

Milewood Healthcare Ltd

Alexandra House

Inspection report

Summerhouse Square
Norton
Stockton On Tees
Cleveland
TS20 1BH

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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

The inspection took place on 4 July 2018 and was announced. We gave the provider 24 hours' notice of our intended visit as this was a small home and we wanted to ensure there would be someone available. This was the first inspection of the service since registering in 2017.

Alexandra House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Alexandra House accommodates seven people in their own flats in one adapted building with additional communal spaces. At the time of our inspection there were six people using the service who had a learning disability.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service did not have a registered manager. A registered manager is a person who has registered with the CQC 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 manager at the home had submitted an application to become the registered manager and was waiting for an interview with the CQC. The manager had extensive experience of working in the social care sector

Staff were trained in safeguarding, first aid, the Mental Capacity Act and infection control. Additional training was in place or planned in areas specific to people's individual needs. However, we received mixed feedback from staff regarding the training on offer and the lack of time set aside to complete it.

Effective procedures were in place for managing medicines and we found that all aspects of medicines management, storage, administration and recording were safe.

People's needs were assessed before they moved into the service. Care plans were then developed to meet people's daily needs on the basis of their assessed preferences.

People were supported to have choice and control over their own lives from being supported by person centred care. Person centred care is when the person is central to their support and their preferences are respected.

Care plans were person centred regarding people's preferences and were updated regularly.

People's nutrition and hydration needs were met and were supported to maintain a healthy diet, and where

needed records to support this were detailed.

Accidents and incidents were monitored by the registered manager to highlight any trends and to ensure appropriate referrals to other healthcare professionals were made if needed.

A programme of audits was carried out by the manager which were effective at improving the service.

People who used the service were regularly asked for their views about the support they received and this was recorded and acted upon. People's relatives and other healthcare professionals were asked for their views via questionnaires or feedback forms.

The home was clean, tidy, well presented and infection control was carried out to a high standard.

People were supported to take risks safely and personalised risk assessments were in place to ensure people were protected against a range of risks.

Staff had received safeguarding training and were able to describe types of abuse and what they would do to report concerns and protect people.

Staff recruitment was carried out safely with robust safety checks in place for new staff.

New staff received induction training and were supported by other staff members until they could work alone.

Support for people was person centred this meant their preferences and dislikes were respected at all times. People had planned goals and were supported to achieve them.

Procedures and individualised care plans were in place to provide people with appropriate end of life care and support.

There were sufficient staff to meet people's needs safely and in an individualised way.

Staff had a good knowledge of people's likes, dislikes, preferences, mobility and communicative needs. People we spoke with gave us positive feedback regarding staff and how their needs were met.

People were supported to maintain their independence by staff that understood and valued the importance of this.

Notifications of significant events were submitted to us in a timely manner by the manager.

The manager displayed a sound understanding of capacity and the need for consent on a decision-specific basis. Consent was documented in people's care files and people we spoke with confirmed staff asked for their consent on a day to day basis.

Health care professionals, including GP, dietitians or specialist consultants were involved in people's care as and when this was needed and staff supported people with any appointments as necessary.

Staff, people who used the service, relatives and other professionals agreed that the manager led the service well and was approachable and accountable. We found they had a sound knowledge of the needs of people

who used the service and clear expectations of staff. They had plans in place to make further improvements to the service.

Throughout the day we saw that people who used the service and staff were comfortable, relaxed and had a positive rapport with the registered manager and also with each other.

People and their relatives were able to complain if they wished and knew how to complain or raise minor concerns.

Assistive technology was in use at the home and people were supported to use this for communication and for safety.

People were supported to access information in a variety of formats to suit their needs and adaptations were made to suit individual needs.

People were supported to take part in a wide range of activities at home and in the wider community as active citizens and to suit their individual preferences.

People's rights were valued and people were treated with equality, dignity and respect.

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.

Medicines were stored, managed, administered and recorded safely.

Infection control protective measures were in place.

People had individualised risk assessments in place.

Staff were trained in safeguarding and were able to spot and report signs of abuse.

