Milewood Healthcare Ltd

Caedmon House

Inspection report

2 Crescent Avenue
Whitby
North Yorkshire
YO21 3EQ

Website: www.milewood.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Caedmon House is a residential service providing support for up to nine people with a learning disability or an autistic spectrum disorder. The accommodation is a terraced house in the seaside town of Whitby on the North Yorkshire coast. On the day of our inspection there were seven 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.

At the last inspection on 11 June 2015, we asked the provider to take action to make improvements around cleanliness and maintenance and we found these actions had been completed. The environment was now maintained safely and steps had been taken to ensure cleanliness.

Staff were recruited safely and there were sufficient numbers to meet people's needs. They had received an induction and been trained in subjects that were relevant to their roles. Staff were supported through supervision and meetings.

Care and support was person centred and there were plans and risk assessments in place which reflected this. There were management plans in place to guide staff when necessary.

People had access to health and social care professionals when needed and we found that people's medicines were managed safely.

People had a choice of what they wished to eat and were able to make snacks and drinks if they wished. They could eat wherever and whenever they chose to.

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.People's consent was sought when appropriate and this was recorded in people's 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.

The culture of the service was caring and supportive. Where it was necessary people had access to advocacy services.

Staff felt well supported by the registered manager who was visible throughout the service.

There was an effective quality assurance system used at the service. Audits were undertaken of all areas and any actions identified which helped the service to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

The service was clean and well maintained supporting the health and safety of people.

Staff were recruited safely and there were enough staff to meet people's needs. They had been trained in safeguarding and recognised when people were at risk of harm.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and supported by senior staff.

People received a choice of food. They were able to access the kitchen to make snacks and drinks.

Staff understood and were working within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff were friendly and supportive of people who used the service.

Where necessary an advocate was used to support people who used the service.

Is the service responsive?

Good

This service was responsive.

Plans were person centred and identified risks. There were clear management plans where these were needed.

People's social and spiritual wellbeing was met through a variety

of activities either in groups or individually with support from staff.

People who used the service knew how to complain and who to complain to if they had any concerns.

Is the service well-led?

Good

This service was well led.

Audits were carried out to monitor the service which were robust enough to identify areas needing improvement.

There was a registered manager at this service who was experienced and had the support of people who used the service and staff.

Caedmon House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 6 September 2016 and was unannounced. An adult social care inspector carried out this inspection.

Prior to the inspection we reviewed all the information we held about the service such as statutory notifications. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We had asked the provider to complete a Provider Information Return (PIR) before the inspection. 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. This helped us with our planning. We contacted local authority commissioners.

During the inspection we spoke to two people who used the service, two care workers, the deputy manager and the registered manager. We looked at care and support plans in detail for three people and checked three care worker employment files. We were shown the training matrix and other documents relating to the running of this service such as audits and meeting minutes. We observed a meal time at the service and checked to see whether or not medicines were managed safely.

Following the inspection we spoke with a health care professional who was a registered learning disability nurse.

Good

Is the service safe?

Our findings

At our previous inspection on 11 June 2015 we saw that people were not safe because there was inadequate maintenance and a lack of cleanliness. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014. In addition audits carried out had not identified these as areas for improvement and we had made a recommendation about quality assurance. The service sent us an action plan on 10 September 2015 outlining their plans for improvement. They told us that two bedrooms and the hallway had been redecorated, an oven replaced and guttering replaced. In addition they identified further work which would be completed by 6 November 2015.

At our inspection on 6 September 2016 we saw that all the improvements identified in the action plan had been carried out and the breach of Regulation 15 had been met. In addition we saw that the audits now identified shortfalls and where improvements were needed which demonstrated that the quality assurance system was more robust.

All the people we spoke with told us that the service was safe. One person told us, "I am safe now." We asked what they meant by that and they told us to speak to the registered manager. The registered manager told us that this person telephoned them regularly for reassurance which helped them to feel safe. A member of staff said, "I haven't seen anything that is unsafe here."

