

# Hopscotch Solutions Limited

# Millfield House

## Inspection report

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Date of inspection visit:  
31 March 2016

Date of publication:  
26 April 2016

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This was an announced inspection carried out on 31 March 2016.

Millfield House can provide accommodation and care for eight people who have a learning disability and who live with autism. There were seven people living in the service at the time of our inspection. All of them had special communication needs and used personal versions of sign assisted language and symbols to express themselves. The accommodation was a main house and an annex where two people had a self-contained flat.

There were two registered managers who job-shared. 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.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse including financial mistreatment. People had been helped to avoid the risk of accidents and medicines were managed safely. There were enough staff on duty to give each person the individual support they needed and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to support people in the right way including how to respond to people who had special communication needs. People had been supported to eat and drink enough and they had been assisted to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered managers had worked with the relevant local authorities to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the support they wanted to receive and they had been given all of the assistance they needed, including people who could become distressed. People had been helped to enjoy a wide range of interests and hobbies. There was a system for resolving complaints.

Quality checks had not always been effective because they had not identified the need to tell us about certain important events that had occurred in the service. Good team work was promoted and staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way.

People had benefited from staff acting upon good practice guidance.

## 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.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment. .

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

### Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance to enable them to support people in the right way. Their skills included knowing how to meet people's special communication needs.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Confidential information was kept private.

### Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the support they wanted to receive.

Staff had provided people with all the support they needed including people who could become distressed.

People had been supported to enjoy a wide range of hobbies and interests.

There was a system to resolve complaints.

**Is the service well-led?**

The service was not consistently well led.

Quality checks had not been effective because they had not identified the need to tell us about certain important events that had occurred in the service.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

**Requires Improvement** 

# Millfield 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 registered persons were 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.

Before our inspection we reviewed the information we held about the service. This included notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We spoke by telephone with five relatives and we corresponded with two health and social care professionals. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 31 March 2016. We gave the registered managers a short period of notice before we called to the service. This was because the people who lived in the service had complex needs for support and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

During the inspection we spent time in the company of six of the people who lived in the service. We spoke with a team leader and with seven support workers. We also spoke with the registered managers, senior operations manager, human resources manager and the director of education and care. We observed support that was provided in communal areas and looked at the support records for three of the people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

# Is the service safe?

## Our findings

People said and showed us that they felt safe living in the service. This included a person using sign assisted language to tell us that they liked their home and were settled there. Another person pointed towards a member of staff and smiled to signal their approval. We witnessed a number of occasions when people went out of their way to be close to staff. In addition, we noted that when people came home after going out to a local place of interest they were happy to join staff who made drinks for everyone. We observed them having a cup of tea and relaxing after their morning out. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I've never had to be concerned at all because I'm confident that my family member is safe at Millfield House. They never show any reluctance to go back when they've been out with me."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

We saw that there were robust arrangements to protect people from the risk of financial mistreatment. This included staff carefully assisting people to manage their personal spending money by securely holding money for them, recording each time they spent money and checking that the remaining cash balances were correct.

We saw that staff followed a positive approach to risk taking so that people were not unduly limited in the things they could do. An example of this was the way that people received individual support in the kitchen so that they could safely use a normal range of appliances. We also found that staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this was a special plastic protector that had been installed to cover the windows in a person's bedroom. This had been done to reduce the risk of the person unintentionally breaking the glass and accidentally injuring themselves. In addition, we noted that the registered managers had provided staff with written guidance about how to safely assist people should they need to quickly move to another part of the building in the event of an emergency such as a fire. We saw that staff knew what action to take so that the risk of accidents was reduced if it was necessary to assist people to move to a safer place.

Records showed that no significant accidents or near misses had occurred in the service during the 12 months preceding our inspection. We saw that there was a robust system to analyse any mishaps that did occur so that action could be taken to help prevent them from happening again. An example of this involved the arrangements that had been made for special ramps to be installed along the driveway leading from the public road to the service. The operations manager told us that the ramps would be installed as soon as possible. This was because concerns had been raised about vehicles being driven too quickly that increased the risk of there being an accident.

