

Milewood Healthcare Ltd

Hudson Street

Inspection report

24-25 Hudson Street
Whitby
North Yorkshire
YO21 3EP
Tel: 01947 603367
Website: www.milewood.co.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 18 June 2015 and was unannounced. The last inspection was on 11 June 2013 and no breaches of regulations were identified at that inspection.

Hudson Street is one of fourteen services owned by Milewood Healthcare Limited. The service provides accommodation and personal care for up to 12 people with learning disabilities or autistic spectrum disorder.

Accommodation is provided in two adjacent terraced houses in the seaside town of Whitby on the North Yorkshire coast. On the day of our inspection there were 12 people living at the service.

There was a registered manager employed at this service. 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.

Summary of findings

We found that the service was not always cleaned to a high standard which was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report.

We also made a recommendation that the provider should look at good practice when auditing the service as the issue of cleanliness was not identified and addressed properly.

Staff were recruited safely and there were sufficient numbers to meet people needs. They had been trained in subjects that were relevant to their roles.

Care and support was person centred and there were plans and risk assessments in place which reflected this. Medicines were managed safely. People had access to health and social care professionals when it was necessary.

People had a choice of what they wished to eat and were supported to prepare food if necessary. They could eat wherever and whenever they chose.

People's safety was taken into account by the service because the registered manager had ensured that staff were aware of abuse and how they could recognise and report any events.

The service worked within the principles of the Mental Capacity Act 2005. Peoples consent was sought when appropriate and this was recorded in care records. Deprivation of liberty safeguards had been authorised in some cases and these were reviewed in line with current guidance.

Staff were friendly and respectful. They supported people who used the service to undertake a variety of activities within the local community.

We observed the culture of the service to be caring and person centred.

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?

This service was not always safe.

Measures had not been taken to maintain the cleanliness of all the bedrooms and staff had not always followed company policy in the prevention of infection. This was a breach of regulation.

Staff were recruited safely and there were sufficient numbers of staff to meet people's needs.

People's safety had been considered because staff understood how to recognise when abuse had occurred and were trained in up to date procedures which enabled them to take the appropriate action.

Requires improvement



Is the service effective?

This service was effective.

Staff were trained in subjects relevant to their roles and were supported through supervision and appraisal to continue their development.

The service was working within the principles of the Mental Capacity Act 2005. There were DoLs authorisations in place for some people which were monitored in line with current guidance.

People had a choice of what to eat and were supported to eat when and where they wished.

Good



Is the service caring?

This service is caring.

People were given clear information by staff and were involved through various means in the running of the service.

Staff were friendly and respectful. They respected people's privacy.

Some people had used advocates and if people wished the contact details of advocacy services were available.

Good



Is the service responsive?

This service was responsive

Care and support was person centred and individual to each person.

Care and support plans were reviewed regularly.

Everyone was involved in some form of activity and the service had a positive, vibrant feel.

Good



Summary of findings

Is the service well-led?

The service was not consistently well led.

There was a registered manager at this service who was open and transparent during the inspection. They were well liked by people who used the service and staff.

Although audits had been completed to check the quality of the service they had not always been effective. We have made a recommendation to the provider about this which you can read in the main text of this report.

Questionnaires had been sent to professionals and positive feedback received.

Requires improvement



Hudson Street

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 was planned to check 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 18 June 2015 and was unannounced. The inspection was carried out by an inspector and an expert by experience with knowledge of learning disabilities. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to 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 also looked at notifications that the service had made to the Care Quality Commission (CQC). Statutory notifications are changes, events or incidents that registered services must inform CQC about.

During the inspection we spoke with seven people who used the service, six support workers, the deputy manager and the registered manager. We also spoke with one healthcare professional and one social care professional who were visiting the service. We looked around the service including in people's bedrooms with their permission and observed the daily life of the people who used the service throughout the day.

We inspected care and support records for three people who used the service and four staff recruitment files. In addition we looked at records relating to the running of the service which included policies and procedures, audits and responses to quality surveys.

Is the service safe?

Our findings

People we spoke with said they felt the service was safe. One person said “I feel safe here.”

We looked around the service and in the bedrooms of most people with their permission. We saw that the accommodation was single occupancy bedrooms with en suite facilities. As we walked around we could see that the communal areas were well maintained with modern décor. However when we went into people’s bedrooms we could see that there were issues with the cleanliness, particularly in bathrooms which did not facilitate the prevention and control of infection.

