

Milewood Health Care Limited

Park View

Inspection report

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Scarborough
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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 

Overall summary

We inspected Park View on the 12 November 2014. This was an unannounced inspection. We previously visited the service on 4 October 2013. The service met the regulations we inspected against at their last inspection.

Park View is registered to provide accommodation to persons who require nursing or personal care. Nursing care however is not provided. The home specialises in supporting up to nine people who have complex learning disabilities and some physical care needs. It is located in Scarborough close to amenities and with good transport links. Park View is owned by Milewood Health Care Limited.

There was no registered manager in place. This is a breach of Regulation 5 Health and Social Care Act 2008(Registration Regulations) 2010. 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 who used the service told us they felt safe. Staff had a good understanding of abuse and how to report

Summary of findings

this. This meant that staff knew how to respond appropriately if they had any concerns over the safety of the people that lived there and people were protected from the risk of abuse.

We saw from people's they had been involved in the their care plans and this meant they received the support they required.

We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was not always calm and relaxed but staff supported people to remain calm.

People using the service had social lives that were individual to their needs. Staff enabled them to maintain contact with their family and friends.

We saw documentary evidence that the management of the service was audited on a regular basis and as a result of the audits, action plans were developed to improve the service.

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.

Staff spoken with had a good understanding of abuse and how to report this. This meant that staff knew how to respond appropriately if they had any concerns over the safety of the people that lived there and people were protected from the risk of abuse.

Staff spoken with understood the value of managing behaviour that challenged.

Staff went through appropriate recruitment procedures before they started work to ensure they were suitable to work with vulnerable people.

Good



Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff received regular formal supervision.

We saw evidence that capacity assessments had been completed. Where people using the service lacked capacity to understand certain decisions related to their care and treatment, we saw evidence to show a best interest meeting had been held.

People were supported to maintain a balanced diet.

We saw from people's records that other health and social care professionals had been involved in the development of people's care plans and this meant they received the support they required.

Good



Is the service caring?

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was not always calm and relaxed but staff supported people to remain calm.

People who used the service told us they were happy with the care and support they received at Park View. They also told us that staff treated them well and respected their privacy.

Care plans identified people's needs and were reviewed each year.

Good



Is the service responsive?

This service was responsive. People using the service had social lives that were individual to their needs. People had their individual needs assessed and consistently met.

Good



Summary of findings

We saw people leaving the service throughout the day to go shopping or to go socialising in the community. In addition to formal activities, people using the service were able to go to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members.

People were encouraged to express their opinion about the service on a daily basis and at regular meetings.

Is the service well-led?

The service was not well-led

There was no registered manager in place. This is a breach of Regulation 5 Health and Social Care Act 2008(Registration Regulations) 2010.

We saw documentary evidence that the management of the service was audited on a regular basis and as a result of the audits, action plans were developed to improve the service.

The manager who was not registered for Park View was available to staff and people who used the service to provide support and guidance.

Requires Improvement



Park View

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 checked 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.

This inspection took place on 12 November 2014 and was unannounced.

The inspection was led by an Adult Social Care inspector who was accompanied by a specialist professional advisor, in learning disability community services. Before we visited the home we checked the information that we held about the service and the service provider, such as notifications we had received from the registered provider. No concerns had been raised. The service met the areas we assessed at their last inspection which took place on 4 October 2014.

We spoke with six people who used the service. We also spoke with the manager and six care workers. We were able to speak with one relative.

We contacted healthcare professionals involved in caring for people who used the service, including social workers and speech and language therapists. We contacted the local authority contracting services.

The provider had not completed a Provider Information Return (PIR). This is a report that providers should send to us under Regulation 10(3) of the Activities Regulations setting out how they are meeting the requirements of Regulation 10(1). The provider told us the PIR had been sent to an email account that had been deactivated. We re-sent the form.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during their lunch time meal. We also reviewed the care records for four people who lived at the home, four staff training records, and records relating to the management of the service such as audits and policies.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. Due to people's complex needs we were not able to verbally seek peoples in depth views on the care and support they received.

We did observe staff supporting people, engaging people in conversations and activities that interested them. Throughout the day we saw people who used the service approach staff with different questions in different ways. Staff always responded with patience and respect for the person they were dealing with.

