Kirklees Metropolitan Council

Milldale

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Milldale is a residential care home in Heckmondwike providing respite care for up to eight people over the age of 18 who are living with a learning disability. Five people were living at the service at the time of the inspection. The home is on one level.

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

Staff understood how to keep people safe through their confidence in the safeguarding procedures and people's individual risk assessments. Premises safety was given high priority and staffing levels were supportive of people's needs.

Staff demonstrated confidence and knowledge of individual people and how to support them. Staff felt valued and supported with regular opportunities for training and supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Food and drink was tailored to people's individual needs and people's independence was promoted well.

People were respected and staff were mindful of upholding their privacy and dignity. Staff involved people fully in all discussions about their care and support. Interactions with people were kind and positive.

There was clear evidence of person-centred care. People were involved in activities based upon their established routines and preferences and there were close links between the person's home and the service. Care records contained personal and individual detail with information about people's needs easy to locate.

The registered manager was visible in the service and communication was open, honest and transparent. Staff had clear direction and were sure about their roles and responsibilities. Systems and processes for ensuring the quality of the service were securely and effectively in place.

Further information is in the detailed findings below.

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 remains good

Good

Is the service effective?

The service remains good

Good

Is the service caring?

The service remains good

Good

Is the service responsive?

The service remains good

Good

Is the service well-led?

The service remains good

Good

Milldale

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 checked 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 was a comprehensive inspection:

This inspection took place on 28 June 2017 and was unannounced. There was one adult social care inspector. We gathered information before the inspection from notifications, liaising with other stakeholders and reviewing the Provider Information Return (PIR). 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.

We spoke with the registered manager, three support workers, the maintenance staff, the cook and three people who used the service. Following the visit, we contacted three people's carers/relatives by telephone to gather their views about the service. We reviewed two staff files, three people's care records and documentation to show how the service was run.

Good

Our findings

People's safety was given high priority and people told us they felt safe. One person said, "I do feel very safe when I'm staying here". Relatives we spoke with overwhelmingly said the service was safe. One relative said, "If I didn't think my [family member] was safe, they would not go there".
The provider's 'mum's test' quality survey showed there was 100% confidence in safety.

People were very well protected from abuse and harm. All staff, whatever their role, had clear and confident knowledge of how to identify concerns, and the procedures to follow to safeguard people in their care. Contact numbers for safeguarding procedures were prominently displayed for staff. Staff understood what to do in the event of an emergency and there was clear information for who to contact out of hours should an emergency occur.

Risks to individual people were documented and staff understood how to support people whilst enabling them and encouraging them to keep themselves safe. Where people's behaviour may challenge them or others, staff were very well prepared to use positive strategies to reduce any risks. Staff promoted people's autonomy through their understanding of what people could do for themselves. The registered manager was in the process of improving individual risk assessments for people. There were clear details of how staff should use equipment needed for moving and handling people.

The premises were very well maintained with good regard for safety and details of this were clearly documented. Fire safety measures were securely in place, although people's personal emergency evacuation plans needed to be more prominently available should they be needed quickly. The provider gave assurances this had been addressed promptly following the inspection visit. The maintenance staff worked closely with the registered manager and staff team to ensure people were safe when using premises and equipment.

Safe and robust recruitment procedures were in place to ensure staff's suitability. Staffing numbers and the skill mix of staff was ensured through assessment of people's needs and level of dependency. Where people needed one to one support this was consistently provided and staff worked well as a team to support colleagues in this role. Two of the three relatives we spoke with said they thought staffing levels were safe, although one felt there could be more and said they felt there were inconsistencies with staff turnover.

People received their medicines when they needed them and the procedures for managing medicines safely were methodical and robust. Staff were confident to explain their responsibilities in managing medicines

safely and staff competence was checked to ensure safe practice.

The service was very clean and there were safe controls in place to minimise the spread of infection, such as thorough cleaning regimes and the use of staff personal protective equipment.

Good

Our findings

Relatives we spoke with said staff were skilled at their role, although one relative felt staff sometimes lacked experience of working with their family member. One reltive said, "The staff are brilliant, I can't fault their skills".

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had written to families to explain DoLS and how this may affect them and their relatives.

People's consent to care and treatment was always sought, in line with the law and guidance. Care records detailed people's mental capacity and their abilities to make specific decisions. Where people needed support to make decisions there was clear evidence of best interests meetings held with relevant people. Staff emphasised the need to enable people to make their own decisions as far as possible.

Induction for new staff included comprehensive two week shadowing and completion of the Care Certificate. Staff continued suitability was regularly checked at supervision meetings. Staff training was regularly carried out for all staff and updated to ensure people received effective care from skilled, knowledgeable staff. The provider maintained a training matrix as well as individual training accounts for each member of staff. This clearly showed specific online and class based training they had done, both mandatory and specialist to meet the needs of the people in their care.

Communication throughout the whole staff team was strong and effective. We saw staff updated one another verbally as well as more formally in handover meetings and regular staff meetings.

The cook was very knowledgeable about people's individual dietary requirements and personal food preferences which meant people were effectively supported to eat, drink and maintain a balanced diet. Individual dietary information included a photograph and any particular cultural requirements as well as

special information was in place for staff to refer to. Mealtimes were relaxed and sociable occasions with people's independence promoted well. People were supported to maintain their good health through staff understanding their individual health needs and particular risks to their health.

