

Chartwell Care Services Limited

Milligan Road

Inspection report

244 Milligan Road
Leicester
Leicestershire
LE2 8FD

Tel: 01162442004

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

Overall Summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Milligan Road is a residential care home providing personal care to 7 people with a learning disability and or autism at the time of the inspection. The service can support up to 8 people.

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

Right Support: Risk management and oversight had improved. People's support plans had been reviewed and rewritten to ensure guidance for staff was detailed and up to date.

Improvements had been made to how incidents were recorded and responded to. Further action was required to ensure documentation and management oversight was consistently completed. Incidents were analysed and there was evidence of lessons learnt and action taken to reduce reoccurrence. However, further action was required to ensure patterns and trends were fully considered and debrief meetings were routinely completed to support learning opportunities.

Improvements had been made to how medicines were managed and administered. People received their prescribed medicines as prescribed and safely. Staff had detailed guidance to support them to administer medicines safely. There had been a reduction in the use of prescribed 'as required' (PRN) medicines, used for agitation and heighten anxiety.

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.

Right Care: Improvements had been made to ensure people received care and support that met their individual care and support needs. People were protected from the risk of abuse and avoidable harm. Any restrictions and conditions imposed by DoLS authorisations, were documented, regularly reviewed and monitored.

People were supported to access health care services and support. Information was shared with external health care professionals in a person's ongoing care. People received sufficient to eat and drink.

There were sufficient skilled and competent staff to meet people's individual care and support needs. Staff

clearly knew people well. People received opportunities to lead active and fulfilling lives, social inclusion and independence was promoted as fully as possible.

Right Culture: Improvements had been made since the last inspection and these were ongoing. Whilst sufficient actions had been completed to meet previous breaches in regulation, further time was required for new and improved systems and processes to become fully embedded and sustained.

The new management team had worked hard to make improvements; they were open and honest during the inspection and showed a commitment to further develop the service.

Staff were positive about the improvements made and felt well supported. Staff received ongoing training and opportunities to discuss their work, training and development needs.

Feedback from people and relatives were positive about how well staff met people's individual care and support needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rated inspection for this service was requires improvement (published 11 March 2023). Breaches in regulations relating to safe care and treatment, safeguarding, consent and good governance were identified. The provider completed an action plan after the inspection to show what they would do and by when, to improve and meet the breaches in regulation related to consent. Warning Notices were served for the breach relating to safe care and treatment, safeguarding and governance.

At this inspection, we found sufficient improvements had been made, and previous breaches in regulation had been met.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Milligan Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Milligan Road

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Milligan Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Milligan Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection, there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and reviewed the last inspection report. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

Not everyone who lived at the home was able to share their views with us. As a result of this, we spent time observing interactions between people and the staff supporting them.

We spoke with 6 members of staff. This included the registered manager, deputy manager, regional manager, a senior support worker and two support workers.

We looked at a range of documents including 4 people's care plans and risk assessments, 3 staff recruitment records, training records, DoLS records and mental capacity assessments. We also reviewed audits, governance and medicines records. We conducted checks of the building, grounds and equipment.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key requires improvement. At this inspection, the rating remains the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to assess, monitor and mitigate all risks associated with people's health, safety and welfare. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and were ongoing and the provider was no longer in breach of this regulation.

- Improvements were required to both external and internal areas. Outside in the rear garden there was a lean-to structure which was cluttered with broken/old furniture, old packaging, and old walking assisted frames, we noted the guttering was broken on the dining room window side. One bedroom had a large chunk of plaster missing above the door. There was a broken/flimsy radiator protector in one bedroom, and a missing window tie in the bathroom. In another bedroom one of the under-bed drawers was missing.
- Internal audits and checks had identified improvements and actions required to the environment and these had been reported to the provider's head office. We discussed these repairs and actions with the registered manager who followed it up with the provider and actions commenced.
- Risks in relation to people's emotional needs that impacted their anxiety and behavioural care needs had been assessed and planned for. However, from reviewing incident records, not all known triggers that had a negative impact on a person's emotional needs was included in their behavioural support plan. This meant staff did not have guidance of how to manage this known risk and therefore put the person and others at increased risk of harm. We discussed this with the registered manager who took action and amended this support plan.
- Risks associated with people's physical health had been assessed and planned for. Guidance for staff about how to meet people's health conditions had been reviewed and updated. Since the last inspection, staff had received additional training for example in diabetes management.
- Fire and legionella (a water based bacteria that can cause severe illness) risks were assessed, reviewed and monitored. Personal emergency evacuation plans (PEEP) were available to support staff and the fire service in the event people needed to be evacuated. However, we noted a person who was no longer living at the service PEEP was still on file. This could have caused confusion and impacted the evacuation procedure; we asked that this PEEP was removed.
- Staff told us support plans had been updated and were detailed and supportive. Staff were knowledgeable about people's care and support needs and risks, and how to support people safely.

Using medicines safely

At the last inspection, the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and were ongoing and the provider was no longer in breach of this regulation.

