

Millsted Care Ltd

Millsted Care Head Office/Dayspace Caterham

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Millsted Care Office/Day Space is a supported living service where five people shared a single house and each have their own bedrooms with shared bathrooms. Staff are at the house during the day and night times to provide people with support.

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

The service was not consistently well-led. The provider and the registered manager did not always have oversight of what was happening at the service and the systems and processes to support them to do this were not in place. There had been three notifiable safeguarding incidents that had not been reported to CQC when necessary.

The registered manager and the provider had not always shared requested information with other healthcare professionals in a timely way which meant there was a delay to other professionals carrying out their role to keep people safe.

Medicines were given by staff who had received appropriate training and the provider told us that they were in the process of supporting more staff with their training. There were some issues with recording of medicines and the provider had not identified this through their own systems.

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; however, the policies and systems in the service did not support this practice.

We found one incident where a risk to a person was not appropriately managed, we have received assurances from the registered manager that this has now been rectified. Other risks to people were well managed and risk assessments gave staff specific details on how to support individuals.

People told us they felt safe and staff had a good understanding of what to do if they had a safeguarding concern. Accidents and incidents were investigated and lessons learnt were shared amongst the team.

Care plans were personalised and included information about how people liked to be supported. Before a person moved into the service an assessment was completed and this information was used to inform the care planning process.

Staff were kind and caring towards people and we saw that people had positive relationships with staff. People told us they were happy living at the service and could choose how they wanted to spend their time.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- People were supported to live independently and to carry out some tasks for themselves. However, as the service was still transitioning into the supported living approach staff and people were still adapting. Staff were completing one food shop for the whole house and people were not going out individually to complete these household tasks for themselves. The provider told us that ongoing training was in place to support staff to adapt to the supported living model.

Right care:

- Staff knew people well and would adapt the care they provided to meet how the person was feeling and responding. Care was personalised to meet individual needs.

Right culture:

- There was an open leadership culture and we saw examples of the management team modelling positive and inclusive ways of supporting people. Staff were encouraged to adopt a caring and proactive approach when delivering care and we saw examples of this happening.

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

Rating at last inspection

This service was registered with us on 16 July 2021 and this is the first inspection.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Millsted Care Head Office/Dayspace Caterham

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

This inspection was carried out by two inspectors. Inspection activity took place on a second day due to a delay in the provider sending us requested information to complete the inspection.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager and care workers.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and meeting minute notes.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- One person's risk assessment stated that they needed a staff member to be next to them when they were eating their meals and to have a glass of water to help with their swallowing. On the day of inspection we saw the person eating alone with no glass of water to hand. We discussed this with the registered manager who told us that the care plan needed to be updated and the person only required a staff member to be near by and that they would remind all staff that this needed to happen and to ensure the person had a glass of water. The registered manager confirmed that meetings had taken place with staff to discuss this and the care plan was updated.
- Another person who was at risk of choking had instruction in their risk assessment that a staff member needed to sit next to them at all times when they were eating. We observed this happening and the staff member assisted the person with their meal.
- A variety of risk assessments were in place to keep people safe, these included individual risk assessments for people's specific needs. One person displayed a particular behaviour when accessing the community, the risk assessment gave guidance to staff on how to support the person.
- Another person had a risk assessment in place that identified risks to them when accessing the garden. The risk assessment detailed that the person needed to have a staff member with them when outside, we saw a staff member take this person to the garden safely.
- Lessons learnt were discussed in staff meetings, actions from accidents and incidents were identified and discussed in regular meetings with the management team.

Staffing and recruitment

- We observed staff had enough time to spend with people and staff did not appear rushed. We saw staff taking their time with one person to help them find a DVD they wanted to watch.
- Staff told us that they felt there was enough staff to carry out their roles. One person said "I feel there is enough staff, there is enough of us to take people out and to leave enough staff in the house."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and proof of identity.
- Checks with the disclosure and barring service (DBS) were carried out to confirm whether prospective new staff had a criminal record or were barred from working with people. When people's employment had commenced prior to their DBS coming back, risk assessments were in place to ensure this was safe. One staff member had declared a conviction that had not been risk assessed, the provider told us that the conviction did not relate to their day to day role but they would complete a risk assessment and make this part of their processes going forward, we have received confirmation that this has been done.