Milldale offered an enabling environment in which people were encouraged to access all communal spaces and their own room independently. The home was on one level with easy access to garden areas. People freely accessed areas of their choice and dining areas offered facilities for people to independently make drinks and snacks. Signage on doors was clear, although some of the signs were placed too high to be accessible to all people. The registered manager informed us following the inspection of the prompt action they had taken to address this.

Good

Our findings

People and carers/relatives felt the service was caring. One relative/carer said, "It's all pluses, they are brilliant," and another said, "They do care, that's for certain". Another relative/carer said, "My [person] is very happy, I know they are cared for well".

People were supported by caring staff who involved and included them in all aspects of their care. Staff encouraged people to make their own decisions and they ensured people had sufficient support to make choices. There was much information sharing through the use of pictorial prompts and photographs, such as in newsletters and displays. People's bedroom doors were personalised with their own name and pictures of things that had personal significance, such as their hobbies.

Interaction between staff and people was kind, caring and patient. People were greeted wwarmly on their return from their outing, and staff took an interest in what people had been doing.

Positive caring relationships were developed through staff understanding people's needs and their personalities. It was clear from our discussion with staff they knew information about the people they supported and although people were not permanent residents in the service, staff took time to find out essential information. One relative/carer said staff knew their [person] well. They said, "That's the thing, they really know [person] and that shows they care". Another relative/carer said they would like new staff to get to know their [person] well before working with them.

Staff emphasised the importance of ensuring people's privacy and dignity. Staff asked people whether it was alright for them to enter their room and care was carried out discreetly. Staff spoke with people respectfully and in tones of voice which suggested equality and fairness.

We spoke with one support worker, who was also a dignity champion for the service. They told us how they involved people and made sure their choices were maximised, for example, by providing accessible information.

We saw care records were very person centred with pictorial information in the service user agreement/contract, and it was clear people had been consulted in all aspects of their care. Daily records showed people's choice and there were visual timetables for some people with photographs to help them structure their day.

Good

Our findings

People and their relatives/carers said the service was responsive to their needs and this was supported by the provider's quality assurance survey which returned 100% satisfaction for this.

The service offered person-centred care. People engaged in activities based upon their established routines and what they would usually do if not in respite care, and staff supported them to continue this. People were purposefully engaged and enjoyed being involved in the way the service was run. For example, the maintenance staff involved two people in the painting of the outdoor fence and people were consulted about the décor within the home.

People enjoyed activities meaningful to them. One person spoke to us about people who were important to them and we heard staff discussing this with the person. We saw the person made name cards for the people they knew and staff helped them to laminate these, whilst the person's favourite music played in the background at their request. Another person told us they worked locally and we saw they had independently returned from their day at work. We saw display and photograph evidence of other activities including karaoke, national beer day, a race night, movie and popcorn evening, gardening and a barbeque.

Care records were person centred and the registered manager told us they had introduced a new format for these, having reviewed them when they came into post. The information in the care records was known by staff and we saw care delivery was in keeping with the care plans.

The provider consulted with people about the future of respite / short break care and valued their input on shaping the service. Questionnaires had been extensively sent and were available in other formats to be accessible to as many people as possible. Service user meetings as well as feedback forms with simple thumbs up/down symbols enabled the service to proactively gather people's views.

Relatives/carers told us they were confident to raise any concerns or complaints, although one relative/ carer added "I do not have one complaint whatsoever." The service had clear procedures to handle and learn from people's concerns and complaints. There was a 'you said, we did' board with examples of how suggestions had been acted upon to improve the service. For example, systems had been introduced to improve communication between the respite service and the person's home, through sending written feedback from each stay, with details of social and enabling activities. One relative told us "Activities are more on the ball now".

Compliments were also recorded and included positive messages, such as "Milldale is amazing, staff do a great job", "The service is excellent and paperwork and files are one of the best I've seen", "Wonderful", "Brilliant" and "All staff are angels".

Good

Our findings

Relatives and carers told us they thought the service was well run and gave praise for the communication. One relative/carer said "I'd be lost without them". Two relatives/carers said they would prefer more flexibility with the times of care available but were happy with the quality of what was provided.. Another relative/carer said "The service is really invaluable. It's home from home".

There was a registered manager in post, who was new to the service since the last inspection. 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.

The registered manager was very visible in the service and they empowered staff to take responsibility for their own roles in meeting people's needs. This helped to create a positive, person-centred culture and demonstrated good management and leadership. Staff were clear about their roles and there was a strong management structure with deputy managers sharing the leadership of the service.

There were clear systems to drive, deliver and assure quality care for people. The registered manager had oversight of the service delivery through their involvement of people's care and knowledge of staff's abilities to deliver the care to a high standard. The quality of the service was monitored through robust and regular audits as well as an annual 'mum test' based upon the fundamental standards of care.

The staff team and registered manager emphasised the importance of working in partnership with others involved in people's care, such as families/carers and other services people used. They worked closely with another local service to ensure continuity of care for people and to pool resources.

The registered manager had completed a detailed provider information return (PIR) which accurately identified the strengths of the service and the areas to improve. This outlined focused goals and aims for the service which were also known by staff. Our inspection of the service found clear evidence of practice which matched the information contained in the PIR.