Staff recruitment was carried out safely with robust checks on staff in place.

There was enough staff to meet people's needs individually and safely.

Is the service effective?

Good ●

The service was effective.

People were supported by trained staff.

Staff were supervised regularly.

New staff were supported to complete shadowing and their induction.

Peoples nutrition and hydration needs were met and preferences respected.

Peoples healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People were encouraged by staff to maintain their independence.

People's rights to dignity and privacy were respected by staff.

Staff had kind and caring attitudes and were patient.

People took part in self advocacy groups and advocacy support was available for individual support.

People were encouraged and supported to take part in empowerment activities with the local government.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's individual needs and respected people's preferences.

People and their relatives knew how to complain if they needed to and this was supported and well managed.

People's care was person centred and tailored to their needs.

Information was tailored to meet people's requirements.

Is the service well-led?

Good ●

This service was well led.

There was no registered Manager at the service but the manager was in the process of registering with CQC.

Audits were in place and were effective.

The manager submitted notifications to the CQC of serious events in a timely manner.

People were confident to approach the manager to raise any concerns.

Staff told us they felt supported by the manager.

Alexandra House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 July 2018 and was announced. We gave the provider 48 hours' notice to ensure someone would be available to speak with us and show us records. The inspection team consisted of one adult social care inspector.

Inspection site visit activity started on 4 July and ended on 4 July 2018 and was followed by telephone calls to staff and relatives on 6 July 2018 .

Before our inspection we reviewed all the information we held about the service, including previous inspection reports. We also examined notifications received by the Care Quality Commission. We contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

The provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

A Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who are unable to talk with us. However, SOFI was not used at this inspection due to people going out to enjoy activities and also people who where at home were able to speak with us.

During the inspection we spoke with the manager, deputy manager and two support staff. We spoke with three people who used the service and we spoke with two relatives over the telephone and six staff members.

We looked at two people's care plans, risk assessments, two staff files, policies and procedures, surveys, meeting minutes, three people's medicine records, audits, records, rotas, and associated records.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Alexandra House. One person told us, 'I chose security, I like the staff around me to make me feel safe.'

When we spoke with relatives one told us, "I have no doubts that [Name] is safe at the home, they are not always confident when going out and the staff give them that security and confidence they need to feel secure."

People were supported to keep safe using assistive technology. For example, one person who was at risk of falls had recently been assessed for a sensor mat to be put in place to detect if they were up and about when they were in their flat. This was in the process of being implemented. Another person had a watch that contained GPS and a call button. This enabled them to access the community independently and reduce risks. The person was able to press the call button on the watch if they were anxious or lost, then it called the office and the global positioning system (GPS) connected to the computer so the manager or staff could locate where the person was to either go to them or help them to orientate to return home. The manager told us, "This is working really well and it is discreet and they love using it and it gives them confidence and enables them to go out and still be safe."

We looked at three people's medicines records and found medicines administration records were completed correctly and without any missing signatures. Medicines were stored, managed and administered safely. The management of medicines was safe and met good practice standards described in relevant national guidance, including standards in relation to controlled drugs. Controlled drugs are medicines that are at risk of misuse. People were involved in regular medicine reviews with their GP and other healthcare professionals as required. These included medicines that are used to treat anxiety and other mental health conditions. Some medicines were administered as and when required known as 'PRN' medicines and there were protocols in place for these. People who were administered topical medicines and creams had body maps in place to give clear directions to staff.

Staff were trained in infection control and had regular access to supplies of personal protective equipment for carrying out personal care, medicines and preparing food. The home was well presented and maintained and extremely clean throughout.

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These were referred to as positive risks and the assessments included taking medicines or falls. Staff were knowledgeable about the risks to people and what they should do to minimise the risks. For example, making sure people's medicines were stored safely and which foods should be avoided by people with conditions such as diabetes.

The manager investigated all safeguarding incidents we viewed. Actions taken included sharing lessons learned through staff meetings. Staff had received training in abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be

at risk of abuse. One staff member told us, "I would always report anything I was concerned about and I know the signs to look out for."