We found that there were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the two weeks preceding our inspection each person had correctly received all of the medicines that had been prescribed for them.

We noted that there had been one occasion in the 12 months preceding our inspection when a medicine had not been correctly dispensed. Records showed that the mistake had not resulted in anyone experiencing direct harm and we noted that the registered managers had taken steps to help prevent the same problem from happening again. These measures included providing additional training and guidance for the member of staff concerned and observing their practice to confirm that they had all of the knowledge and skills they needed.

Documents showed that the registered persons had reviewed the support each person needed, had calculated how many staff were needed and had agreed the necessary funding with the relevant local authorities. We saw that there were enough staff on duty at the time of our inspection. This was because people promptly received all of the support and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered managers said was necessary.

People who lived in the service indicated that there were enough staff on duty to meet their needs. An example of this involved a person holding the hand of a member of staff who was helping them to get ready to go out to a local place of interest. The process took quite a long time because the person preferred to follow a set routine. As part of this they wanted to be clear about what activities they were going to be supported to do after they returned from the trip. After the member of staff had provided the relevant information the person smiled, used sign assisted language to indicate that they were happy and readily got into the waiting people carrier vehicle. Relatives told us that the service had enough staff and one of them said, "I do think that there are enough staff because quite simply my family member is always out and about in the local community and they wouldn't be able to do that without a lot of individual support."

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.



# Is the service effective?

## Our findings

Records showed that staff had regularly met with the registered managers to review their work and to plan for their professional development. In addition, we noted that the registered managers regularly observed the way in which other staff provided support. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that staff had been encouraged to obtain a nationally recognised qualification in the provision of support in residential settings. We saw that in addition to this, staff had received training in key subjects including how to support people who have a learning disability and who have complex needs for support resulting from autism. The registered managers said that this training was necessary to confirm that staff were competent to support people in the right way.

We saw that staff had the knowledge and skills they needed. We observed an example of this when a member of staff effectively supported a person who had special needs to manage their time and to be reassured by frequently moving between rooms. We noted how the person concerned was pleased to receive individual assistance to enjoy time in different communal rooms and to go back and forth to their bedroom. A relative spoke with us about the competencies staff possessed and said, "Although there have been changes in the staff team I'm still confident that everyone who supports my family member knows what they're doing. Quite simply, if they didn't then my family member wouldn't be so settled there."

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. An example of this occurred when we asked a person about their relationships with staff. The person pointed to a nearby member of staff, smiled and used sign assisted language to say that the member of staff was their friend.

We observed that staff were supporting people to eat and drink enough to stay well. Records showed that people had been offered the opportunity to have their body weight checked. This had been done to help to identify any significant changes that might need to be referred to a healthcare professional. We noted that the registered managers had consulted with healthcare professionals to develop special arrangements to support two people who were at risk of becoming overweight. The arrangements included staff gently encouraging the people to follow a healthy eating plan to reduce their intake of calories.

We saw that staff consulted with people about the meals they wanted to have. This involved people being assisted to make choices between different dishes by staff using pictures and symbols to indicate the range of meals that could be provided. We saw that staff supported people to be as involved as possible in all stages of preparing meals from shopping, cooking and laying the table to clearing away afterwards. This helped to engage people in taking care of themselves and it contributed to catering being enjoyed as a shared activity. We asked a person about the meals they had by pointing to a picture of the meal that had been served at lunchtime on the day of our inspection. The person smiled and touched their mouth indicating that they had enjoyed the meal.

Records confirmed that whenever necessary people had been supported to see their doctor, dentist and

optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health. In connection with this a relative said, "The staff always contact me if my relative needs to see the doctor for anything significant. I'm confident that staff are on the ball and they don't hang around if my family member is unwell and needs medical attention."

The registered manager and staff knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why they needed to take reasonable precautions to reduce the risk of being injured. An example of this involved staff explaining to a person that they could only go horse-riding if they agreed to wear a protective helmet.

