

# Milewood Healthcare Ltd

# Blenheim House

## 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

We inspected Blenheim House on 17 March 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in.

Blenheim House is a large end terraced property located in Redcar. The service is a residential care home that provides care and support for up to six people with a learning disability. There are six bedrooms of which five are in the main house and there is one in a separate

annex with a separate access in the rear of the premises. There is a communal lounge and kitchen / diner. The bedrooms are situated on both floors. There are two flats with their own kitchen and lounge areas, and en suite facilities, these are on the first floor. On the ground floor there are three bedrooms with en suite facilities. To the rear of the service there is one flat type accommodation with its own kitchen and bathing facilities.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

There were systems and processes in place to protect people from the risk of harm. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Assessments were undertaken to identify people's health and support needs as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified. Person centred plans were developed with people who used the service to identify how they wished to be supported.

Staff told us that they felt supported. There was a regular programme of staff supervision in place. Records of supervision were detailed and showed the registered manager worked with staff to identify their personal and professional development.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There was enough staff on duty to provide support and ensure that their needs were met. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

We saw that people were involved in planning the menus and were provided with a choice of healthy food and drinks. Staff had undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. People had a hospital passport, however these documents contained limited information. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. We discussed this with the registered manager and they undertook to ensure these were made more informative.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

# 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.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager.

There were sufficient skilled and experienced staff on duty to meet people's needs. Safe recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Medicines were safely stored and administered safely and there were clear protocols for each person and for staff to follow.

Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food and staff had undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. We found that people had a hospital passport, however these contained limited information.

Good



### Is the service caring?

This service was caring.

People told us that they were well cared for and we saw that the staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

Good



# Summary of findings

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

## Is the service well-led?

The service was well led.

The service was well-led. Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

**Good**



# Blenheim 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 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.

An adult social care inspector visited Blenheim House on 17 March 2015. This was an announced inspection which meant that the staff and provider knew that we would be visiting. We gave the provider short notice (the day before) that the inspection would be taking place.

Before the inspection we reviewed all the information we held about the service. We did not ask the provider to

complete a 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.

At the time of the inspection there were two people who used the service. One person wanted to speak with us during the inspection the other did not. We also spoke with the registered manager, area manager, deputy manager and three support workers. Before the inspection we contacted the local authority to find out their views of the service.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We looked at one person's care record, two recruitment records, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some bedrooms, bathrooms, and communal areas.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe, one person told us, “I do because we have the bestest, bestest staff.” They also said, “They stop me from hurtingt myself.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training. We looked at records which confirmed that staff had received this training in 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. There have not been any safeguarding concerns raised since the service opened in November 2014.

The registered manager told us that the water temperature of baths, showers and hand wash basins in were taken and recorded on a weekly basis to make sure that they were within safe limits. We saw that water temperatures were within safe limits. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler and fire extinguishers. We saw measures were in place to minimise the risk of legionella. We saw records which informed that daily checks were undertaken of fire exits and routes and that carbon monoxide checks were undertaken weekly. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for people who used the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an

emergency. Staff told us they felt confident in dealing with emergency situations and told us there was a clear evacuation plan for who was to assist each person in the event of a fire.

Staff had assessed risks to people’s safety. Risk assessments had been developed and were reviewed on a regular basis. Risk assessments had been personalised to each individual and covered areas such as health, going out independently and behaviour that challenged. This enabled staff to have the guidance they needed to help people to remain safe. The registered manager and staff told us that the service sought to promote a balance between managing risk and independence. We spoke with staff who were able to tell us clear triggers to people’s behaviour that challenged. They told us of actions they took to minimise the identified risk. Staff told us that one person who used the service went out independently. They told us that before the person went out the agreed a rough time that the person would return. Staff told us that to promote safety they discouraged the person to go out when dark and always made sure that the person had their mobile phone so that they could contact staff. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

The two staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. At the time of the inspection there were two people who used the service. During the day and evening there was one staff member on duty. On night duty there was one staff member on duty who went to bed and slept at 10pm, however, could be called upon if needed. The provider had another service which was only a short walk away from Blenheim House. This meant if additional

## Is the service safe?

staff were needed staff from the other service could be asked to assist. The registered manager told us that staffing was flexible and could be increased. We were told that another person was to move into the service on the evening of the inspection and that there would be another staff member on duty during the day. From our observations we saw when people needed help that staff were visible and available to provide the help and support. When people who used the service asked to go out staff were available to take them.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment.