We saw there were enough staff to support people with the one to one staffing they required. Rotas confirmed there was a consistent staff team. When people were attending activities and appointments the staff rotas were changed to support this.

We looked at staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

The service had contingency plans in place to give staff guidance of what to do in emergency situations such as extreme weather conditions.

Accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. Where necessary people's individual risk assessments and care plans were updated following any incident. This helped to ensure any emerging patterns of accidents and incidents could be identified and action taken to reduce risks and prevent reoccurrence wherever possible.

We looked at maintenance of the building and saw that the appropriate checks had been made to ensure the building was safe including, fire systems, emergency lighting, electrical testing, gas safety checks and water temperatures.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team. When we asked people who used the service and their relatives about the staff, one person told us, "The staff are all amazing they do a lot of things for us that they don't have to, they always go that bit further."

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. We saw how people were supported to attend appointments. People were also supported at home by other healthcare professionals such as the community mental health team.

People had health action plans in place with outcomes to improve people's health they also had hospital passports in place to support them if they ever were admitted to hospital. The passport contained personal and important information that hospital staff need to know to be able to support people and take on board their needs and preferences.

People's health had improved in the time they had lived at Alexandra house, one person had lost weight and were managing their health conditions better and had improved as a result. They told us, "I have lost weight, I am proud of myself, my legs are loads better now, my nurse is pleased with me too." Another person told us, "I have reduced my medicines for diabetes now since being here and lost weight."

When we spoke with people's relatives they were impressed with the support their relatives had received from the staff so far and one told us, "We are over the moon with [Name] and the progress they have made, we are proud of them and the staff have really supported them well. The staff have supported them to manage their illness, and this is a huge progress for them to lose weight and improve like they have. We couldn't be happier."

Staff were trained and we saw a list of the range of training taken up by the staff team which related to people's needs. Each staff member had their own training list that the registered manager monitored. Courses included, MAPA (Management of Actual or Potential Aggression), Mental health and learning disability. These were in addition to courses which the provider deemed mandatory such as equality and diversity, first aid, health and safety, dignity and respect and safeguarding.

When we spoke with staff we received mixed feedback about the training they received. One member of staff told us; "We struggle to find time to complete some of the training as some of it we have to do is written and needs to be done while we are on the rota." Another told us, "There is no set time, I don't get mine done, there isn't time." A third told us, "The training is good, I have completed mine." We raised this with the manager who assured us they would set aside time within the rota for staff to complete their training workbooks and they sent us evidence of this following our inspection.

Regular supervisions and appraisal took place with staff to enable them to review their practice. From

looking in the supervision files, we could see there were some supervisions not completed as regularly as others. We raised this with the manager who assured us these would be completed by themselves and the senior staff and evidence was received following our inspection.

The format of the supervisions gave staff the opportunity to raise any concerns and discuss personal development. Supervisions and appraisals are important in helping staff to reflect on and learn from practice, personal support and professional development. One member of staff told us, "I love my job, especially the people we support and yes I have regular supervision that helps." Another told us, "I don't feel there is enough time to talk and there is a form to fill in beforehand and I would rather just have the one to one." We raised this feedback with the manager who told us, "Staff get a form to complete before we meet, we always have a one to one meeting the form is for us to raise anything first or set an agenda and also for the staff to let us know if there is anything they want to raise." The manager assured us they would revisit this with staff at the next team meeting, what supervision options were available to them.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them. One member for staff we spoke with told us, "I am still doing mine it is nearly finished, I have had help with it."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection and staff were trained in the Mental Capacity Act. Where people had a DoLS in place or had applied for one from the local authority this was recorded and monitored by the manager. These were recorded clearly in peoples care plans for staff to see.

Peoples nutrition and hydration needs were met and where people had preferences such as vegetarian. People who suffered from health conditions such as Diabetes they were supported to avoid certain foods. Each person had their own menu/food planner that they prepared with staff on a weekly basis. People who were overweight were supported to aim to maintain a healthy weight and their progress was monitored. One relative told us, "I like what they have done to help [name] and the progress with their weight shows." The Deputy manager told us how they supported a person who had a tendency to over eat due to their health condition to manage their diet. They told us "[Name] has a healthy snack cupboard they can go to in their flat and the staff understand their health needs and how to support them and this is working well for them."