Using medicines safely

- Medicine administration records (MARs) were being kept in paper format and on the electronic system. There were several recording gaps on the paper MARs so it was unclear as to which medicines had been given but this was correctly reflected on the electronic system. We reviewed two people's medicines and could see people had received the correct medicines and the correct time. The provider told us that they will be using only one system going forward to reduce the risk of errors and inconsistent information
- People were supported with their medicines by staff who had been appropriately trained. There was not always a staff member on shift who was trained to give medicines, and this meant the registered manager would come in to administer people's medicines. The provider told us that another staff member was being trained to give medicines and the staff confirmed that this would help the situation.
- Information was included for staff about when to administer medicines people required as and when needed. This gave individuals signs and symptoms people may display when they need a certain medicine and staff had knowledge of this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "I feel safe living here." A relative told us that they felt their loved one was safe, they said, "I feel [relative] is safe due to everything they have put in place, he is very comfortable there."
- Staff knew the different types of abuse and how to raise a concern. One staff member said, "I would report anything higher up."
- The registered manager investigated safeguarding concerns when instructed to by the local authority, however, these were not always completed in a timely manner due to the workload of the registered manager. We addressed this with the Nominated Individual who explained that the work load of the registered manager would soon be reducing allowing her to only focus on one service."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The correct processes to restrict a person's liberty were not in place. In one person's care plan it stated they were unable to make complex decisions, they were not allowed to access the community without support from two staff members and there was no capacity assessment or best interest decision to support this.
- We did not observe people being restricted and no one expressed any unhappiness relating to any restrictions, however, systems were not in place to identify that processes were missing in relation to the MCA.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate this was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had a good understanding of the MCA and understood the importance of asking for consent. One staff member told us, "It's assessing someone's understanding and decisions and choices. By taking away their choices, it's a breach of their human rights."
- The registered manager had been seeking support to improve their own knowledge in relation to the MCA and the required processes that need to be in place and the provider assured us that this was on going.

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

- Assessments were carried out by the registered manager before people moved into the service. They would meet with the person and find out information about their background, needs, wishes and preferences.

- Once the assessment had been completed the registered manager would discuss the person's needs with the senior management team. A decision was made whether the person's needs could be met and then the information was shared with the team.
- The service would access any previous information about the person including old support plans and assessments completed by the local authority, this would help ensure they had a detailed history of the person's needs.

Staff support: induction, training, skills and experience

- Staff had received appropriate training in a variety of areas to support them to carry out their roles. Training was completed online and also face to face to enable questions to be asked and support to be given.
- When staff first started working at the service they received a thorough induction. One staff member said, "Really good induction. They showed me everything and gave me time to read care plans." Another member of staff said, "The induction was really beneficial. They give you opportunities here. I'm doing my NVQ and I have become a shift leader."
- Staff received ongoing supervision and appraisal where they were given the opportunity to discuss their performance and any challenges they were experiencing.

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

- People were supported to eat and drink enough. We observed staff asking people what they would like to eat and drink, people received what they had asked for. One person told us, "Sometimes the staff make my lunch because I'm not very good with hot things, but I help sometimes."
- People's support plans included information about the food they liked and disliked and also their preferences of when and where to have their meals. People were able to choose their own meals and plan what they would like to have during the week.
- One person needed assistance with their meals, we saw this taking place and the staff member sat beside the person and helped them to have their lunch following the instructions in their support plan.

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

- People were supported to access health care and to live healthy lives. One relative told us, "They make sure they contact the GP, they have recently supported him to go to the dentist and they would call anyone else he wanted or needed to see."
- The service had a good working relationship with the GP and other professionals and would make referrals appropriately. We saw examples of this happening in people's care notes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were well treated and staff showed kindness and respect towards people. One relative told us, "Staff are fantastic with him, he's very much somebody who likes people, they're great with him, they give him a lot of attention and he is really happy".
- A person living at the service told us that the staff were nice, and it was evident there was a good relationship between this person and the staff.
- We observed caring interactions between staff and people. One person became upset and we observed a staff member asking them if they would like a hug, telling them all would be okay and they understood why he was upset.

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

- People told us they were able to express their views and make their own decisions. One person told us, "I haven't done my colouring today, so will do that later." We saw the person doing this in the afternoon.
- We asked people what they liked to do during certain parts of the day, one person said, "I like to relax in my room." We observed people spend the day as they wished and having control over what they did.
- People were supported to do something things independently, we saw people clearing away their own dishes from lunch time and support plans included picture aids of how to carry out certain tasks.