The provider had safeguarding policies and procedures that reflected guidelines from placing authorities, in place to guide practice. We saw that eight safeguarding referrals had been made to the Commission since our last inspection. Two referrals were substantiated and the provider took appropriate action in response to the referrals. The other referrals were not substantiated but issues were identified through the investigation process that required greater input from the commissioning authority. Staff had also been provided with extra training and support in their roles to ensure they worked in a safe manner. This meant the provider took appropriate action when dealing with people suspected of abusive behaviour. Staff told us they had received training in safeguarding and knew what to do if they had any concerns about people's safety or welfare. Staff spoken with had a good understanding of abuse and how to report this. This meant that staff knew how to respond appropriately if they had any concerns over the safety of the people that lived there and people were protected from the risk of abuse.

Care records included information for staff on how to respond to people's behaviour. For example, we saw a behaviour support plan that gave detailed information about the person's behaviour, the triggers that might result in challenging behaviour and steps on how to minimise or prevent this (verbal de-escalation, firm approach/upbeat and consistent approach by all staff, positive attitude, remove objects that may be used as missiles, remove other service users from danger, physical restraint only as a last resort). There were clear plans in place that illustrated strategies to be followed and how verbal or physical aggression towards objects or people should be handled.

We observed how a member of staff and the Manager responded in a calm and caring manner to a person exhibiting behaviour that challenged, by talking to them and using appropriate light touch of the forearm. This resulted in the person calming down in their own time and meant that people were kept safe and their needs were met. We saw a risk management plan that identified how staff should deal with behaviour that was challenging.

Staff spoken with understood the value of managing behaviour that challenged. They told us they had received training in techniques to make the person become calmer and where needed to safely manage the person's behaviours.

We looked at the staffing rotas for a four week period from 27 October 2014 to 23 November 2014. We saw that there were between six and nine staff on duty at any one time. The manager told us the level of staffing was determined by which person had one to one support. Out of nine people using the service four had been identified as requiring differing levels of one to one support. We spoke with provider and they told us "We are looking to increase the staffing hours by

eight hours a day and those hours will be a flexible shift so that if we need extra support in a morning/evening or on a weekend we can provide it." Staff told us the levels of staff on duty had improved as new staff were employed and they relied less on agency staff. This meant staff were able to develop a working relationship with people who used the service and provide a more consistent service.

Staff were subject to appropriate recruitment procedures to ensure they were suitable people to support vulnerable adults. Staff recruitment information was provided to us by the registered manager after our visit, as documents were held at the provider organisation's head office rather than at the service. We saw completed application forms detailing each staff member's employment history and reason for leaving previous roles in health and social care, and two written references. Each staff member also had an Enhanced Disclosure and Barring Service check documenting that they weren't barred from working with vulnerable people.

Staff followed appropriate procedures to reduce the risk and spread of infection when providing personal care. We noted that personal protective equipment (PPE) such as gloves and aprons were available for staff to use, and

Is the service safe?

people who used the service told us that staff always wore PPE when providing personal care. We observed that staff gathered the appropriate PPE to wear when supporting someone with their personal care. Records showed that staff had been trained in infection control and food safety. This meant that people lived in a clean and safe environment.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines needed to be taken and when. Staff managed the

medicines and we saw they were administered appropriately and recorded on the medication administration record (MAR) chart. Staff recorded stock received at the service, and this was transferred to the MAR charts at the time of our inspection. This meant we were able to ensure the stock balance was correct. Staff who worked in the home had received training in the safe handling of medication; we saw evidence of this in their training file. This meant that people who used the service received their medication in a safe and appropriate way.

Is the service effective?

Our findings

When we asked staff what support they had to complete their role they said “We’re offered on-going training and support”, “Support from colleagues” and “The manager is supportive”, “We can speak to managers.”

Staff told us they were encouraged and supported to attend training, ranging from training in complex behaviours, the safe handling of medication, safeguarding, learning disabilities, diabetes, first aid, autism, Asperger syndrome (Asperger syndrome is a form of autism, which is a lifelong disability that affects how a person makes sense of the world, processes information and relates to other people). This meant that staff developed their skills and understanding in supporting people and enabled them to consider their own career progression.

One member of staff told us that the recent training they had undertaken in relation to Asperger syndrome, told us “I understand now that X is highly sensitive to seeing and hearing things, everything is magnified. For example crying your eyes out literally does mean crying your eyes out; therefore we need to use words carefully”.

A staff member told us “One person understood Makaton and therefore staff suggested that we should learn this” (Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order). The staff member provided us with the dates this training was going to happen in January 2015. This meant that the person would receive personalised care responsive to their needs.