The registered manager showed us around the service and in the bedrooms of most people with their permission. We saw that there was a small flat for one person and the rest of the accommodation was single occupancy bedrooms with en suite facilities. We saw that the service was clean and tidy and that there was improved décor since our last inspection.

Good standards of hygiene had been maintained. People were encouraged to clean and keep tidy their own rooms. In addition staff carried out daily room checks when they checked bins, cleaned the bathroom, tidied round and made beds if necessary. In addition senior staff checked that this had been done to ensure that standards were maintained. Rooms were thoroughly cleaned every week. When we looked in people's bedrooms we saw that rooms were clean.

Individual risks to people who used the service were assessed as part of the care planning process. People had been referred to the National Health Service (NHS) learning disability service for further assessment where necessary for positive behavioural support. 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. This meant that people received support to match their specific needs making sure that they experienced positive outcomes.

Staff had been recruited safely. Their records confirmed that they had completed an application form and had taken part in an interview. Following that, two references had been sought and a Disclosure and Barring Service (DBS) check carried out prior to them starting work at the service. DBS checks return information

about any convictions, cautions; warnings or reprimands which help employers make safer recruitment decisions. It means that unsuitable people are prevented from working with adults who may be vulnerable.

The care workers knew people well which was important because of people's sometimes complex needs. We saw that there was sufficient staff on duty to meet the needs of people who used the service on the day of the inspection but, the registered manager told us that existing staff had to cover additional shifts due to people leaving. They told us they were in the process of recruiting and when we looked at the rotas this confirmed that sufficient staff had been deployed to ensure people's needs were met. Following the inspection we had concerns raised about the deployment of staff at this service. We requested further information from the provider who investigated this matter and sent us their findings. Their investigation highlighted that staffing levels at the service were lower than usual due to a number of factors. They told us that the registered manager had recruited staff to the posts and that they were undertaking the necessary background checks before starting work. In the meantime existing and agency staff were covering the shortfall. We were satisfied that the provider had done all they could to minimise any risk to people who used the service. One member of staff told us, "We always have enough staff."

People were protected from harm because staff were aware of different types of abuse and knew how to recognise and report any incidents. There were policies and procedures available for staff which gave them clear guidelines about how to safeguard people who used the service. All care workers had received training in how to safeguard people but some of the training was due to be renewed.

The registered manager reported incidents relating to peoples safety in line with legislative requirements. The Care Quality Commission (CQC) had received nine statutory notifications related to people's safety since the last inspection. 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 local authority takes the lead role in investigating any cases of potential abuse. The registered manager updated us on the most recent incidents during the inspection.

People's medication was managed safely. It was stored in a locked cupboard in an identified room. There was a care plan for each person relating to their medicines and there were risk assessments where they were appropriate. Medicine administration records were completed correctly. There was a medicines policy and procedure for staff to follow and staff had been trained to administer medication safely. Protocols were in place for 'when required' medicines and monthly medicine audits were completed.

We saw that there was a fire risk assessment in place and checks had been carried out to ensure the system worked properly. There was a record of fire safety checks which we saw took place in line with the requirements of fire safety legislation.

Accidents and incidents were documented and actions determined. These were reviewed when monthly audits were completed. The incident reports from August 2016 showed that one person had gone missing. Staff followed procedure and reported the incidents appropriately.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge required to support people who used the service. Staff told us that they had an induction when they started working at this service and we saw evidence of the induction in staff files we looked at. One person told us, "It was good because I could see how the whole scheme [Service] worked." They went on to tell us about their induction. This involved some mandatory training and shadowing experienced support staff. They explained how important this had been for them in gaining confidence.

Staff had access to online training courses and some face to face training to assist them in supporting people who used the service. The training matrix showed that 77% of all training was completed which demonstrated a will to educate staff by the provider. A member of staff told us, "The training is very good quality."

Staff had access to regular supervision. Supervision is an opportunity for staff to discuss any training and development needs and to receive feedback from their supervisor. When we looked at staff files we could see that some supervisions had taken place and others were due to be carried out. One staff confirmed that they were new to the service and had not had supervision yet although they had probationary meetings recorded.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. Some people had mental capacity assessments in place and had decisions made in their best interest which were recorded and we could see that the appropriate health and social care professionals had been involved in these.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are in place to protect the rights of people who use services, by ensuring if there are any restrictions to their freedom and liberty they are carried out lawfully. The registered manager demonstrated a good understanding of DoLS. They had completed DoLS applications for authorisation where appropriate.

