

New Directions (Rugby) Limited

Milner 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

Milner House is a residential respite service providing accommodation and personal care for up to three people. Respite is planned or emergency temporary care. The service accommodates older people or children aged between 16-18 years old, who are living with a learning disability and/or autistic spectrum disorder, dementia or a mental health condition. On the day of our visit, only one person was using the service, but other people were due to use the service during our inspection period. Milner House accommodates people over a ground floor. People have their own bedroom and en-suite facilities. There is also a shared kitchen, living space and garden.

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.

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

People continued to be protected from the risk of abuse because systems and processes supported this practice. Risks to the environment and people's health had been identified, assessed and managed safely. Medicines were managed safely. The home was clean, tidy and odour free and staff followed good infection control processes.

There were enough staff to keep people safe and staff had been recruited safely. There was a regular training programme which gave staff the right knowledge and skills for their roles. Positive feedback was received about the caring nature of staff and staff were committed to providing person centred care.

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

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

The service was committed to ensuring people who used the service continued with their usual hobbies and routines.

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.

People were referred to healthcare services where necessary, and the provider worked in partnership with other health agencies to support a smooth transition between services. A healthy lifestyle was promoted and people had free access to food and drinks of their choice.

Systems and processes monitored the quality of the service provided. This included regular checks on the safety of the environment and the quality of care people receive. We received positive feedback about the management of the service and there was an open culture where people, relatives and staff felt able to raise concerns. Any concerns were investigated thoroughly. The provider was committed to continuously improving 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 01 September 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Milner 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

The inspection was carried out by one inspector

Service and service type

Milner 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications of important events the provider has to share with us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and health professionals who work with the service such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We observed staff interactions with one person who used the service. We spoke with the registered manager, a team leader and a senior support worker. We reviewed a range of records. This included one person's care and medication records and a variety of records relating to the management of the service.

After the inspection

The registered manager sent us additional information to validate evidence found. We also received feedback from one healthcare professional and two relatives about their experience of the care provided.

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 continued to be protected from the risk of abuse and the provider's systems and processes supported this. A relative told us, "I have no worries at all about [person's] safety there."
- Staff continued to know how to recognise signs of abuse and what action to take if they had any concerns about a person's welfare. Staff were confident any reported safeguarding concerns would be listened to. One staff member told us, "If I see or witness anything that puts anyone at risk of harm emotionally or physically then I will report it straight away. If my manager is unavailable I would go higher or go to the police and safeguarding team."

Assessing risk, safety monitoring and management

- Risks to people's health had been identified, assessed and managed safely. Records contained clear guidance for staff to minimise known risks. One person was at risk of choking and records contained detailed information about the type of food this person could eat.
- The building had regular safety checks such as gas safety and electrical testing.
- The registered manager had a positive approach to risk and provided people with information about potential risks to their safety such as signs of dehydration and bullying. This helped people be involved in identifying and managing risks in their lives and promote independence.

Using medicines safely

- Medicines were managed safely. Effective systems were in place to ensure people received their medicines as prescribed.
- Staff completed a medication administration record [MAR] for each person which gave an accurate record of medicines which had been administered.
- Staff had received training in safe medicines management and their competency to administer medicines had been assessed.

Staffing and recruitment

- There were enough staff to keep people safe. Shift patterns were scheduled to meet the emotional and social needs of the people using the service.
- Staff told us they worked well as a team and were happy to complete additional hours in emergency situations to ensure people were supported by a consistent staff team.
- Staff confirmed that pre-employment checks had been completed prior to commencing their role. This included an enhanced Disclosure and Barring Service [DBS] check.

Preventing and controlling infection

- The home was clean, tidy and odour free. Due to the high turnover of people using the service staff ensured each bedroom was deep cleaned before the next person arrived.
- Staff understood and followed good infection control processes. One staff member told us, "You don't want it to feel clinical, but it has to be clean. You don't want people getting poorly."

Learning lessons when things go wrong

- There was an open culture where staff were comfortable to report any accidents, incidents or near misses.
- Accidents and incidents were recorded on an electronic system. This enabled the registered manager to monitor and minimise the risk of them reoccurring.

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 a respite service was offered. The registered manager considered the needs of people at Milner House as part of the assessment process, to determine if new people would be compatible.
- People were invited to the service for a 'tea visit' to meet staff and become familiar with the environment. During this time, staff completed an initial assessment and requested further information from the person and, where appropriate, their families.
- Assessments included people's care and support needs and reflected protected characteristics under the Equality Act 2010. For example, people were asked about their religious and sexuality needs.