One person’s toilet was dirty and the grout in between the tiles was black. This was repeated in three more rooms. One room smelled of urine and had a stained carpet. The odorous room had been identified in an audit from January 2015 but it appeared that no action had been taken. In addition this person’s bathroom floor was dirty. Two rooms had skirting boards missing. One person’s carpet was marked and the paint was coming off the plastered walls. Although one person had refused a wardrobe staff had not introduced any positive steps to support them in finding an alternative and their clothes were piled in a corner of the room so that it was unclear whether or not they were clean. Although staff may have been conscious that enforced changes could exacerbate people’s mental health conditions some bedrooms were an infection control risk.

We were told that people cleaned their own rooms with support from staff and we saw rotas showing when that should be done but there was no risk assessment to highlight standards of cleanliness required and areas where people may need assistance to maintain those standards. We saw that there were infection control policies and procedures in place which mirrored Department of Health guidance on prevention of infection as well as cleaning schedules. However, the infection control audit which graded the service as 93% compliant said, “All equipment and environment is visibly clean with no body substances, dust, dirt or debris” which was not the case. This demonstrated that the staff were not following company policy in the prevention of infection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Activities) 2014 and you can see what we asked the provider to do at the end of this report.

Individual risks to people who used the service were assessed as part of the care planning process. There were clear risk management plans in place where they were needed. For instance if people displayed behaviours that challenged others their plan identified any triggers for the behaviour, identified preventative measures staff could take, told staff how to react and any safety measures they could take.

The service provided a consistent team of care workers who people knew well which was important because of people’s needs. We saw that there were sufficient people on duty to meet the needs of people who used the service and when we looked at the rotas this confirmed that the staffing was consistent. Staffing levels were dictated by the needs of people who used the service. We saw that where some people required one to one support this was provided.

People who used the service told us that they felt there were enough care workers to look after them with one telling us, “They have enough staff.” Staff agreed and told us, “We are not understaffed.”

The service had effective recruitment and selection processes in place. We inspected three care worker recruitment files and saw completed application forms. People had two references recorded and checks had been done using the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective care worker members are not barred from working with vulnerable people.

People were protected from harm because staff were aware of different types of abuse and knew how to recognise and report any incidents. One staff told us, “I would report it to the manager.” When asked what they would do if they felt the matter was not being dealt with appropriately they said, “I would take it to the directors; you know one step up all the time.” There were policies and procedures available for staff which gave them clear guidelines about how to safeguard people who used the

Is the service safe?

service. All care workers had received training in how to safeguard people. They were able to describe how they would make an alert if they witnessed any incidents of abuse.

The Care Quality Commission had received seven statutory notifications related to people's safety since the last inspection but the registered manager explained that two of these related to a person who now lived at another service. Statutory notifications are changes, events or incidents that registered services must tell CQC about. In all cases the service had taken appropriate action and made referrals to the local authority safeguarding team when necessary. The registered manager updated us on the most recent incidents during the inspection and demonstrated that appropriate action had been taken to reduce risks to people who used the service.

People's medication was managed safely. Each person's medicine was stored in a locked cupboard in an identified room. There was a key safe for medicines cupboards which staff accessed using a specific code known only to them. There was a care plan for each person relating to their medicines and there were risk assessments and further information in care records where they were appropriate. For instance, when one person had 'when required' medicine for epilepsy, there was additional information with guidelines for administration of this medicine. Staff had received special training to administer this medicine.

Medicine administration records (MAR) were completed correctly. There was a detailed medicines policy and procedure which staff followed and medicine audits had been completed.

Physical restraint had been required at times to maintain the safety of people who used the service and others. The registered manager told us this was always the last resort and they would use other appropriate techniques to de-escalate the situation first. Staff had been trained in the safe use of physical restraint. Where this had been assessed as being required detailed risk assessments and procedures were in place. Where any form of restraint had been used an incident form was completed and the service had notified the Care Quality Commission, the local authority and relatives if this was appropriate. Incidents were reviewed by the service to ensure that the correct procedures were followed which protected people from any unlawful restraint.

We saw that there was a fire risk assessment in place but this was completed in 2009 and needed to be brought up to date to ensure that all risks had been considered in the event of a fire. Checks had been carried out to ensure the system worked properly in line with the requirements of fire safety legislation.

We recommend that the service consider current guidance on fire safety.

Is the service effective?

Our findings

People at this service received care from staff who were well trained and had the skills and knowledge to carry out their roles. We saw that staff knew people well and could tell us about their support needs. One social work professional told us, "(Name) has complex needs and needs a specialist placement and this service provides that." A healthcare professional told us, "Staff know (name) well and are able to meet his needs." One person who used the service told us when asked if staff had the skills and knowledge to look after them, "They know what they are doing here."