- Prescribed medicines were ordered, managed, stored and administered following best practice guidance. Staff had received refresher medicines training and had an annual competency assessment or more regular if required. Medicines management practice was reviewed and monitored to ensure safety.
- Staff had detailed guidance of when and how to administer prescribed medicines, including PRN 'when required' medicines. People had their medicines reviewed by their GP or psychiatrist. The provider had a commitment to STOMP stopping over medication of people with a learning disability, autism or both with psychotropic medicines. Since the last inspection, the use of PRN medicines had reduced.
- Relatives were confident staff managed people's medicines safely. A relative said, "I have no concerns regarding medication, staff know what they are doing and handle my [family member] very well."

Preventing and controlling infection

At the last inspection, the provider had failed to promote safety through hygiene practices of the premises. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and were ongoing and the provider was no longer in breach of this regulation.

- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- Cleaning schedules did not include checks on personal protective equipment (PPE) levels. In addition, the checks did not include checking soap dispensers which some were found to be empty. There were no red bags for soiled, infected linen.
- An infection prevention and control audit completed in July 2023 by the local authority identified some shortfalls. Whilst some action had been taken not all actions had been completed. For example, laundry baskets with lids had been purchased but not introduced to ensure clean laundry is separated from soiled laundry. We raised these issues with the registered manager who took immediate actions to make improvements.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visits were facilitated in line with current government guidance. People told us their friends and relatives were made welcome and there were no restrictions on visiting.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At the last inspection, the provider had failed to ensure adequate safeguarding systems and processes were effective. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and were ongoing and the provider was no longer in breach of this regulation.

- Improvements had been made to incident management to ensure incidents were responded to safely and lessons learnt. However, we identified further action was required to ensure consistency and for new and improved systems and processes to be fully embedded and sustained.
- The completion of incident records was better. However, information was not consistently recorded of behaviours a person presented, and the strategies used before PRN medicines were administered or physical intervention was used. Records showed de-brief meetings following an incident was not always happening. Further action was required around analysing themes and patterns to support learning to reduce reoccurrence. We discussed this with the registered manager who agreed to make improvements.
- People told they felt safe living at Milligan Road. A person said, "I do feel safe and cared for here, the staff understand me and look after me." Relatives were also confident of how their family member was cared for. A relative said, "On the whole I am happy with the staff; they understand my [family member] and their sometimes very challenging behaviour."

Staffing and recruitment

- A review of recruitment checks found a staff member did not have an application form. The registered manager told us they had not yet completed a staff file audit but had plans to do this.
- People were supported by sufficient numbers of experienced and competent staff. Some people received additional commission hours used to provide extra staff support. Records confirmed people received the level of support they had been assessed as requiring.
- Staff were recruited safely to the service. Recruitment practices were thorough and included preemployment checks from the Disclosure and Barring Service (DBS) prior to starting at the service. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff, people and relatives were positive about staff deployment and competency of staff. A staff member said, "We have enough staff, people receive their one to one hours, and we use agency or bank staff to cover sickness or holidays." A relative said, "I have no concerns with any of the staff, in my view they are experienced and know my [family member] and their needs well." □

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection, the provider had failed to ensure the principles of the Mental Capacity Act was complied with. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and were ongoing and the provider was no longer in breach of this regulation.

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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people had been assessed as lacking mental capacity to consent to an aspect of their care, a best interest decision had been made. However, records showed, best interest decisions did not consistently involve others. We discussed this with the registered manager who took immediate action to make improvements.
- Relatives were positive about how decisions were made, and they confirmed they had been involved and consulted. A relative said, "I'm asked about capacity assessments, best interest decisions and any restrictions in place."
- Staff had received MCA training and we saw how they supported people as fully as possible in day to day decisions about their care.

At the last inspection, the provider had failed to protect people's human rights in relation to DoLS. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and were ongoing and the provider was no longer in breach of this regulation.

- Since the last inspection, DoLS support plans had been developed. These provided staff with guidance of the DoLS authorisation commencement and expiry date and any conditions.
- Records confirmed where a condition had been made, action had been taken to address this. These support plans were reviewed monthly to ensure action was being taken as required.

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

- Plans were in place for people's bedrooms and communal areas to be redecorated. Discussions had been had with people and were ongoing in reference to their personal choices.

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

- Staff worked in partnership with health and social care professionals to maintain people's health and wellbeing. Health action plans were used to record how health care needs were being met. These records confirmed people had accessed health screening services, attended dental and optician appointments, seen their GP and other specialists such as a psychiatrist and a speech and language therapist.
- Information was shared with external healthcare professionals such as ambulance and hospital staff in a person's ongoing care. Each person had an emergency grab sheet, and hospital pack used to share important information with others. This information was detailed, up to date and easily accessible to staff in an event it was quickly needed.
- Relatives were confident health care needs were known, understood and monitored by staff. A relative said, "Recently [family member] had bad toothache, staff got on the phone straight away, and within an hour they had a tooth extraction, this really impressed me with the speed and efficiency of the staff involved."
- From speaking with staff it was clear they understood people's health care needs well. Examples were also given how staff supported people to access health services.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the last inspection, concerns were identified about the provider's pre-admission process. This included a lack of assessment and a reliance on the previous providers documentation.
- Whilst there had been no new admissions since our last inspection. The registered manager told us about their pre-admission assessment and transition process. This included an holistic assessment of people's individual care and support needs, and the development of support plans. This meant people's needs were known and planned for, ensuring staff had the required skills and resource's.
- The provider's policies and procedures reflected best practice guidance and recognised assessment tools and documentation were used. This supported staff to provide care and support that was based on current legislation and best practice ways of working.