Staff support: induction, training, skills and experience

- Staff completed an induction at the start of their employment and continued to receive regular training. This helped staff keep up to date with best practice guidance. One staff member told us, "Training is more in depth here. They encourage you to ask questions."
- People who used the service had a range of specific health conditions. The registered manager provided staff with the right training to meet these needs. For example, one person had a diagnosis of epilepsy and staff had received additional training to support this person.
- Staff felt supported and were able to discuss their development and training needs through individual and team meetings. One staff member told us, "You can ask for additional training if you want it. The manager has put me through my level 3 health and social care diploma."

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

- People were supported to eat and drink enough to maintain a healthy and balanced diet. Staff knew people's meal preferences and ensured these options were available throughout their stay. A relative told us, "They always make sure [person] has something in they like."
- People were encouraged to be involved with meal preparation. One person had chosen to plan and cook a meal for the other people living at the home shortly before our visit. Staff supported this person to purchase and prepare the meal whilst promoting their independence.

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

- Many people who received respite care at Milner House had since moved into supported living schemes. The registered manager worked effectively with these services to aid a successful transition. A healthcare professional told us, "I have found them very effective with regards to how they support young people to

transition from living at home to living in a supported living accommodation."

- People were referred to external healthcare services when needed. Records showed staff worked in partnership with people and, where necessary, their families to ensure people's healthcare needs were met.
- Staff promoted healthy lifestyles and supported people to attend their healthcare appointments where needed. For example, people were encouraged to visit the day centre within the provider group to have their blood pressure, height and weight checked.

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

- The service was designed to meet the varying needs of the people who stayed there. There was a homely atmosphere and people were encouraged to bring any special items to make their stay more comfortable.

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.

- Records showed people's mental capacity had been assessed when their capacity to make a particular decision was questioned. Where restrictions were in place, DoLS applications had been made.
- Staff understood the MCA principles. One staff member explained, "Everyone has capacity until proven otherwise. We give people all the choices they want. We have lots of options such as pictures or objects to help people make decisions. If they wanted to leave and they have the capacity to do so, we have no right to stop them."

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

- Staff treated people with kindness and compassion, and we received positive feedback about the caring nature of staff. A relative told us, "[Person] loves it there. The staff look after them very well." A healthcare professional also commented, "The young people I refer to Milner House for respite all enjoy their stay there."
- Staff took pride in their roles because they enjoyed caring for people. Staff had time to get to know and understand people as individuals. One staff member told us, "Here we actually get to spend time with people. Even though it is respite, we get to know people and build up our relationship with them. Caring for people gives me a real sense of pride."
- There was an inclusive culture which respected equality and diversity. The provider recently revised their 'sexuality and personal relationships' policy to educate and support people to know about their human rights. The registered manager told us, "People have the right to be whoever they want to be whether they have a disability or not."
- Staff understood people's backgrounds, cultures, and what was important to them. For example, one person did not eat beef or pork due their beliefs and this was respected.

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

- People continued to be involved in making decisions about their care and how they wanted to live their life. This was recorded in people's care plans which were regularly reviewed.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they closed doors and curtains to maintain people's privacy and dignity.
- There was a real emphasis on developing people's independence. The registered manager explained, "We are a victim of our own success as many of the individuals we support have gone on to living in supported living schemes as they have gained that much independence."
- This was confirmed by a healthcare professional who told us, "One person has developed new skills and now feels confident to move out of the family home. Milner house worked hard to develop [person's] daily living skills such as personal care, cooking and generally socialising with others. This makes a lot of difference in the transition process."

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.

The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was clear evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and, where appropriate, their families were involved in developing people's care plans. These were regularly reviewed to ensure people's preferences and support needs remained up to date.
- People had identified goals they wished to achieve whilst staying at Milner House and were supported by staff to achieve these. One person found socialising difficult, so staff used a planned and positive approach which increased their confidence. This person then accessed and engaged with members of the local community which minimised the risk of social isolation and increased their self-esteem.
- People were supported by a consistent and stable staff team who knew people well. Staff were matched to support people based on their individual interests and personalities to enhance their emotional wellbeing.

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.

- The registered manager and staff had a good awareness of the AIS. Information was presented in different formats, such as pictures and large print, to aid people's understanding.
- Staff understood people's specific communication needs. These had been identified and recorded in care plans so staff knew how best to communicate with people. One person used Makaton and their important signs and symbols were presented in pictures for staff to follow. Makaton is a language programme using symbols, signs and speech to enable people to communicate.

