

# New Directions (Rugby) Limited

## Milner House

### Inspection report

30A Vicarage Road  
Rugby  
Warwickshire  
CV22 7AJ

Tel: 01788573318  
Website: [www.newdirectionsrugby.org.uk](http://www.newdirectionsrugby.org.uk)

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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

Milner House provides short respite accommodation and personal care, for up to three people. It also provides a community respite service where people are supported with personal care in their own home. There was one person staying at the service at the time of our inspection and one person was receiving the community respite service. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post. 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.

Staff understood their responsibilities to protect people from the risk of abuse. The registered manager checked staff's suitability for their role before they started working at the service and made sure there were enough staff to support people safely. Medicines were stored, administered and managed safely.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks, while promoting people's independence. People and their families were included in planning how they were cared for and supported.

People were cared for and supported by staff who had the skills and training to meet their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a balanced diet that met their preferences and were referred to healthcare services when required.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. Staff treated people in a way that respected their dignity and promoted their independence. People were encouraged to maintain their interests and take part in social activities.

Staff were dedicated to providing quality care to people. The provider valued staff and promoted their development. There was an open culture at the service where staff felt well supported, able to raise any concerns and put forward suggestions for improvements. The provider worked in partnership with other organisations to make sure they followed current best practice and provided a high quality service. They had developed systems which ensured good standards of care were maintained for people.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Milner House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection visit took place on 11 July 2017 and was conducted by one inspector. It was a comprehensive, unannounced inspection.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

During the inspection visit we spoke with one person who was staying at the service and one person who was visiting the service. We spoke with the registered manager, the deputy manager, the team leader and one member of care staff. Following our inspection visit we spoke on the telephone with one person who used the service, four relatives and one healthcare professional. Healthcare professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

We observed how care and support were delivered in the communal areas and reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, the provider's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us they felt safe using the service. One person told us, "Yes I feel safe at Milner House." A relative told us, "[Name] is happy to go there. They are very safe." We saw people were relaxed with staff and approached them with confidence, which showed they trusted them. One member of staff told us, "I ask people if they enjoy coming here and they talk to me." The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior person. A member of staff told us, "I would report any concerns to my manager." Records showed concerns had been appropriately recorded and reported and action was taken by the registered manager to keep people safe.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's care plans included risk assessments related to their individual needs and abilities. People were encouraged to maintain as much independence as possible. The registered manager explained how they assessed risks to people by monitoring any incidents which took place and reviewing the information to identify any patterns.

Staff told us the levels of staffing were good. The team leader used people's care plans and knowledge of their dependencies, to make sure there were enough skilled and experienced staff on duty to support people safely.

The provider had processes to manage environmental risks, this included regular risk assessments and testing and servicing of the premises and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. The registered manager had identified the support individual people would need to exit the premises promptly in the event of an emergency.

Medicines were managed, administered and stored safely. One person told us, "They [staff] look after me and give me medicine when I need it." Only trained and competent staff administered medicines. We saw all medicines were kept safely in locked cabinets. Staff kept a record of how much medicine was stored. People were given a drink with their medicines and staff ensured medicines had been taken without rushing people. The medicine administration records we looked at were signed and up to date.

The registered manager told us nine medicine errors had occurred place in the previous 12 months. They explained that in order to reduce the risk of further errors they had made improvements to the way they

worked. The registered manager told us, "We now have a new process." This included ensuring senior staff were on duty when people came to stay at the service and medicines were received from families. The team leader told us they felt the medicine processes were now better and staff were more confident following them. There had been no further errors since the introduction of the new process.

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. The rating continues to be Good.

People received the care and support they needed to maintain their health and wellbeing. Staff told us they felt confident in their skills because they had time to get to know people well and had training that was relevant to people's needs. Different methods of training were provided which suited different ways of learning. Staff were positive about training and told us, "Training is brilliant, I've never had so much training." One member of staff explained how useful their training had been and how it had equipped them to support someone in a medical emergency. They said, "The training I had was spot on and I had support from my manager afterwards."

Staff had regular opportunities to discuss and reflect on their practice to improve the quality of care people received. Staff told us they had regular supervision meetings. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. The team leader told us, "Supervision is reflective. We look at things we've done and how we could have dealt with them in a different way." They explained how supervision was used to focus on staff development. They said, "Staff have objectives to aim for and this gives staff pride."