We saw staff consulted people and sought their consent throughout the inspection. Staff offered people choices to support them to make decisions. Where people were unable to make decisions we saw evidence that staff applied the principles of the legislation.

Physical restraint was 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. They had completed training in managing aggression. Detailed risk assessments and procedures were in place where necessary. Where any form of restraint had been used an incident form was completed and the service had notified the Care Quality Commission. In addition the incidents were reported to the appropriate local authority. Incidents were reviewed by the service to ensure that the correct procedures were followed

which protected people from any unlawful restraint.

We observed a mealtime where people were given a choice of what to eat. One person had a roast dinner and vegetables whilst another chose an egg sandwich. People helped to set the tables and when we asked them if they knew what was on the menu they told us what they had chosen. The food was freshly cooked by staff but people who used the service were encouraged to use the kitchen and make their own snacks. Staff sat with people to eat and chatted to them making mealtimes a social experience.

People who used the service were encouraged to make their own snacks with support. People who used the service could have drinks whenever they want and were encouraged to make their own.

People had their weight recorded monthly and this was added to their record. This assisted staff in identifying when a person who had lost weight may be at risk of malnutrition so that they could seek early intervention by a healthcare professional for the person.

We saw evidence that the service liaised with health professionals to ensure that people were supported to maintain their health. A learning disability nurse told us that staff had made referrals to their service appropriately.

The community learning disability team was involved in reviewing people's support and gave guidance to staff about how best to support some people who displayed behaviours that challenged staff. We saw evidence this advice was reflected in people's support plans. We saw that in some cases people had been seen by the learning disability nurse. When we spoke with the learning disability nurse they told us, "They [The staff] have recognised when something isn't going well and have acted." They told us that they had received referrals about people who used the service.

People had a health booklet which had an action plan and was reviewed regularly by health professionals. This ensured if they had to visit their GP or hospital there was clear and up to date information about their current care. They also had a hospital passport which contained essential information staff would need to know about the person. This was important for those people who would not be able to tell hospital staff about their needs.

The house was suitable for the needs of people who lived there. It was a family type home where each person had their own room. They chose how their room was decorated and had their own belongings in their room. They could use their own bedroom for activities or the communal areas. The communal rooms were decorated and furnished to a good standard.

Good

Is the service caring?

Our findings

We observed positive interactions between staff and people who used the service. Staff remained calm and approachable which gave people confidence. One member of staff told us, "It is about knowing the people you support and their needs." One person who used the service said, "The staff are very good here. I am really happy" and a second person said, "I'm very happy."

The recent relative's questionnaires were positive. Comments included, "The staff are very good. Excellent in fact." and "I think Caedmon House is very good. One of the best I have been to. They seem to have [Name of relative] settled, for which I am grateful."

People were able to express themselves in a supportive environment. Staff understood people's needs from an age appropriate perspective. For example some of the young men were accompanied to the pub by staff on occasions and some had their own games consoles in their room. In addition staff were supportive when people developed relationships.

Staff were respectful when communicating with people. They listened to what people had to say and responded positively making people feel that they mattered. We observed a meal time and saw that people and staff sat down together to eat. People were relaxed and there was friendly chatter in the dining room.

People could spend time in private if they wished in their rooms and we saw that one person remained in their room during the morning. There were opportunities to do things one to one and as a group to promote people's wellbeing. All of the people we spoke with told us they liked living in Caedmon House and we saw that staff were positive and caring.

Advocacy services were used when appropriate. One person had an Independent Mental Capacity Advocate (IMCA) who was appointed because this person had a DoLS in place. The IMCA's role is to support and represent the person who lacks capacity. Other people were supported by families, care coordinators or the learning disability nurse.

Staff respected peoples confidentiality and were expected to sign a confidentiality agreement before starting work with people who used the service. We saw that a high proportion of staff had completed training in data protection. This meant that staff were aware of how people's information should be treated.