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

- The service was committed to ensuring people continued with their usual hobbies and routines. A relative told us how staff arranged transport from a person's day centre to Milner House to enable a person to continue with their usual routine.
- People were supported to maintain relationships and important hobbies. This included walks, cinema

trips, pub visits, exercise classes, swimming and growing vegetables in an allotment.

- Staff used creative ways to encourage people to have new experiences. Two people had recently enjoyed an 'autism friendly' screening of a pantomime. One person felt apprehensive about trying something new. Staff identified this and reduced this event into achievable sections. This included taking the person to see the venue first to become familiar with the layout of the building.

Improving care quality in response to complaints or concerns

- Some people were unable to actively make complaints due to their specific health conditions. However, staff knew how to recognise signs of distress and told us they would investigate and resolve any situation where a person expressed they were unhappy.

- The complaints policy was in a format people could understand. People were encouraged to raise concerns and could confidentially post these either internally to the senior managers, or to external stakeholders such as the local authority or us, CQC.

- There had been one complaint in the past 18 months which had been investigated and responded to appropriately. One relative told us, "If we ever have any concerns we know who to contact and we would escalate this up through New Directions."

End of life care and support

- At the time of our visit no end of life care was being provided. Important contact details had been provided by people's primary caregivers should an emergency situation occur.

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 registered manager was supported by a deputy manager, a team leader, a senior support worker and support workers who were all passionate about providing person centred care. Each of these roles were clearly defined and were invested in delivering the providers vision and values which was to 'empower people to reach their potential and achieve their goals'. The team leader told us, "We want to provide support to vulnerable people to enable them to live the best lives they can."
- A relative provided positive feedback about the management structure and told us, "I have to say, the company itself is true to what they say they will do. It is true to its cause."
- Staff told us the registered manager was approachable and accessible. Staff were confident any issues would be dealt with promptly. One staff member commented, "I absolutely love [registered manager]. They will sit with us, listen and give us support."
- The provider introduced incentives to retain their staff team as they recognised people benefited from familiar staff. For example, a 'star of the month' scheme had been introduced to recognise staff contributions. Staff also had access to confidential counselling if they needed it.

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 understood their responsibilities under duty of candour and told us they would take responsibility if things went wrong. When incidents occurred, relevant external agencies and families were informed in line with the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes regularly checked the quality of the service provided. This included checks on the safety of the environment and the quality of care people received.
- Further audits were undertaken by the provider to ensure these checks were accurate. The registered manager explained this was important as 'they may pick up on things we don't see'.
- The registered manager kept up with the latest good practice guidelines and joined a registered manager network to share best practice. New information such as health and safety or medicine alerts were shared with staff to ensure people remained safe and achieved better outcomes.
- The registered manager understood their regulatory responsibilities and had provided us (CQC) with notifications about important events and incidents that occurred in the service. The rating was also clearly

displayed at the service and on their website.

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

- People and their relatives were encouraged to share their views about the service. Surveys were used to gain feedback and the ones returned were highly positive. Comments included, "Homely and friendly", "Caring and friendly staff" and, "Professional, caring and thoughtful staff who really know their clients."
- The provider also encouraged people to take part in the recruitment of new staff. Where this was not possible, new staff were invited to the service as part of the recruitment process, so managers could see how they interacted with people before being offered the role.
- People were encouraged to attend 'voices and choices' meetings where information about the service was shared and discussed. For example, people were asked how they would respond to a fire alarm and why it was important to use and store cleaning products safely.
- Staff attended regular meetings and the management team valued their input to improve outcomes for people. The team leader told us, "The support workers are heavily involved. Like with the care plans. These are mainly reviewed by the support workers because they work with the person more than I do. Any needs can be updated straight away and with them, it is spot on."

Continuous learning and improving care

- The provider was committed to continuous improvement and recognised the need for further information to be available to people about important topics like sexuality. Action had been taken to develop an easy read policy to support people to understand their human rights.
- The registered manager was aware of the NHS England national project STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines). They had sourced an interactive game to raise awareness of this with the people using the service and the staff team which was planned to be used following our visit.

Working in partnership with others

- The registered manager started to build links within the local community. For example, they recently received funding to help combat loneliness and isolation among the ageing population. They established links with a local care home and people from Milner House visited the home to enhance people's social wellbeing.
- A local primary school also visited and spent time with people whilst they were staying at Milner House. The registered manager told us, "We encourage this as we are all different and it helps to build up their understanding of people with a learning disability at an early age."
- One healthcare professional told us, "I recommend Milner House to my colleagues and parents who need respite services or day opportunities for young people with disabilities."