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

# Is the service effective?

## Our findings

The one person we spoke with during the inspection told us that staff provided good quality care and support. They said, “They help and support me really well.”

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, medicines administration, and working with challenging behaviour. We viewed the staff training records and saw staff were up to date with their training. We saw that staff had also undertaken training in learning disability, schizophrenia, psychology, bipolar and diabetes.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. As the service had not been open a year some staff were not due their annual appraisal; however those staff who had worked in one of the services operated by the provider had received an annual appraisal. We were told that there had been some new staff appointed recently and that induction processes were available to support newly recruited staff. This included reviewing the service’s policies and procedures and shadowing more experienced staff.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to undertake decision specific capacity assessments and when people lacked capacity to make ‘best interest’ decisions.

At the time of the inspection, nobody who used the service needed to be subject a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a

way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager told us that they were working with other health care professionals in determining capacity of one person who used the service. Staff we spoke with had a good understanding of DoLS and when they might need to seek these authorisations.

Staff told us that menus and food choices were discussed with people who used the service on a weekly basis. We were told how staff had supported one person with their weight loss. We saw that people were provided with a varied selection of meals. People who used the service were able helped with the preparing and cooking of all meals. The registered manager and staff told us that staff and people who used the service go shopping for food twice a week. One the day of the inspection we saw that people went food shopping with staff.

We saw that staff monitored people’s weight for losses and increases. We asked the staff what risk assessments or nutritional assessments had been used to identify specific risks with people’s nutrition. Staff told us that they closely monitored people and completed nutritional assessment documentation. We saw that staff completed the Malnutrition documentation (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese.

We saw that there was a large bowl of fruit on the table for people who used the service to help themselves.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital. We saw that people had been supported to make decisions about the health checks and treatment options. We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and speech and language therapist. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

People had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. The hospital passport contained



## Is the service effective?

limited information. This was pointed out to the registered manager who told us that these would be reviewed and updated to ensure that they were very specific and individual to the person.

# Is the service caring?

## Our findings

The one person who used the service told us that they were very happy with the care, service and support provided. They said, “This is the best place to be, they are like my family now.” This person told us how they liked every one of the staff and how they had pet names for all of the staff

People were involved in making the decision to use the service. Prior to people coming to stay, people were given the option to come for day visits and overnight visits to help make an informed decision about whether they wanted to move in. These visits also enabled staff to determine if they could meet the person’s needs and make sure that other people who used the service were happy for the person to live with them. The registered manager told us that the person who was moving into the service that day had been for a number of visits.

During the inspection we sat in the communal dining room so that we could see both staff and people who used the service. We saw that staff interacted well with people and provided them with encouragement. Staff treated people with dignity and respect. Staff were attentive and showed compassion. One person who used the service was upset as they had toothache. We saw that staff provided comfort to this person by giving them a hug (they also contacted the dentist). We saw that staff provided reassurance to people when they needed it. We saw that staff took time to sit down and communicate with people in a way that people could understand. This showed that staff were caring.

The registered manager and staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time.

We saw that people were encouraged and supported with decision making throughout the day. People made decisions about how they wanted to spend their day and what they wanted to eat and drink.

Before the inspection we asked representatives of the local authority for their views on the service and care provided they told us that they did not have any concerns in relation to the care and support provided at the service.