We saw evidence to show that staff received regular supervision with a senior member of staff. Staff told us this was an opportunity to discuss any areas of work that they may be struggling with and to identify training they wanted to complete to enhance their skills. Several staff confirmed that they had supervision, usually every two to three months; however they said that the new management were looking to increase the frequency of supervision.

Staff told us they felt prepared when they started working independently at the home because they had a good induction programme. One member of staff said “I

shadowed an experienced colleague and learnt from them.” This meant that staff were able to develop the knowledge and skills to carry out their roles and responsibilities, to deliver effective care to people.

Staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure that people who did not have the mental capacity to make decisions for themselves had their legal rights protected. One member of staff told us: “When you get to know people well you can support them to make decisions, but we involve other staff, relatives and professionals as well.” Another person told us “They have rights we can’t just stop them from going out or making their own decisions unless we have had a meeting to determine otherwise.” A relative spoken with told us “They always let us know what is going on and discuss any issues with us but they always consult X.”

The manager told us they had applied for a Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 for several people who used the service. A DoLS order allows for the service to legally restrict the movements of the person it has been applied for. The applications had not been responded to at the time of our inspection. Prior to this inspection safeguarding

issues had been raised with both the Commission and the Local Authority. These issues highlighted that someone was being improperly detained, and whilst this was seen by the previous manager to be in their best interests a DoLS would ensure they were dealt with in a safe and consistent way. We saw there was a policy and procedure in place to make sure staff were aware of the process to follow if it was felt people required this level of protection.

People told us they had enough to eat and drink throughout the day. People’s dietary needs had been identified in their care plan. We saw evidence that when necessary the service had taken specialist advice from the speech and language team (SALT). Meals were prepared from a four week menu; there was a choice for each meal. People who used the service helped to prepare the meals; they set the tables and washed up afterwards. We saw a rota for people who used the service to help so that everyone who could be was involved in the meal preparation. This helped people develop and maintain skills. Staff told us there was no set time for breakfast; people got up in their own time and had their breakfast when they were ready. People who used the service told us

Is the service effective?

they had their main meal in the evening. Staff told us that drinks and snacks were available throughout the day. We saw people asking for and being offered drinks throughout our visit.

We saw details in people's care plans when health professionals visited people, such as Consultants, General Practitioners and Social Workers. We also saw evidence that people were visited by a community psychiatric nurse

or social worker to ensure their general needs were being met. This meant that people were supported to maintain their health. We spoke with a social care professional who told us "I feel Park View did exceptionally well for a number of years but then they appeared to have a slight decline in its provision of service. However, the motivation really appears to be back to bring it back to its former standard."

Is the service caring?

Our findings

We observed staff involving people in actively choosing what they wanted to do. One person who used the service was asked “What would you like to do?” They indicated that they wanted to go out for a walk and a cup of tea so was then asked “Which cafe would you like to go to?”. We noted that the member of staff offered a choice to the person of cakes and biscuits, tea or coffee. They were also asked “Would you like the receipt?” and “Would you like help with the change?”. This meant that the person was involved and treated with compassion, kindness, dignity and respect.

We observed that staff respected people’s dignity and privacy, some examples of what staff said are “Can we have a look at your bedroom (“if not that’s okay, it’s up to you”)”, “Shall I ask someone to come up to Hoover your room?” (There were wood shavings on the floor from when the joiner had been doing some repairs).

The staff we spoke with were enthusiastic about providing caring and effective support. We observed during the visit that staff were friendly and caring with people when

supporting them. We saw staff talking with people in a kind and respectful way. We observed that people were asked what they wanted to do and staff listened. Staff communicated in a way that showed they valued the person as an individual. We saw that staff fully respected the choices that people made. An example was when a member of staff helped a person, at their request, to telephone ‘Santa’. Another example of this was when someone wanted to listen to their music and staff helped them to set this up. They spent the afternoon in a communal area singing and dancing with other people in the service.

During the inspection people approached the manager to ask for other services; such as supported living and access to a flat. The manager was able to remind them of an upcoming meeting with their care coordinator where these issues would be discussed. Several people who used the service had an independent advocate to help them with making decisions. We spoke with a relative who told us “We come every week and staff always greet us and tell us what has been going on. The manager makes sure we are kept informed and if there is a review we are always invited.”

Is the service responsive?