We inspected the training matrix and saw that staff had received training in areas relevant to their roles such as moving and handling, health and safety and safeguarding. They had also received training in specialist subjects such as epilepsy, learning disability and autism. When staff started working at this service they received an induction. This consisted of getting to know the service and the people who lived there, doing some training and being supervised by more senior staff. We saw evidence of completed inductions in staff records and staff we spoke with confirmed that they had an induction.

Staff were supported by senior staff through the use of supervision. We saw records of the supervision in staff records and they were current. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff. Staff also had (annual) appraisals. Appraisals are meetings with the manager to reflect on a person's work and learning needs in order to improve their performance. It was clear that the service recognised the importance of supporting staff in order that they continued to develop their skills and knowledge which in turn benefited people who used the service.

We observed some people who used the service being asked if they wanted to go out or what they wanted to eat or drink so they were making choices. When we discussed strategies used to support positive behaviour the registered manager told us, "Just because you have firm boundaries, it doesn't mean that you can't have choices." We saw that people were given choices in all areas of their lives. An example of this was people choosing when, what and where they ate.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and staff had an awareness of the legislation through training they had received. The MCA sets out the legal requirements and guidance around how staff should ascertain people's capacity to make decisions. The Deprivation of Liberty Safeguards (DoLS) protect people liberties and freedoms lawfully when they are unable to make their own decisions. The registered manager was aware of the process for making applications for DoLS and there were four people with DoLS authorisations in place. We saw that people had consented to their care and activities such as photographs being taken and these were recorded in care records. We observed that staff sought consent from people who used the service throughout the day when it was appropriate.

People received nutritious meals according to their needs and wishes. When we arrived at the service some staff and people who used the service had just been shopping for food. Staff supported people to choose what they wanted to eat and in preparing or cooking their food. They had access to fluids whenever they wished by going to the kitchens and helping themselves or asking for help from staff. The last visit by the local authority environmental health officer had awarded the service a 3 under their food hygiene rating scheme which means the service employed satisfactory practices around food hygiene.

We saw that people had a choice of meal and could choose where they ate their food. They were supported by care workers in preparation of food when needed. We observed a care worker make an omelette for one person and they told us, "I don't cook. They do the cooking." A second person had brought a salad from the shop to eat for lunch.

One person told us, "We get to say what we like. The food is excellent nearly all the time" and another said, "Staff always check what you would like and what you wouldn't like to eat." Food likes and dislikes had been recorded in care files as well as weights. We saw that one person was being weighed monthly and their weight recorded.

There was evidence of health care discussions with community nurses and specialist services where appropriate in people's care records demonstrating that referrals had been made when needed. One healthcare professional told us, "The service works closely with other professionals"

Is the service caring?

Our findings

We observed staff to be caring and people who used the service told us they were caring. One person told us, “I am very happy living here. I get a lot of support.” They told us they had applied for a job and when they had been asked to attend an interview the registered manager had explained the process and done practice interviews with them. They said, “(Registered manager) is a lovely bloke.” Another person told us “They make my family welcome and ask if they want a cup of tea.”

We observed that staff were friendly and respectful towards people who used the service. There was a lot of laughing and joking throughout the day. Staff clearly knew people well and had a good understanding of their needs. We observed that staff knocked on people’s doors before entering and asked permission to enter respecting their privacy.

It was clear that people who used the service considered this to be their home. They were relaxed and used facilities freely. They moved between the two buildings chatting to staff and others who used the service. Staff were unobtrusive and just supported where needed allowing people to do whatever they were able to do for themselves.

People were supported to ensure their views were heard. We observed that one person had been visited by an advocate in the past but this was not necessary at the moment. There was clear information about two advocacy services with their contact details advertised in the hallways of both buildings. A social work professional told us that they visited the person they supported every three months to make sure things were going well.

The home held service user meetings on a monthly basis. These were documented and minutes provided to people who used the service. The meetings were jointly organised by the staff and people who used the service. The agenda was decided before the meeting. Information was also shared with people who used the service through key worker meetings where people who used the service could discuss any issues they wished. They also have a weekly one to one using their own personal book where they can express their views.

Milewood Healthcare had a service user forum. Hudson Street had two representatives on this forum. It met to discuss their home and how to improve their quality of life. This was a formal meeting with a board and a chairperson, all made up of individuals who are supported across the company.

Is the service responsive?

Our findings

Care plans were person centred and up to date. There were detailed descriptions about peoples' care needs and how staff should support those needs. Each person had a weekly diary planner which outlined what they would be doing that week. For example, one person went to the pub, helped prepare meals, went swimming and to the gym.