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know the person and have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions. This included liaising with relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests. Records described an example of this when key people had been consulted when it had been necessary for a person to receive medical treatment which involved them having to stay in hospital.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered managers had ensured that people were fully protected by the DoLS. Records showed that they had applied for the necessary authorisations from the local authority in relation to all of the people who lived in the service. This was because they lacked mental capacity and it was likely that all of them might need to be deprived of their liberty in order to keep them safe. The registered managers said that all of the people concerned could place themselves at risk if they chose to leave the service on their own and so would be actively discouraged from doing so. By applying for the authorisations in question, the registered managers had used reasonable foresight to ensure that only lawful restrictions would be used that respected people's rights if it was necessary to deprive them of their liberty.

## Is the service caring?

### Our findings

People who lived in the service were positive about the quality of the support they received. We saw a person sitting with a member of staff in the lounge speaking about when the person's relatives were due to visit them. Both were using sign assisted language and symbols to discuss the number of days before the relatives' next visit. They also spoke about the various social activities the person could enjoy during the intervening period so that the days were used fully and not spent waiting. We noted that the person smiled and later on gave a thumbs-up sign to show us that they had welcomed their discussion with the member of staff. Relatives told us that they were confident the staff were kind and caring. One of them said, "My family member has lived in the service for a number of years and very much sees it as home. I've no concerns at all about the place because I know that they have genuinely kind and helpful staff around them."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. We noted an example of this when a person needed to be supported in a particular way so that they could enjoy one of their favourite books. This involved a member of staff reading to them and using sign assisted language to recount the story concerned. It also involved the member of staff suggesting that they change rooms when the person indicated that they wished to sit with them in a quieter area so that they could listen in a space where there were fewer distractions.

We noted that staff recognised the importance of not intruding into people's private space. We found that bathroom and toilet doors could be locked when the rooms were in use and we saw that staff knocked on the doors to private areas and waited for permission before entering. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas.

We were told that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that staff were assisting people to keep in touch with relatives by sending presents, birthday and Christmas cards. In addition, we saw that staff regularly assisted some people to visit their relatives by helping them with transport arrangements. Relatives said that they appreciated the way in which staff supported their family members to keep in touch with them. One of them said, "The staff are very good and regularly escort my family member to visit me at home. They don't have to do this but they recognise its importance and so make the real effort the travel arrangements entail."

The registered managers had developed links with local advocacy services. They are independent both of the service and the local authority and can support people to make and communicate their wishes. We noted that arrangements had been made for an advocate to call to the service to befriend two people. This had been done because some of the support these people received was relatively restrictive and so an independent person needed to check that the arrangements continued to provide a caring response to their needs.

Written records that contained private information were stored securely and computer records were password protected so that they could only be accessed by authorised staff. We noted that staff understood the importance of respecting confidential information. An example of this was the way in which staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We noted that if they needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

## Is the service responsive?

### Our findings

We found that staff had consulted with each person about the support they wanted to receive and had recorded the results in their individual support plans. These support plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person being assisted to choose which clothes they wanted to wear shortly before they went out with staff to visit a local place of interest. We saw a member of staff using sign assisted language to discuss with the person which clothes they had available in their wardrobe that would be suitably warm given the cold weather at the time. Shortly afterwards we saw the person concerned smiling and pointing to the thick jumper they had just put on.

People showed us that staff were providing them with all of the practical assistance they needed. We saw that this support was carefully provided so that people were gently encouraged to do things for themselves whenever possible. An example of this involved a member of staff suggesting to a person how they could best go about sorting which clothes needed to go to the laundry and which items had yet to be worn. We saw that with guidance the person selected a number of clean garments that they were then assisted to put into drawers in their bedroom. We noted that the person enjoyed the activity and was reassured by the member of staff gently suggesting which garments needed to go into each drawer.

We found that staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was becoming anxious about the number of people who were gathered in one of the communal areas and the heightened level of activity in the space. Staff responded to this by using sign assisted language to suggest that the person might enjoy some quiet time in the lounge that was not occupied. Soon after this event when we passed by the lounge we saw the person happily looking out of the window with a member of staff and pointing to a bird that had just landed on a nearby branch.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. An example of this involved staff being aware of the need to respond to people's spiritual needs that might include supporting them to attend religious ceremonies.

