

# Mrs Alison Priest







## Millpool

### 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	

#### Overall summary

This inspection was announced and took place on the 17 December 2014.

Millpool is a service which provides care and support to one person with a learning disability. The person using this service lives within the provider's family home environment.

The service is managed by the registered provider. Registered providers, 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.

Care was provided for one person from within a relaxed, caring family home environment.

The provider had received training in safeguarding people from abuse and was aware of what steps to take to protect the person who lived within the family home.

Risk assessments had been developed and risks managed so that the person was protected and their freedom supported and respected.

Medicines were stored safely and records kept of medicines received and administered.

# Summary of findings

The person who used the service had access to health care services which meant their health care needs were met.

Meals and menu planning was as it would be within a family home environment. The person's opinions were sought when planning meals. Dietary advice had been sought when required. This demonstrated that actions required to maintain a healthy diet had been responded to.

Consideration had been given to maintaining relationships that were important to the person. They had been supported with regular opportunities to maintain contact with their family.

The provider worked in partnership with other organisations and supported access to care reviews. This enabled the person and their relatives to express their views with regards to the quality of care provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The provider was aware of what steps to take to protect the person who lived within the family home.

Medicines were stored safely and records kept of medicines received and administered.

Good



### Is the service effective?

The service was effective.

The person who used the service had access to health care services which meant their health care needs were met.

Meals and menu planning was as it would be within a family home environment. The person's opinions were sought when planning meals. Dietary advice had been sought when required. This demonstrated that actions required to maintain a healthy diet had been responded to.

Good



### Is the service caring?

The service was caring.

The person using the service looked well cared for and was relaxed within their environment. The provider engaged positively and communicated with them well, in a dignified, respectful and compassionate manner.

The person who used the service had access to advocacy services if they needed them. This demonstrated that the service was aware of advocacy services so that they could access independent advice if they wanted to.

Good



### Is the service responsive?

The service was responsive to people's individual needs.

Activities were assessed and provided for according to the needs of the individual. Consideration had been given to maintaining relationships that were important to the person.

Care reviews were carried out on a regular basis to enable the person using the service and their relatives to express their views with regards to the quality of care provided.

Good



### Is the service well-led?

The service was well-led.

The provider was proactive in updating their skills and knowledge to enable them to understand the needs and rights of people with a learning disability.

Annual care reviews demonstrated that the provider worked in partnership with key organisations which included the local authority commissioning team. The quality and delivery of care was reviewed at these meetings.

Good



# Millpool

## 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 the 17 December 2014 and was announced. 48 hours notice of the inspection was given because the service is small and provides care and support to one person living within a family home environment; we needed to be sure that someone would be in.'

The inspection team consisted of one inspector.

Before we visited the service we checked the information that we held about the service. No concerns had been raised.

During our inspection we spoke with the person who used the service and the provider. We also observed interactions between the person who used the service and the family.

As part of our inspection we reviewed care records, assessed how the person who used the service was supported with their medication administration and viewed records relating to the management of the service.

# Is the service safe?

## Our findings

The person who used the service had limited verbal communication and limited capacity to enable them to understand the question as to whether or not they felt safe living at the service. However, the interactions we observed between the person and the family were positive. It was evident from interactions observed and from verbal cues expressed that the person felt safe and comfortable within their environment.

Staff from community based services who also supported the provider with providing respite care on an occasional basis had received training in recognising and responding to abuse. The training records we viewed confirmed this. The provider demonstrated that they understood what abuse was and how they should report concerns if they had any. This showed that the risk of abuse was reduced.

Discussions with the provider and a review of care records showed us that risks had been assessed with detailed action plans produced which described how to support the person when they presented with a distressed reaction to other people or situations. There were clear instructions for staff to follow that detailed what might trigger the behaviour and what they could do to support the person to keep them and others safe. Where an incident had occurred, we saw that the service had received advice from other professionals. This had helped the person manage their behaviour, which had resulted in less incidents happening.

Discussions with the provider and a review of records showed us that there was proactive communication between the provider and the day service. Risk assessments had been shared, agreed, regularly reviewed and updated. Assessments produced demonstrated planning to enable the person to enjoy as much independence and freedom of movement, choice and control as possible whilst keeping them safe.

The provider told us that one to one staff support was provided at all times. Care and support during the week days was provided by a community based day service where one to one support was also provided. Where needs of the individual had changed on occasions we noted that staffing numbers had been reviewed and adjusted according to the needs of the individual.

Medicines were stored safely and records kept of medicines received and administered. A medication profile had been developed which described how the person preferred to take their medicines and details of any side effects to be observed. The provider had implemented a system of regular audit checks of medication administration records and regular checks of stock. Discussions with the provider and a review of care records showed us that regular medication reviews had been carried out with both a psychiatrist and community nursing staff with outcomes clearly recorded. Action taken by the provider reduced the risk of dispensing errors and ensured that the person received their medicines as prescribed which promoted their health and well-being.