We saw that people received support that had been agreed with them. There were risk assessments in place which were linked to peoples' care plans and cross referenced with other plans where appropriate. People who used the service were aware of their own risk assessments and management plans. The risk to the person was clearly outlined and there were clear instructions for staff about how to manage the risk. For instance one person who displayed inappropriate behaviours on occasions had a clear management plan in place with guidance for staff.

We saw that care plans had been reviewed monthly to ensure that people were receiving the care and support they needed. People told us that they were involved in making decisions about their care and support. A member of staff told us, "I've explained what they are signing and made them part of it (the process)."

We saw that everyone was involved in some activity during the day and there were clear links with the local community. Activities were organised according to people's individual preferences. During our visit one person went swimming, another told us, "I've been to (place) three times to watch football as I'm a big (football team) fan." One person said, "I like a good walk to (place name) and staff support me with that." People were coming and going throughout the day and appeared busy.

One person had recently been on holiday with their friend and a support worker. A second told us, "I like it here because I can go out a bit more." They mentioned to us that they had been taken by their key worker to see their favourite band.

There was a club in the locality which held barbeques, raffles and social events each Tuesday. The club was available to the general public as well as people who used services owned by the company. People told us that they attended regularly.

Milewood Healthcare organised parties, Milewood's Got Talent, an annual 5-a-side football tournament, snooker, darts, sponsored events and house meetings where people who used the service could meet others and develop friendships. We were told that these events were designed to help people develop their confidence and feel empowered and people told us that they enjoyed these events.

People who used the service made their own choices. One person was involved in choosing how their room was decorated. They were in the process of painting their bathroom wall. They had designed the decoration and were doing the work themselves. They confirmed to us that they had also decided how their bedroom should be decorated.

Everyone we spoke to knew how to complain. There was a framed document entitled, 'What to do if you are not happy or have a problem' in the one hallway. This had easy read and pictorial instructions which told people how they could complain which reflected the complaints policy and procedure. It also listed the contact details of the director if the person was not satisfied with the response. In the second hallway there was a complaint /suggestion box on the wall. There appeared to be some problems with the service's TV aerial and people were complaining about the length of time it was taking to resolve the problem. One person told us they were unhappy that they could not watch their favourite programmes in their room and another confirmed that the television had been off "For a few days." We told the registered manager about these complaints and they said they were aware of them and would respond to people.

Is the service well-led?

Our findings

The registered manager and the operations manager were present throughout the inspection. This service was one of a group of 14 services providing care to people with learning disabilities in Yorkshire and the North East. The provider is a company called Milewood Healthcare Limited. The registered manager had worked for this provider for a number of years but had only recently been registered with the Care Quality Commission.

The registered manager knew people well and a health care professional told us, “I am impressed by the manager’s knowledge. He has provided detailed information and has been open about the difficulties [relating to person].” We could see that the registered manager was a visible presence in the service and they were chatting with people in a relaxed way. One person who used the service introduced us to the registered manager saying, “This is our boss. He’s great.” We observed the registered manager speak with a number of people who used the service and staff. They were respectful to people and tried to accommodate their wishes. We observed a caring and person centred culture within the service throughout the inspection.

The registered manager was open and transparent when answering all our questions during the inspection and displayed their integrity and honesty when answering our questions. They not only gave us positive information about the service but were clear about where the service needed to improve. The registered manager had sent statutory notifications to CQC as appropriate demonstrating a responsible approach to reporting.

One member of staff told us, “Working here is the best thing I have ever done; You can see results.” It was clear that this

service promoted people’s wellbeing and independence through meaningful activity. The culture was caring and person centred resulting in a positive and stimulating environment.

There were clear community links in this service. Staff encouraged people to access the local community and they did so. Questionnaires had been sent to professionals and one commented, “I think Milewood have been able to support people with complex needs very well.”

Meetings were held regularly with people who used the service and staff. There had been a staff meeting on 13 February 2015. People who used the service had monthly house meetings. We saw that action plans were developed from those meetings.

Audits of people’s care had been undertaken looking at aspects of care and health and safety and in the main these were effective. However, the infection control audit stated, “All equipment and environment is visibly clean with no bodily substances, dust, dirt or debris.” This was not the case as the inspection team had observed areas of the service which did not meet the requirements of the Department of Health ‘Code of Practice for health and social care on the prevention and control of infection and related guidance.’ The audit misrepresented the position and had not identified these obvious issues. This undermined the integrity of the auditing process because the findings of the infection control audit could not be relied upon. Our observations suggested that the service had not met these requirements in any other way.

We recommend that the service review their quality systems and look at good practice guidance around auditing in care homes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected from the risk of infection because the provider did not maintain appropriate standards of cleanliness and hygiene. Regulation 12(2)(h)