We found that staff had supported people to pursue their interests and hobbies. Records showed and our observations confirmed that each person was being supported to enjoy a range of activities that they had chosen. These included going swimming, sailing and horse-riding. On the morning of our inspection a number of people were supported to visit a local wood and wildlife attraction. In addition, we heard staff planning for two more people to be supported to go out in the late afternoon to enjoy their favourite walk in and around the village that was near to the service.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. We noted that people had been given a user-friendly complaints procedure that used pictures and signs to explain their right to make a complaint. We noted that the registered persons had

a procedure which helped to ensure that complaints could be quickly and fairly resolved. Records showed that the registered persons had received three formal complaints in the 12 months preceding our inspection. We noted that each of the complaints had been properly investigated and resolved. Speaking about this matter a relative said, "I've not really needed to complain about anything but if I did I'm confident any concerns I had would be sorted out. It's a professional service and I don't feel that it's an 'us and them' situation at all."

## Is the service well-led?

### Our findings

Although the registered persons had regularly completed a number of quality checks these measures had not always been effective. We noted that we had not been told about the authorisations which had been obtained to deprive people of their liberty. The registered persons' quality checks had not identified this oversight even though it is a legal requirement that they notify us about this category of events. This is so that we can ensure that people's care is being delivered in a lawful way that respects their legal rights. Although this oversight had reduced our ability to consider the authorisations at the time they were granted, we subsequently noted that they had been correctly obtained and were being used in the right way to keep people safe. The director of care and education acknowledged that we had not been told about the authorisations and assured us that the registered managers would immediately submit the required notifications to us. They also said that more robust quality checks would be introduced without delay to ensure that in future we are promptly informed about all significant events in line with legal requirements.

However, we noted that other quality checks completed by the registered persons had been effective in that minor shortfalls in the service had been clearly identified and quickly resolved. An example of this involved the need to improve the general cleanliness of the work surface used by staff when dispensing medicines. We saw that as a result of this a more thorough cleaning regime had been introduced. On the day of the inspection we found the work surface in question to be neat, clean and hygienic. A relative spoke to us about the maintenance of good standards in the service and said, "I don't know what quality checks they do, all I can say is that the staff maintain high standards. Things don't happen by accident and running the service must take a lot of organising so that things don't slip. As far as I'm concerned things haven't slipped and the quality is good."

In addition, we noted that the registered persons had prepared a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and helped to ensure people reliably benefited from having all of the facilities they needed.

People who lived in the service said and showed us that they were asked for their views about their home as part of everyday life. We saw an example of this when a member of staff discussed with two people some possible destinations for trips out so that they could choose where to go. We saw them engaging the people by using sign assisted language and by pointing to pictures and objects that related to different destinations. This was done so that the people concerned were helped to indicate their choices. We asked a person about this process and they smiled and pointed to pictures of three local places of interest which records showed they had recently visited. They then used sign assisted language to confirm that they had told staff they wanted to revisit all of them in the near future.

We also noted that there were house meetings at which staff supported people to suggest improvements to their home. We asked a person about the house meeting they had recently attended. They used sign assisted language and symbols to tell us that they had enjoyed the event and that staff had asked them for their views on how well their home was meeting their needs and wishes.

People showed us that they knew who the registered managers were and that they were helpful. During our inspection visit we saw the registered managers talking with people who lived in the service and with staff. We noted that they had a very detailed knowledge of the support each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We noted that staff were being provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the support they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's needs for support were noted and reviewed. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered managers and by the operations manager. They were confident they could speak to them if they had any concerns about another staff member and were reassured that action would be taken if they raised any concerns about poor practice.

We found that the registered persons had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the training staff had received to use a nationally recognised support programme that is designed to assist people when they become distressed. We saw that this training had given staff the knowledge and skills they needed to quickly recognise when someone was becoming anxious so that they could be reassured as soon as possible.