Staff told us they felt supported by the provider and the registered manager to develop their skills to help them provide more effective care to people. Staff were encouraged to develop within their roles and study for nationally recognised care qualifications. For example, the registered manager was studying for a level 5 diploma in leadership and management in social health care to support them in their role and to help ensure people received effective care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff and registered manager understood their responsibilities under the Act.

We checked whether the provider was working within the principles of the MCA. The registered manager told us one person had an approved DoLS order. They had made an application to the supervisory body for another person, because their care plans included restrictions to their liberty. The supervisory body were assessing the application. The registered manager told us they reviewed people's care plans regularly to identify if they had potential restrictions on their liberty.

The registered manager had made assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. People's care plans gave clear guidance to staff about what support people required to make decisions. The registered manager told us most people who used the service had capacity to make decisions about how they lived their daily lives. They told us some people lacked the

capacity to make certain complex decisions, for example how they managed their finances. Staff told us and records showed people's representatives and healthcare professionals were involved in making best interest decisions on people's behalf. The registered manager told us they were in the process of obtaining a pocket book on the MCA for all staff, to develop their understanding. They said it would be, "Good for staff to have a point of reference." Care staff we spoke with understood the requirements of the MCA. During our inspection visit, we observed staff asked for people's permission before supporting them. For example, a member of staff asked one person if they were happy for the CQC inspector to see their bedroom and they agreed.

People told us the food was very good and they enjoyed it. One person told us, "I get to choose what I eat. If I said 'I don't like that', they [staff] would get something I did like." Staff explained people chose what they wanted to eat, although they promoted healthy food options. One member of staff told us, "We offer people healthy alternatives, for example a poached egg instead of a fried egg." During the evening meal we saw staff encouraged and assisted people to enjoy their food and drinks. People were supported by staff according to their needs. For example, one person was supported to drink with a straw and staff supported them to cut up their food into manageable bite size pieces. The member of care staff told us this was to reduce the risk of the person choking.

Staff explained how they supported some people with special diets. For example a member of staff told us, "One person is intolerant of wheat so when we plan to go food shopping we cater for them." They told us some people had cultural beliefs and did not eat certain foods. People's care plans included a list of their needs and allergies and any cultural or religious preferences for food.

Staff were knowledgeable about people's individual medical conditions and were observant for changes in people's behaviours. The registered manager explained because they were a respite service where people stayed for short periods of time, they only occasionally supported people to access healthcare services. A healthcare professional confirmed staff liaised with them to obtain advice on how best to support people with their health needs.



# Is the service caring?

## Our findings

At this inspection, we found people were as happy using the service as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

One person told us, "I love it there...The staff are lovely, they help me with my ironing and preparing meals...I would like to spend more time there. I meet friends, the staff are nice and it's a lovely house." A relative told us, "The staff can't do enough for us, they are genuinely caring." Staff told us they liked working at the service.

The registered manager and the team leader told us, "We are person centred and we work with people to give them what they would like." Staff shared this caring ethos and were supported by the provider to give people care in a way that had a positive impact on them. The provider had signed up to the social care commitment in August 2016, which meant they supported staff through their supervision process in raising social care standards. Staff displayed a high standard of skills which enabled them to support people with different and complex needs to use the service.

Staff were compassionate and supported people according to their individual needs. Staff moved to speak to people so they made eye contact on the same level. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. For example, we saw staff sat with people and took time to interact with them on a one to one basis about the things they were interested in. A member of staff asked someone about what interests they had and after a discussion, they decided together to do some drawing. The person enjoyed the interaction with the staff member and they spent some time drawing together.

Staff explained how they helped people to understand information in different formats to suit their needs. They used pictorial information to assist people's understanding. For example, there was a staff timetable with photos of staff who worked on each shift. There was large print, pictorial information available in communal areas, including the complaints policy, information about the Mental Capacity Act 2005 and keeping safe in the community.

Staff understood that some people found it difficult to communicate verbally, but they understood people through their body language and facial expressions. A member of staff told us, "One person has an electronic aid which they can use to make verbal commands and they have a picture book staff use to support them." Another member of staff told us, "One person has limited vocabulary, but their facial expressions let us know what they think. They will point to things."

People's care plans recorded how they would like to be cared for and supported. Staff told us they read people's care plans and knew about people's preferences and were able to support people in the way they preferred. Care plans had a life history section called 'About me', which included information about people's religion, culture, family and significant events.