Respecting and promoting people's privacy, dignity and independence

- The service had recently transitioned to be a supported living service. The provider told us that they were still working on the approach of the service to ensure staff were promoting independence. They explained they had faced some challenges with this as people and staff had all been used to the previous residential model of care.
- We spoke to staff about how they promote peoples independence in live with the new supported living model. One staff member said, "We give them what they want. But we encourage independence and build relationships with them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- The service had recently transitioned to a supported living service which meant the provider was required to support people to live more independently. This was not consistently happening and a residential model of care was still be used in some situations. One staff member told us, "Staff forget this is now a supported living service and still treat it like a care home" she explained because of this, staff weren't always encouraging people's independence.
- The Nominated Individual acknowledged there were improvements to be made in supporting people to live more independently in line with the supported living model. The Nominated Individual told us that ongoing training was being delivered to staff to ensure they were promoting peoples independence and working within the supported living approach.
- People's support plans were personalised and included details on how the person liked to be supported. This included information on how they would like their needs to be met. One person's support plan included details around how they liked to be supported to have a shower so they did not become anxious.
- There was detailed information in support plans around the types of activities people liked to do and how they wanted to spend their time. One person told us how they preferred to spend their time quietly in their room and to watch television on their own. We saw this reflected in the person's support plan and the person was able to freely do this.

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.

- Staff were observed using different types of communication with people. One person told us, "I use my own type of communication" and then showed us some signs. We asked if staff used this style with them and they said they did. We observed the person sign for a cup of tea and staff knew immediately what they were asking for.
- In one person's support plan it explained different ways in which a person would communicate, for example the person would look at staff when trying to get their attention. We saw this happening and staff responded to the person appropriately.

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; End of life care and support

- People told us that they were supported to do things that they wanted to do. One person was heard talking about wanting to go to the cinema again to see a particular film and staff engaged with them to make a plan for this.
- The service supported people to maintain relationships and pursue their social interests. One person had lived in the service with their wife and staff supported their relationship to ensure they could live together as they wished. When one person in the relationship passed away the service supported the other person through the grieving process and to positively continue their life.
- The service was not currently supporting anyone who was at the end of their life but some staff had received training in this. The provider told us that they would ensure all staff received training if someone did require this type of care.

Improving care quality in response to complaints or concerns

- A complaints log was kept to monitor any complaints and actions taken. The service had only received one complaint and the actions taken and lessons learnt were documented.
- People were given a copy of the complaints procedure in an easy read format and were encouraged to raise any issues they may have.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider and the registered manager did not have sufficient oversight of the service. There was no formal governance system in place and audits were not regularly being completed. The provider held weekly operational meetings which provided some oversight but they had not identified the issues we found during our inspection. The provider showed us an auditing system they plan to implement which covers a variety of areas which would enable them to monitor and oversee the service. However, this was not currently in place and sufficient oversight was not being maintained.

- Before our inspection we had received concerns in relation to how medicines were being managed and that there were recording gaps in MAR charts. The registered manager had been asked to carry out a medicines audit by the local authority. This has been completed but it did not contain enough detail to show the registered manager had oversight that people were receiving their medicines safely. We were told after our inspection that the registered manager would re-do the audit and we asked this to be sent to us but this has not been provided by the registered manager at the point of this report being published.

- The provider had failed to identify the issues in the missing processes in relation to the MCA and care documents. There were no auditing systems in place to monitor areas such as infection prevent and control or care documents.

- Staff did not always receive consistent guidance from management. The registered manager provided us with a risk assessment that stated a person needed to be observed whilst eating their meals but the provider told us this was not the case. We received conflicting information from the registered manager and the provider when we tried to gain clarity.

- Since the service had transitioned from a residential home to a supported living service, the provider had not implemented systems to monitor how people's benefits were being managed. The provider had taken steps to ensure people were still financially supported but this was not a sustainable management plan and the service is now closing. As the provider also owned the building in which people lived, people were having to move out of their home.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Incidents had not always been reported to CQC where required to do so, though they had been reported to the local authority. There had been three incidences of alleged physical abuse that had taken place within the service which should have been reported to CQC but this was not done by the provider. This meant we were unable to check the provider had taken appropriate action in response to this incident.

This failure to notify CQC of a significant incident was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had regular staff meetings. One staff member said, "We have team meetings. The last one we had was to introduce me and to talk about the plans for the service and how it can be improved. We also have supervisions regularly."
- A relative told us that they were regularly asked for their feedback, they said, "I regularly receive forms to fill out to tell them if I am happy or unhappy about anything that is happening."
- The service had a good working relationship with other professionals and would work in partnership with the GP to ensure people received the care they required.

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

- People told us that staff were friendly and supportive. One staff member said, "It's very family orientated. We're all young and we want to have fun and go out with them (people)." A relative told us, "I can go and talk to management about anything at any time."
- An on call system was in place and was shared amongst the management team, we had been notified of incidences where the on call system had been used and managers were contactable.
- Staff told us they felt supported, one staff member said, "We have one-to-ones regularly and if I have concerns in between, I can go to the manager."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Statutory notification had not been sent to CQC for notifiable events that had happened at the service.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement effective systems and processes to assess and monitor the service.