Staff support: induction, training, skills and experience

- Staff received an induction, ongoing training and opportunities to discuss their work, training and development needs. This included both face to face and electronic training.
- The provider's training, supervision and appraisal records confirmed overall compliance was good. With the majority of staff having completed training the provider had identified as required. Where refresher training was due, plans were in place for staff to complete this.
- Staff were positive about the support they received. A staff member said, "The management team are supportive and approachable."

- Relatives told us they believed staff were competent and understood their family member's care and support needs.

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

- People received sufficient to eat and drink. An assessment of people's dietary needs and support required to eat and drink safely had been completed. Where concerns had been identified such as choke risks, referrals for assessments had been made to the speech and language service. Records confirmed, any recommendations made had been implemented.
- Staff were aware of people's individual needs, support required to remain safe with eating and drinking and what people's preferences were. People were positive about the food choice and quality. A person said, "I like my food here and my favourite is fish and chips and Sunday roast."
- We observed people were supported well at lunchtime. Staff promoted choice and independence and the mealtime was a relaxed and a sociable occasion.
- Food stocks were good and included fresh fruit and vegetables. Food was stored and managed in accordance with expected food safety standards.

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 our last inspection we rated this key inadequate. At this inspection, the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At the last inspection, the provider had failed to ensure systems and processes were safe and effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and were ongoing and the provider was no longer in breach of this regulation.

- Since the last inspection, improvements had been made to the systems and processes that assessed, monitored and mitigated risks. Whilst sufficient action had been taken to meet the previous breach in regulation, further time was required for improved and new ways of working to fully embed and be sustained.
- Ongoing improvements were required with the internal and external environment to ensure it was safe, fully met infection prevention and control measures and reflected people's wishes in relation to re-decoration. Most of these actions were known and had been identified by internal audits and checks. Some actions had commenced and were ongoing.
- Since the last inspection, people's support plans that provided staff with guidance about how to meet individual care and support needs had been reviewed and rewritten. Overall, this information was detailed and up to date. However, further improvements were required regarding incident management. This included ensuring incident records were consistently fully completed as the provider expected. The analysis of incidents also needed further development. The registered manager agreed to make further improvements.
- The regional manager told us how they completed bi-monthly audits and checks. Actions identified from these and the registered managers internal audits and checks were added to a service improvement plan for actions. Records confirmed what we were told.
- The provider had a quality assurance procedure, enabling people to feedback their experience about the service. The registered manager told us how surveys were sent twice a year inviting people, relatives, staff and external professionals to complete about their experience of the service. The registered manager told us they had recently sent surveys out and were in the process of reviewing feedback received. Any required

actions would be followed up.

- People also received opportunities to attend resident meetings, used to share information with people and to seek feedback. Meeting records confirmed these meetings covered a number of areas including, what safeguarding is, meal choices, activities and the environment.
- Staff communication procedures had improved, and staff attended regular staff meetings and the daily handover meeting and information recorded was detailed and up to date. Staff roles and responsibilities were known and understood, and staff were accountable for their actions. Meetings with other services within the provider's organisation, enabled shared learning.
- Staff were working with external health and social care professionals to support people to achieve positive outcomes.

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 was aware of their responsibility to keep relatives and external professionals informed of actions taken following incidents. Any complaints received were also fully investigated, in line with the duty of candour and complaints policy and procedure.
- The registered manager submitted statutory notifications to CQC to notify of events at the service they were legally required to do.
- We found the registered manager to be open and honest during the inspection. Where we identified shortfalls, the registered manager responded quickly. The registered manager showed a commitment to continually develop the service.
- Feedback from relatives was positive how open and transparent the management team was. A relative said, "Communication with the staff and management is very good, if anything goes wrong staff will tell me, and the management are good. I am very happy with the service and would recommend it to others."

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

- People received care and support that met their individual needs and choices. Staff supported people to lead an active and fulfilling life. Social inclusion and independence were promoted. People were supported to maintain important relationships.
- People told us they enjoyed living at Milligan Road. One person said, "I like living here, my relatives come to see me regularly, I am looking forward to going to the Halloween party." Another person said, "I love living here staff are very helpful, I go on day trips to Skegness, and love to go shopping. I like to sit in the lounge and look at what is going on and listen to people. I sometimes go to head office and meet the management for a drink and a party. I get on well with the other residents."
- Staff were positive about working at the service and the improvements made since the last inspection. Staff told us how communication, support plan guidance and how they were supported, listened to and valued had improvement under the leadership of the new registered manager.