The premises were modern, purpose build and provided a choice of communal areas and also self contained flats. The building was adapted to meet the needs of the physical needs of people. There was a lounge with access to the outside space was also adapted for people to freely access the yard area which was spacious.

Is the service caring?

Our findings

People were supported by caring staff. During our inspection we observed positive interactions between staff and people who used the service. We saw that people were smiling, laughing and communicating really well with staff. One person who we spoke with told us, "They are amazing, they go above and beyond for us." Another told us, "I like the staff because they are all caring, they never shout and always talk calmly." And a third person said, "I think the staff here are all very nice because when I need some help they come and support me and, they talk to me."

When we spoke with people's relatives we received positive feedback regarding the staff and their caring attitudes. One relative told us, "[Name] gets on well with the staff and we are very happy with how they are getting on."

Advocacy support was available to people if required to enable them to exercise their rights. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. However, no one required this type of support at the time of our inspection. We spoke with senior staff who told us they were able to make arrangements and would make arrangements if someone required an advocate to support them.

One person who used the service was an active self-advocate. They were involved in an empowerment group who represented other people with learning disabilities as part of the transforming care agenda, that aims to move people from long stay hospitals to the community. Staff regularly supported this person to visit London to attend meetings with the government. One member of staff told us, "It is a pleasure to support [name] with this. They come back and tell everyone what went on. They are very good and are giving people a voice." When we spoke with the person they told us, "There are people who have been in hospital too long and it's not right. Lots of these hospitals are closing down now and I go to London and fight for what people want." The manager told us, "[Name] was involved in this prior to his move with us. The staff support [Name] to attend the meetings in London and then support them to share what they have discussed with other service users by going over the minutes of the group during keyworker and service user meetings."

People were allocated a key worker, that is a staff member to support them with appointments and to be their main point of contact. One person who used the service told us all about the system and showed us their 'key worker tree' which was on display in the communal lounge. This was a picture of a tree and people's photos and their key workers were displayed on the tree for people to see. This was something that people liked and they enjoyed showing us the pictures.

Privacy and dignity was respected by staff and they were discreet when offering people support. Personal interactions took place privately to respect dignity and maintain confidentiality.

Independence was promoted and staff supported and encouraged people to be independent, for example, making choices as part of everyday life and when offering personal care. One person told us, "Sometimes I

need motivation on a morning and the staff help me to get going and to get myself up and ready." A staff member told us, "Independence is always important and we support people with what they need."

People were involved in reviewing their care and took part in meetings with the registered manager to go through their care plan and make any changes that were needed. Families, social workers and other healthcare professionals were also included in the process. One relative told us, "We are happy with everything so far but it is all new still so we will see how it goes."

People were supported to have choice and control and were supported on a daily basis to make their own choices in all aspects of their lives. We saw this in their care plans and this was confirmed when we spoke with them. Care plans gave the staff an insight into the person's background and history to help staff get to know them.

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from discrimination.

People who used the service did not require any support to follow their religion at the time of this inspection. However, we saw from the assessment methods used when a person moved into the home that they were asked if they had any religious, spiritual or cultural requirements and this could be supported if needed.

Is the service responsive?

Our findings

People were supported in a person-centred way and their preferences were respected at all times. One person told us, "I really do get person centred care here now."

Care plans were developed with people at the point of moving into the home and were an accurate reflection of their personalities, likes, dislikes and choices. This gave a detailed insight into people's needs. Care plans included information on personal care needs, personal information, communication needs, consent to care and family/relationships.

People were supported to take part in numerous activities of their choice and one to one activities. During our inspection we saw people were busy and were getting ready to go out and others were coming in from college and the hairdressers. People took part in regular voluntary work and social groups and clubs.