The service 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. 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.

Milewood Healthcare had a service user forum. It met to discuss their home and how to improve their quality of life.

Good

Is the service responsive?

Our findings

We found that people's care plans were person centred and up to date. One person told us, "They are very good with me." A member of staff said, "The team are brilliant in the way they know people and interact with them."

We observed that staff knew people well and when they displayed any behaviour that challenged staff were able to use techniques that worked well for each person. There were detailed descriptions about people's needs and how they could be supported by staff. For example one person had displayed behaviour that challenged staff. Triggers for the behaviours were clearly identified along with any signs that would indicate a change to their mood. There was a comprehensive management plan for staff to refer to which enabled staff to provide the correct support to this person when they were distressed.

The service had developed some positive links with the NHS learning disability service which supported people's needs. We spoke to a learning disability nurse who gave us an example of the service managing a person's needs positively. They said, "We have fully assessed [Name of person] and put a positive behavioural support plan in place for them which staff are implementing. Because of this the behaviours have now stopped all together." They acknowledged that the service did make sure the staff sought support when it was needed.

When we looked at care and support plans we saw that they were personalised and reflected people's needs, wants and interests. We saw that although people could live their life as they wished their care and support had structure and had been planned with the person.

Care plans looked at people's particular social, leisure, daily living and domestic skills. This information helped staff to suggest opportunities available locally and at the service for the person. For example we saw that a lot of the people living at the service accessed a local club where people met their friends and where activities were available.

People's care plans clearly outlined every aspect of the person's life and reflected their wishes and preferences. There was a section solely looking at the person's network. This information helped staff to get to know the person better and provide the care and support they required. We saw care plans had been reviewed to ensure that people were receiving the care they needed.

People were able to access a wide range of activities including education if they wished. The service also encouraged contact with families. One person had recently attended a family wedding. People were able to access the activities as individuals with as much or as little support as required. If required they were supported to visit the town and go shopping or visit the local pub. Vehicles were provided and people were also encouraged to use local transport. Day to day people were encouraged to look after their own personal space by cleaning their rooms and keeping it tidy.

We asked people who used the service if they wanted to complain about something what would they do.

They told us that they would speak to [Name of registered manager]. They said this openly whilst the registered manager was stood nearby demonstrating that they knew how to complain and would be confident in doing so. There were clear policies and procedures in place for staff to follow when dealing with a complaint. There had been two complaints received by the service which we saw had been dealt with appropriately.

Good

Is the service well-led?

Our findings

This service is one of a group of thirteen 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.

We observed that the registered manager had a good awareness of the needs of people who used the service. They were open and transparent when answering all of our questions during the inspection. They were able to show us where the service had improved and told us about how the service would improve going forward. The registered manager had sent statutory notifications to CQC meeting the legal requirement to notify us of certain events.

The registered manager was highly respected by people who used the service and staff because of their approach and attitude. One person who used the service told us, "He [Registered Manager] is great. I can talk to him." A member of staff said, "[Registered Manager] is fantastic; fair, approachable. He has a good professional attitude. I appreciate him." A second member of staff told us, "He goes out on a limb to help you where he can. He's very supportive."

Meetings were held regularly with people who used the service and staff. We saw the minutes for the staff meetings where there had been discussions about the positive behavioural support training by the learning disability nurse, the care certificate and care pathways. The topics discussed were current and relevant to the service. Milewood Healthcare had a service user forum for people who used services to air their views and assist in improving services.

Audits of people's care had been undertaken looking at all aspects of care and health and safety. At the last inspection these had not always identified areas for improvement and so we had made a recommendation about this. At this inspection we saw that the audits were more robust. One audit had collected information about health and safety and identified there were shortfalls in training.

Feedback was gathered from people who used the service, relatives and staff through questionnaires and meetings. Staff, service users and relatives had received questionnaires and been asked how the service could be improved. The responses were very positive. The observations corresponded with our observations which saw improvements at the service.

There were clear community links in this service. People accessed the local community daily using shops, public houses and other amenities.