Staff told us they were confident they could support people to maintain their individual cultural or religious traditions. One member of staff told us about one person's religious beliefs and how staff encouraged them to follow their beliefs by providing them with the choice to attend a religious service in the community. Staff understood that some people might need particular support to make them feel equally confident to express themselves. There was a 'Custom calendar' in a communal area, with pictures of different activities people could choose to take part in. The registered manager explained they used the calendar to suggest things people may like to do. For example, they said, "We bring back leaflets from the library and give people the choice of what's happening locally."

Staff understood the importance of treating people with dignity and respecting their privacy. One person told us, "I can have time by myself." A member of staff told us, "It's all about giving people choice. We treat everyone the way you'd expect to be treated yourself. For example, if people decline a shave we document it and let families know."

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People told us they were happy with the care and support staff provided. One relative told us, "The service is small, friendly and homely and staff are approachable."

People were involved in making decisions and planning their own care. The registered manager explained how people were initially assessed before they first used the service. They were invited to a 'tea visit' where they would spend a short time at the service getting to know staff and other people staying there. Then they were invited to a longer 'meal visit', where they were invited to eat an evening meal at the service. The registered manager explained the length of the visit process would depend on the person and their needs and the process was repeated until they were ready to stay overnight. A relative told us, "The manager took a lot of notes on [Name]'s routine", before writing their care plan. People told us senior staff came to their home to review their care with them regularly. People felt comfortable to express their views about the care and support they received.

People told us communication between them and the staff at the service was good. One relative told us, "I fill out a big form every time [Name] stays. They contact us if there are any issues." The registered manager explained because it was a respite service, there may be long gaps between people's visits, so they asked people and their families to update them with any changes to their needs before each visit. We saw care plans were updated each time people used the service. A relative told us staff were good at contacting them if there was a change in their family member's needs. They said, "[Name] was poorly. Staff gave them their medicine as they were supposed to do. I was happy with how they dealt with it."

People were encouraged to engage in activities that were meaningful to them. One person told us, "I go to a disco, it's fun. I sometimes go shopping and to the cinema. They say what the options are and we choose. They ask what we'd like to do and we decide between us." The registered manager told us, "People are involved in choosing activities on a day to day basis. Some people treat their stay here as a holiday. It's down to people's choice, we have no plan." They went on to tell us a member of staff had recently arranged a pamper day at a local beauty salon. People from across the provider's services had been invited to attend the event. We saw photos of people smiling and enjoying themselves at the salon. A relative told us how much their family member had enjoyed the day, they said, "They had a wonderful time, it was just lovely." The relative went on to explain they were regularly invited to different events organised by the provider, for example, quiz nights. They told us this made them feel included in their relative's care and support and they got to know staff well through attending these events. During our inspection we saw people took part in different activities. One person was supported to go shopping in the local community, whilst another person was supported to draw. Staff told us about activities other people enjoyed when they stayed at the service. Some people enjoyed evening activities organised by the provider, including bingo and film nights. Staff explained they were in the process of organising a day trip to Blackpool to see the illuminations and organising a holiday for a small group of people who had expressed a wish to go away with support from

staff.

The home was actively involved in building links with the local community and people were supported in individual ways that suited their needs, to attend events outside the home. For example, people attended events organised by their local church and people used the local library. Other people were supported to go to local cafes and shops.

Care plans were personalised, easy to understand and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. We saw there was clear guidance for staff about how to support people with their identified needs. Staff told us they used objects of reference to help some people make choices. A member of staff told us, "We offer people choices. We listen to people and make them feel important and wanted. Then they take pride in themselves."

Staff explained how they promoted people's independence by encouraging people to use their skills. One member of staff gave an example of one person who had limited mobility, so they supported them to prepare food on a table where they found it easier to reach, rather than in the kitchen. They told us, "It's different with every single client, it depends on what they want to do. It's wonderful to enable people to do things." A relative told us, "They encourage [Name] to be independent, they help lay the table."

