

Miss Lisa Rachel Spreckley

# Mill Road

## Inspection report

190 Mill Road  
Kettering  
Northamptonshire  
NN16 0RL

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20 October 2016

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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

Mill Road provides personal care for people living in their own home who are transitioning between services and independence in Northamptonshire. At the time of our inspection there were two people receiving personal care. This announced inspection took place on 20 October 2016.

There was a registered manager in post at the time of our 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 provider had values and a clear vision that were person centred and focussed on providing care that would help people to transition to independent living. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Staff received updates to their training and regular supervisions. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

Care records contained risk assessments and risk management plans to protect people from identified risks. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

The provider monitored the quality and safety of the service and staff regularly monitored the support people received. People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

## 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 ●

The service was safe.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

### Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

### Is the service responsive?

Good ●

This service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

### Is the service well-led?

Good ●

This service was well-led.

A registered manager was in post.

The provider offered regular support and guidance to staff.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

The manager and staff regularly reviewed the quality of the service.

# Mill Road

## **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 20 October 2016. The inspection was announced and was undertaken by one inspector. We gave 48 hours' notice of the inspection as we needed to be sure that they would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the local commissioners of care for feedback about the service.

During this inspection we spoke with two people who used the service. We also looked at care records and charts relating to two people. We spoke with three members of staff, including two care staff and the registered manager. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

# Is the service safe?

## Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People told us they were treated well by staff and one person told us "I feel safe here." Staff demonstrated how they could identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff told us, "I would tell [the manager] or contact the safeguarding team directly." We saw that the information about how to contact the safeguarding team were displayed in the home.

People were assessed for their potential risks such as using the kitchen and managing their own medicines. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people became more independent their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety.

There was enough staff to keep people safe and to meet their needs. People told us that they had the same staff supporting them and staff were available for their chosen activities. One person told us "I always have [name of two staff members] supporting me, they support me to do what I want." Staff told us they had a regular rota and that staff worked well together to ensure that people got the support that they needed when they needed it.

People could be assured that prior to commencing employment with the agency, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references. The manager only employed staff that had experience in providing care for people with learning disabilities.

People's medicines were safely managed. Staff had received training in the safe administration of medicines. Staff recorded when they supported people to take their prescribed medicines on medicine administration records. People aimed to manage their own medicines over time where possible; staff demonstrated how people were becoming more independent in managing their medicines, including trips to the chemist to organize delivery of their medicines. People received regular medicine reviews with their GP. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

# Is the service effective?

## Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff underwent an induction which included spending time with other experienced staff; shadowing them to enable them to get to know the people they were to support. The manager told us "staff continue to shadow and be supervised until I am happy, and the other staff are happy that they are confident and competent to look after each person, no matter how long this takes." Staff completed a set of mandatory training courses which included food hygiene and medicines.

People's needs were met by staff who had received in-house training to meet their specific needs. For example where people had behaviour that challenged others, staff received training that consisted of scenarios and discussions. Staff told us that these had been invaluable in understanding how to meet people's needs and keep them safe.

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Staff told us they received regular supervision and they felt supported. One member of staff told us "we meet regularly and discuss how we can improve the care and give people the best outcome."

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. The care plans contained assessments of people's capacity to make decisions about their daily activities. We observed that staff discussed actions, activities and decisions with people to ensure their understanding and the consequence of their actions. Staff ensured they received people's consent to support them with their personal care.

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's nutritional needs, for example one person needed support to maintain their weight. Staff received training in food hygiene and helped to support people to prepare their chosen foods. Staff ensured that people were encouraged to eat and drink regularly.

Staff had information about who to contact in an emergency. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. People were supported to attend GP and other healthcare appointments and make decisions about attending health screening.

## Is the service caring?

### Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person wrote a note to the inspector which read "The staff are helpful because they do their job properly all the time." This person told us they were very happy and that all the staff were nice to them.

Another person told us they liked living at their new home because "I am supported to do everything I want to do." We observed that they were supported to go out with their new-born dolls to town. Staff had helped them to develop a small network of friends that shared the same interest and expand their friendship group.

