roles and responsibilities.
- The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care.

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

- People, family members, staff and visitors were encouraged to feedback on the quality of the service. Regular meetings took place and annual surveys were carried out. These were analysed and actions put in place for any identified issues.

Working in partnership with others

- The service worked closely with health and social care professionals to ensure people received the support they needed.
- The service had good links with the local community.