People told us they felt able to raise any concerns with staff. One person told us, "I would probably ring the staff up if I had a complaint. I'd feel okay to let them know." Relatives told us they had never made a complaint, but felt confident they would be listened to and their concerns would be acted on. Staff understood the complaints process and knew how to support people if they had a concern. The provider's complaints policy was easy to read with pictures to help people's understanding and it was accessible to people in a communal area. The registered manager told us people were also given a copy of the policy to take home. They said, "We make them aware of the procedure because we want to hear about what they'd like us to do better." The registered manager confirmed there had been one matter dealt with in the last 12 months. They told us, "It wasn't a complaint, but I dealt with it as such...because it helped to protect the reputation of the company." Records showed that the issue had been dealt with in accordance with the provider's policy and to the complainant's satisfaction. A member of care staff told us, "We get lots of positive feedback from people, lots of it is verbal. We get to hear positive feedback from the manager."

## Is the service well-led?

### Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

People were happy with the quality of the service. One person told us, "The new manager is nice, he asks what my days been like." A relative told us the service was recommended to them by word of mouth. They said, "They [staff] were nothing but helpful."

Everyone we spoke with told us the registered manager and senior staff were accessible and very easy to approach. The manager was new to their post since our previous inspection visit and had been registered with us since January 2017. They were aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. One member of staff told us, "The leadership has got better, [Name of manager] is a great boss, very supportive, very service user focussed." Another member of staff told us, "The leadership has improved, the staffing is more consistent and we are an actual team now. There is an open door policy and we can talk to senior managers about anything."

The registered manager told us they felt well supported by the provider and other senior managers. When they joined the service they had undertaken a lengthy induction which they found extremely useful. They enjoyed their role and felt enthusiastic to make suggestions for improvements which had been taken on board by the provider. They told us they were, "Proud of the development of the team and support they have shown each other in a constantly changing service." The registered manager told us how they kept up to date with best practice, "Senior management filter down social care updates and I use the internet to keep up to date." They shared new information with staff at team meetings and by email.

The provider had developed a positive culture at Milner House. Their values were imaginative and person-centred and made sure people were at the heart of the service. A member of staff told us, "New Directions are very person centred." All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by their manager's leadership. The team leader told us they had regular team meetings where they discussed a range of issues which affected the care they provided. They gave an example where staff had been involved in changing the way they worked with medicines, to reduce the risk of errors occurring. This showed the registered manager valued staff's opinions and used them to develop and review practices.

The provider had clear systems to ensure the home sustained good practice. Reports of important information about the service which could affect standards of care were regularly forwarded to the provider and the provider's board of trustees. The registered manager received feedback from the provider with any required actions to improve the service.

The provider was innovative and demonstrated sustained improvement to the quality of care they delivered.

They worked in partnership with other organisations to make sure they followed current practice and provided a high quality service. For example, they were members of an organisation who provided advice on employment law which helped to protect and promote staff's rights in the workplace. The provider had signed up to the social care commitment in August 2016 and staff had to demonstrate how they met the required standards as part of their supervision. The provider helped some people to understand information on their website in a more meaningful way, by using an electronic system to allow people to hear a verbal version of the text.

The provider encouraged people to provide feedback and to share their experiences of the service in ways which suited their needs. People were asked to complete surveys which were easy to read and contained pictures to help people's understanding. The registered manager told us people were invited to complete the first part of the survey and then relatives were asked to complete the next section. One person told us, "I've done a survey. I ask mum and dad to help me if I get stuck." A relative told us, "We have suggested some specific things in the past and they have acted on them." Questionnaires had recently been sent to people and their relatives and were in the process of being returned. We saw the results of the survey so far were mainly positive. However, the registered manager highlighted there had been one negative response and they were in the process of setting up a meeting with one person and their family to discuss their response in more detail. This demonstrated people were encouraged to share their views and these were acted on.

There were systems in place to monitor and improve the quality of service. These included checks of the quality of people's care plans by the deputy manager. The deputy manager told us the results of these checks were shared with staff who were asked to take any action required. Records showed people's care plans were updated following audits. Additional monthly checks were carried out by deputy managers and team leaders from the provider's other services. This helped to ensure checks were completed objectively because they were done by someone who did not work at the service. They looked at areas such as quality of care plans, medication and household issues. We saw action plans were shared with the provider and actions were completed in a timely way.

The provider's trustees completed additional unannounced quality assurance checks, to ensure the service was meeting required standards and people who used the service were well cared for. Their findings were fed back to the provider and the registered manager, who ensured any required improvements were made. People's care was improved because the quality assurance system was effective and was strengthened by the provider's checks. The provider was registered with the International Organisation of Standards (ISO) 9001. This meant their quality management systems had been independently reviewed and met a high standard.