People were helped to build relationships with their peers. We saw staff had completed an assessment of people's relationships; these detailed who was important to them. These assessments showed that people's personal friendship groups had grown over the time they had used the service and they had a more diverse group of people that they regularly came into contact with. One person told us how important their friends were to them and we observed that staff ensured that people had regular contact with people's friends so that relationships could develop naturally.

People received care from a regular group of staff, which helped form positive relationships. We observed that staff knew people well and everyone spoke positively and with mutual respect. Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. One member of staff told us "I really love my job, we all get on, we've all got a connection."

People's care was person centred; their individual goals for independence were clear and related specifically to each person. Staff facilitated people to apply for and manage their planned moves to more independent living. One person was supported to meet a potential future housemate to see if they would be compatible. The member of staff that supported them told us "Once I knew they were getting on, I stepped back and let them get to know each other. It felt really good to be a part of [this transition] it's very rewarding."

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent.

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had easy read surveys that they could express their views and add their own comments. People had provided positive feedback about the kindness of staff and the care they had provided.



## Is the service responsive?

### Our findings

People were assessed before they received care to determine if the service could meet their needs. People had the opportunity to meet other service users and staff on a regular basis to get to know them and allow them to set realistic goals for transitioning to a more independent lifestyle.

Initial care plans were produced in conjunction with people's social care managers, staff and the person receiving care. People's needs were continually assessed and care plans were updated as people's needs changed.

Care was planned and delivered in line with people's individual preferences, choices and needs. For example, people who used the service asked for a reward chart to help them to understand when they were doing well. This had had a positive impact on people's behaviour and they had a record of how they were progressing.

People were involved in their management of their behaviour where this behaviour challenged others. Staff had worked with people to make a list of all the coping mechanisms they would use when they were feeling anxious and displayed challenging behaviour. People would use these lists to choose how they would manage their anxieties, such as talk to someone, go for a walk or have a bath. One person showed us their file and told us how they used the charts to help with their anxieties. We saw many examples of these lists being ticked to show what people had chosen to do when they felt anxious. Staff demonstrated how this had helped to identify triggers that led to people's behaviours and were able to pre-empt some situations that would have led to challenging behaviour.

People were involved in planning their care; we saw that people were helped to resolve issues such as the use of the shared bathroom. During assessments people discussed how they wanted to receive their care for example their meal preferences, how independent they wanted to be and the timings of their personal care. People had signed to say they agreed to their care plans. Staff demonstrated they were aware of the content of people's care plans. Staff told us that they knew people they cared for well and were involved in people's reviews.

People said they knew how to complain and felt confident that their concerns would be listened to. One person told us "I just tell [the manager] she helps straight away." There was a complaints policy and procedure in place and we saw that complaints had been dealt with in a timely way. The manager used the information from complaints to make improvements in the service, for example improving communication with agencies.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of our inspection that had the skills, experience and knowledge to manage the service competently. They understood their responsibilities which included notifying the commission of incidents or changes to the service.

The manager demonstrated commitment to providing a good service for people. They had a clear vision of providing person centred safe care with clear communication between people who used the service, their relatives and staff. The manager ensured that staff had clear communication with all their staff. The manager was proud of the staff and told us "We are a team, we all understand that the person is at the centre of all we do."

The manager understood the importance of providing good quality, safe care. The service was growing as people were ready to move on; the manager was facilitating this by keeping the same staff with each person in their new homes and training and recruiting new staff for new service users. When they employed new staff the manager looked for previous experience of working with people with a learning disability and that all staff had a good command of written and spoken English. The combination of careful recruitment and training and supervision, and providing regular clients had ensured a good retention of staff.

People who used the service told us they had confidence in the service. The manager listened to the feedback they received from people and used this information to improve the service they provided. The service was organised into regular rotas which helped to ensure a personal and manageable service as the service grew.

Staff team meetings were used to inform staff of any changes in people's needs, and of new people joining the service. Team meetings were used to provide supervision, training and learning from situations.

The service was continually monitored and scrutinised by the manager and staff for its' effectiveness in keeping people safe and progression towards independence. Where issues had been identified the registered manager had taken action to improve the service and monitored the impact of the action.