Our findings

People who used the service told us the staff helped them to plan the care and support they received. One person told us they were working with their care co-ordinator to look at whether they could manage to live independently in the community. Another person said “I told X what I wanted to do and they write it down. They always ask me what I want to do” and “I like the staff here they are nice to me.”

Staff told us they worked as key workers; this gave them the opportunity to develop a good working relationship with the person they were supporting. One member of staff told us “If I am working in a one to one scenario I prefer to spend the whole shift, where possible with that one person. This gives me time to help the person have a good day.” Throughout our visit we observed staff asking people what they wanted to do, whether that was going out for a walk, going shopping, spending time on a game or just to have a coffee and a chat.

Before the inspection we spoke with social care assessors and they expressed their concern that people who had dedicated one to one time did not have any planned activities. This meant people were not benefitting from the extra support. This concern was also reflected in some of the feedback received from relatives annual survey where it was identified that care was okay but there were not enough activities. We saw during the inspection that staff had worked with one person to develop a weekly plan of activities. The manager told us the person who used the service had agreed to the level of activities and they were also liaising with the care coordinator to ensure it was appropriate.

We looked at four care records and saw that some people had been on holiday. It wasn't appropriate for everyone to go away together and separate holidays had been organised for other people. One person told us they had decided where to go and what they did whilst they were

away. The records showed that people had spent time on their play station 4, fishing, out with family, cooking, shopping, housekeeping, and eating out. They also showed when someone had refused interventions from staff and the actions taken to ensure the person did not become isolated and withdrawn.

We saw in peoples' care plans strategies for dealing with challenging behaviours. Staff were knowledgeable about people who used the service and they were able to describe what strategies they would use. An example of this was the use of positive interaction; staff explained this meant they tried to engage the person whose behaviour was challenging. They didn't try to prevent or subdue but asked other people to leave the area and supervised the situation. Staff told us that physical intervention would be used only as a last resort and only if there was more than one member of staff available.

A relative spoken with told us “Since they have moved here their manners have improved. We feel they have benefitted from the structure they offer and as a family we are very happy with the place. We have written to the people at Milewood Health Care Ltd to tell them this.”

People told us they could tell someone if they were unhappy. One person had an advocate; some people would tell their family whilst others had a health or social care worker involved in their support plan. Staff told us that if people were unhappy with something and either did not or could not say what was wrong then their behaviour and body language would change. Staff would work

with them to try and resolve what the problems were.

Staff told us they would report any concerns, complaints to the management of the home. We saw a copy of the complaints policy; this was available in several formats including pictorial format. There had been no formal complaints since the last inspection on 4 October 2013.

Is the service well-led?

Our findings

There was no registered manager in place. This is a breach of Regulation 5 Health and Social Care Act 2008(Registration Regulations) 2010.

We saw documentation related to the management of the service. Quality audits were carried out on a regular basis. These audits covered finances, medication, the environment, staffing records, care plans, complaints, incidents, accidents and safeguarding incidents. The last general audit had been carried out on the 23 September 2014 and it had identified several areas for improvement. These included updating the environment, especially where damage had been caused by someone expressing challenging behaviour, ensuring the risk assessments in the care plans were up to date and making sure that staff received regular supervision. The manager was able to show us an action plan they were working through in relation to the audit.

We saw evidence that regular meetings for people who used the service took place and staff also had regular meetings. This meant people were kept informed of any changes to the service and were able to discuss how this might affect them.

From our observations people seemed relaxed and had a good rapport with staff. People told us that they could approach anyone of the senior management team or staff if they needed support.

Both management and staff told us that the home had an open door policy for addressing concerns. Staff told us they had regular opportunities to meet with the manager and they were confident they could talk to the manager at any time.

Staff told us that the change in management had resulted in a change in the ethos of the service. They felt the service had reverted back to a person centred approach. One member of staff told us “The atmosphere has changed here and in the last six months one of the best things to happen is that people are coming out of their rooms more. We are also expected to be actively involved in supporting people and taking them out. It is much better.” All of the staff spoken to expressed similar views.

We found the management operated an on call system to enable staff to seek advice in an emergency. We looked at care documentation which showed this system had been followed to ensure a behavioural problem was effectively managed. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

We saw that the manager notified the Commission about events that affected people who used the service. We also saw that incidents and accidents were reviewed on a monthly basis. This allowed staff to examine their practice and to make sure people were getting the right support.