# Is the service effective?

## Our findings

The provider had received enough training to meet the needs of the person who lived at the service. We reviewed training records and saw that both the provider and staff employed on an occasional basis from the community based day service, who provided respite care had received training in a variety of different subjects. Training received was relevant to the needs of the person they provided care and support to.

Individual needs had been assessed and the care plan had been written in detail so that staff had the guidance they needed to support people's individual needs appropriately. The provider was very knowledgeable about the person they supported. They were able to tell us about their needs, their likes, dislikes and preferences. They gave a good account of how they supported them. The information they told us matched what was documented within the person's community based service support plan as well as the support plans developed by the provider.

A 'My health plan' had been produced which contained a detailed support plan with guidance on how best to support the person to maintain good health. Regular access to health services had been organised and supported. For example, regular health checks took place

with their GP, psychiatrist, speech and language therapist, optician, dietician and dentist visits. The outcomes and actions required as a result of these visits had also been recorded. This demonstrated that the person's physical and mental health had been monitored and their healthcare needs were responded to.

There were not set menus. Meals and menu planning was as it would be within a family home environment. We observed the person being supported to access regular drinks and their opinions sought when planning for a meal out on the evening of our inspection. Care records reviewed showed us that nutritional needs had been assessed. Likes and dislikes had been recorded. We noted that dietary advice had been sought and actions required to maintain a healthy diet had been planned for and described in detail within support plans.

The provider understood the principles of the Mental Capacity Act (MCA) (2005). There was a procedure in place to access professional assistance should an assessment of capacity be required. They were aware that any decisions made for people who lacked capacity had to be in their best interests. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The provider knew how to make an application for consideration to deprive a person of their liberty (DoLS).

# Is the service caring?

## Our findings

The majority of our time during this inspection was spent observing interactions between the person who used the service and the family they lived with. The person using the service looked well cared for and was relaxed within their environment. The provider engaged positively and communicated with them well. For example, they involved the person cared for in conversations and their opinions were constantly sought with regards to their involvement in a chosen leisure activity and offers of food and drink.

The care records we reviewed had been written according to the assessed needs of the individual. Support plans contained information in relation to the individual's life history, needs, likes and dislikes, preferences, goals and aspirations. It was evident from a review of records and

discussions with the provider and the person using the service that important events such as family involvement and appointments with specialist health care professionals had been recognised and attended as required. From our discussions with the provider it was evident that they regarded the person who had lived at the service for a number of years in a positive, caring manner describing them as, "one of the family."

Annual care reviews evidenced that the person who used the service had been involved in the planning and reviewing of their care alongside those people who were important to them.

There was access to advocacy services if this was required. This demonstrated that the service was aware of advocacy services so that they could access independent advice if they wanted to.

# Is the service responsive?

## Our findings

Support had been provided to enable the person to take part in and follow their interests and hobbies. This included regular access to the local community and access to community social activities. The person using the service indicated to us through verbal cues their enjoyment and pleasure in being able to take part in activities that interested them such as swimming, cycling and dancing. This demonstrated that the planning and provision of care was centred on the needs of the individual with support to access to activities that were important to them.

Support plans demonstrated that a full and comprehensive assessment had been carried out of the individual's needs to determine whether or not they could provide them with the support they required. There was detailed information in relation to the person's life history, needs, likes, dislikes and preferences. The provider demonstrated a good understanding of the person's need for as much choice and control about how they lived their daily life. Consideration had been given to maintaining relationships that were important to them as an individual. For example, we saw

that they had been supported with regular opportunities to maintain contact with their family. When we talked about these visits with the person who used the service they expressed their delight and pleasure in being able to maintain these contacts.

The provider demonstrated how care was provided to promote the person's individual expressed needs and preferences. A document had been produced which recorded; 'Those things important to me'. This described how the person who used the service liked to live their daily life and considered for example their choice of dress, their preferences for wearing jewellery and maintaining regular contact with those people important to them.

The provider told us that care reviews had been carried out on an annual basis. These were attended by health and social care professionals as well as relatives. This was evidenced from a review of minutes from these meetings. As well as an opportunity to encourage feedback from relatives, review meetings enabled the provider and other professionals to routinely listen to and learn from the individual's experience of their care.



# Is the service well-led?

## Our findings

There was a process in place for reporting accidents and incidents and we saw that these were followed. Daily notes evidenced a sharing of information between the provider and community based day services. Where concerns had been identified these had been communicated between the day service and the provider. Joint risk assessments had been developed. Written communication between the provider and the supporting day service staff demonstrated that the best interests of the person was the central focus when planning to support the health, welfare and safety needs of the person.

The provider was proactive in updating their skills and knowledge. Discussions with the provider demonstrated

that they had taken steps to update their knowledge in current good practice in caring for and understanding the rights of people with a learning disability. For example, by reading regular updates from Skills For Care and attending training in a variety of subjects such as safeguarding people from abuse, understanding the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards.

Annual care reviews demonstrated that the provider worked in partnership with key organisations which included the local authority commissioning team. The quality and delivery of care was reviewed at these meetings. This demonstrated that regular opportunities for a review of care and support had been provided and this supported joined up care planning for the benefit of the person who used the service.