Staff told us how they respected people’s privacy. They said that where possible they encouraged people to be independent and make choices. One staff member said, “We encourage people to be as independent as possible. We prompt and support people but don’t take over. It’s all about making progress even in the smallest of things.” They told us how they had helped a person over a period of time to be able to make a cup of tea independently. They told us how proud the person had been when they achieved this. Staff told us how they always covered people up when providing personal care and always knocked on doors before entering. They told us how they respected people as individuals and decisions that they made. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process and action to take should an advocate be needed.

# Is the service responsive?

## Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, “I’m never in, I love to go out.” They also said, “I like going out with X (another person who used the service). We all walk along the beach and into town and back and have a coffee.”

Staff told us that people liked to go out for walks in Guisborough and Saltburn. We were told how people liked to go shopping and then visit the café for a coffee and piece of cake. People had recently had a day out at Helmsley and looked around the castle and market.

One person who used the service told us how they liked to sing and listen to music. We saw that they listened to music on the day of the inspection.

One the morning of the inspection people who used the service went into Redcar shopping with staff. On the afternoon we saw that staff and people who used the service played games. We heard people who used the service giggling with excitement as they played a game of monster surgery. In this game people had to move parts of the Frankenstein’s body with tweezers without touching the sides. If they touched the sides the monster vibrated. There was lots of laughter from staff and people as they played this game.

During our visit we reviewed the care records of one person who used the service. This person had an assessment, which highlighted their needs. Following assessment person centred plans had been developed with people who used the service. Person centred plan provide a way of helping a person plan all aspects of their life and support. The aim of this type of plan is to ensure that people remain central to any plan that may affect them care and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care

and support needs of people who used the service were delivered in the way they wanted them to be. People told us they had been involved in making decisions about care and support and developing the person centred plans.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn’t like. Staff spoke of person centred planning. Staff were responsive to the needs of people who used the service.

Staff told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff told us they had undertaken training in first aid. We saw records to confirm that this training was up to date. Staff we spoke with during the inspection confirmed that this training had provided them with the necessary skills and knowledge to deal with a medical emergency. This meant that staff had the knowledge and skills to deal with foreseeable emergencies. One staff member said, “I have recently had my first aid training which is renewed every three years. I feel very confident. I have dealt with minor injuries and feel equipped to deal with CPR. I am always calm.”

Staff told us people who used the service and relatives were given a copy of the easy read complaints procedure when they moved into the service. We looked at the complaint procedure, which informed people how to make a complaint. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person who gave the registered manager the pet name of La La said, “I would go and tell La La straight away.” This meant that staff at the service were responsive to complaints.

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There had not been any complaints since the service opened.

# Is the service well-led?

## Our findings

The service has a registered manager. They were also responsible for the management of two other nearby care homes owned by the provider. Staff and people who used the service told us that the registered manager was supportive and approachable. A staff member we spoke with said, “She is a brilliant and supportive manager. I always feel that I can talk to her.” Another staff member said, “She is approachable, supportive and brilliant. You can ask her anything and she is always available to talk to.”

One person who used the service said, “X (the registered manager) is really nice. She always cares about us and never has a day off and always stays late.”

The registered manager told us as they were responsible for the management of three services the provider had recently recruited two deputy managers to support and help them in the management of the service. We spoke with the deputy manager who was very clear on their role and responsibilities.

The registered manager told us about their values which were communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us that they had an open door policy in which people who used the service and staff could approach them at any time. The registered manager told us the importance of good team work

Staff we spoke with said that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. We saw that they provided both support and encouragement to staff in their daily work.

We found that the registered manager and staff had a good understanding of the principles of good quality assurance. The manager recognised best practice and developed the service to improve outcomes for people. The views of people who used the service and staff were sought at both regular meetings and in surveys.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

The registered manager told us of various audits and checks that were carried out on the environment and health and safety. We saw records of audits undertaken which included infections control, medicines, care records, operations and health and safety. This helped to ensure that the home was run in the best interest of people who used the service.

The registered manager told us that senior management carried out monthly visits to the service to monitor the quality of the service provided. We saw records of these visits.