People were supported to set goals to achieve and one person had planned a holiday and this was a big step for them. They told us, "I have just been on a holiday to Cyprus, I enjoyed cocktails." We spoke with the staff member who supported them with the holiday and they told us, "The whole planning and organising took ages, it had to be just right to ensure it was everything that [name] wanted it to be. It was a challenge for them but we took our time and it happened and it was really lovely to see them achieve it." Other goals set were to learn maths at college and carry out voluntary work.

The home had separate areas for different activities. There was a quiet lounge without sensory stimulation for people to enjoy quiet time and also an open plan kitchen, dining and living area where most activities took place and was busy. The home was developing a sensory room with interactive equipment for people to enjoy. This was not completed at the time of our inspection but building and electrical works had begun.

People's flats were personalised and one person told us, "My flat is just how I want it." Another told us, "My flat is painted green, I chose the colour."

People were supported to maintain relationships within the community and with their families and friends. People who had recently moved into the service were supported to keep in touch with their friends from outside of the home. One person told us, "I meet my friend for coffee and also they come here to my flat." Another person told us about their partner and how they were supported to maintain their relationship.

Regular communication took place with relatives through phone calls, emails and review meetings. When we spoke with people and their relatives we received positive feedback. One relative told us, "Communication is good, we get regular emails on how [Name] is doing. Any changes and we are informed."

Information was made available in various formats. The manager told us how they could make care plans, newsletters or other relevant information in larger print for example or easy to read if needed. We saw copies of the complaints policy and a hand book for people who used the service in easy read format. Also the

service had their statement of purpose made into easy read with pictures for people to access easier and this contained the aims and the type of service provided..

People and their relatives told us they were able to complain if they wished. There was a complaints policy in place. We looked at records and could see where issues had been raised they were recorded and outcomes were addressed accordingly. People told us they were confident they could raise issues if they wanted to and that they would be addressed by the manager. One person told us, "We have a box where I can post things, I can write down what I am thinking and then I post it. I watch the staff empty the box. I know the boss will sort it they don't brush things under the carpet and I know that I can come to the CQC."

People were able to be involved in the staff recruitment process if they wished to and the manager told us how some people had chosen not to be involved in the interviews but could help come up with questions.

No one at the service was receiving end of life care at the time of our inspection, however, people had a section within their care plan that reflected their wishes regarding end of life care.

Is the service well-led?

Our findings

At the time of our inspection, the service did not have a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. There was a manager at the service who was registering with us, they had completed their application and checks and were waiting for an interview.

The manager conducted a programme of regular audits throughout the service. We saw there were clear lines of accountability within the service and management arrangements with the provider. Audits had been effective in identifying and generating improvements in the service, for example regarding medicines and infection control.

The manager had carried out a quality assurance exercise in the last year and they were planning to carry another one imminently. We saw that the feedback was positive and complimentary.

People and their relatives gave us positive feedback about the management arrangements and the registered manager. One person told us, "The manager is very nice they talk to you like an adult." And one relative told us, "We know where the manager and the deputy are if needed but the staff are really good too I haven't needed to speak with the manager much." Another told us, "They are easy to get hold of and they know I like to be involved."

When we spoke with staff they gave us positive feedback regarding the manager they told us, "I can approach the manager with anything" And another told us, "The management have been really good at supporting us. We can call them at any time."

The manager told us how people were encouraged to be active citizens within their local community by using local services regularly with support and also independently. They told us about the range of community activities that people were involved in including; voluntary work in local charity shops, attending coffee morning's in nearby care homes for older people and social clubs. The manager told us, "A couple of our people are very well known locally they have made friends in the shops and another is part of a local walking and swimming group."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. We saw the minutes of these meetings and could see how people's needs, progress and care plans were discussed. We received mixed feedback from staff regarding team meetings as some staff told us they valued these meetings and others felt they were not often enough. We raised this with the manager who explained that the last meeting had been cancelled and the next one had been postponed due to our inspection and that they would be

picked up and new dates set up for staff meetings.

The manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

Policies and procedures were in place and were regularly reviewed and in line with current legislation. All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.