

# Prospect Housing and Support Services

## Millview

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Millview is a small care home that provides care and support for up to 5 people who have a learning disability, such as autism or epilepsy. On the day of our inspection five people were living in the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager was responsible for two locations and was working at the other location during our visit. The deputy manager was present for the duration of the inspection.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported and told us the registered manager had good management oversight of the home.

People lived in a homely environment and were encouraged to be independent by staff. Staff supported people to keep healthy by providing people with a range of nutritious foods. Everyone was involved in the menu planning and shopping. People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

People were encouraged to take part in a range of activities which were individualised and meaningful for people. People planned their day with help from staff and this was flexible depending on how people felt or other activities available.

People had risk assessments in place for identified risks. The registered manager logged any accidents and incidents that occurred and put measures in place for staff to follow to mitigate any further accidents or incidents.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

There were sufficient numbers of staff on duty to meet people's needs and support their activities. People and staff interaction was relaxed. It was evident staff knew people well and understood people's needs and aspirations. Staff were very caring to people and respected their privacy and dignity.

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

The registered manager and staff undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were actioned by staff.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place to manage this.

Appropriate checks, such as a criminal record check, were carried out to help ensure only suitable staff worked in the home. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event and they had access to a whistleblowing policy should they need to use it.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand. People and their relatives were encouraged to feedback their views and ideas into the running of the home.

## 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 administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information to people living in the home should they need it.

There was a plan in place in case of an emergency.

### Is the service effective?

Good ●

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People's rights under the Mental Capacity Act were met. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were being met.

People were involved in choosing what they ate and were supported by staff to have nutritious meals.

People had involvement from external healthcare professionals to support them to remain healthy.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity.

Staff were caring and kind when supporting people.

People were encouraged to be involved in their care as much as possible.

Relatives and visitors were able to visit the home at any time.

### **Is the service responsive?**

**Good** ●

The service was responsive

People were able to take part in activities that meant something and interested them.

Staff responded well to people's needs or changing needs and people and their relatives were knowledgeable about their care plans and involved in any reviews.

A complaint procedure was available for people in a way they could understand.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Quality assurance checks were completed by the management team and staff to help ensure the care provided was of good quality.

Everyone was involved in the running of the home. This included the people who lived there, their family members and the staff.

Staff felt the registered manager had a good management oversight of the home and supported them when they needed it.

The registered manager submitted notifications as required.

# Millview

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection that took place on the 19 August 2016. The inspection was carried out by one inspector who had experience in adult social care and learning disabilities.

Prior to this inspection we reviewed all the information we held about the service, including information about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had asked 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.

We spoke with two people living at Millview. Two people were unable to communicate with us at length so instead we observed the care and support being provided by staff. We talked to two relatives and one healthcare professional following the inspection.

As part of the inspection we spoke with the deputy manager, three members of staff and the corporate head of care. We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at three staff recruitment files.

We last inspected Millview on 3 April 2014 when we had no concerns.

# Is the service safe?

## Our findings

People felt safe living at Millview. One person said "The staff make sure I am safe." Another person said "Yes I am safe here."

People were kept safe from the risk of abuse because staff had a good understanding of safeguarding. Staff told us who they would go to if they had any concerns relating to abuse. One member of staff said they would report anything they felt unhappy about to a senior member of staff or the provider. Another member of staff said "There was a good management on call system so there was always someone they could report safeguarding issues to if they occurred." An information leaflet 'Stop abuse now' was displayed with relevant contact details so people and staff could report concerns if they needed to. Staff told us they were aware of the whistleblowing policy and they would use this to report any general concerns they had about the home.

People were kept safe because the risk of harm had been assessed. Risk assessments supported people to reach their personal goals while minimising any risk to their personal safety. For example eating and drinking, managing behaviour that challenged, epilepsy management and awareness and risk for people when they used community facilities. Guidance had been put in place for staff to follow to reduce these risks. For example how many staff were required for individual people when going out and signs or triggers that might indicate when it was not appropriate for the person to undertake an activity. Risk assessments were reviewed and updated accordingly. For example following a health and safety assessment it was not safe for a person to continue with a particular kind of work and an alternative job was offered which they agreed.

People's medicines were managed and given safely. Medicines were safely stored in a locked cupboard secured to the wall in the kitchen. Staff that gave people their medicines received appropriate training which was regularly updated. Their competency was also checked annually by the registered manager to ensure they followed best practice to keep people safe. We saw competency assessment packs were retained in staff files for information. The registered manager carried out audits of the medicines every month in order to ensure medicines were managed safely and monitor medicine errors if applicable. The pharmacy also undertook safety monitoring audits and provided advice as appropriate.

People received the medicines they required. The medicines administration record (MAR) charts were completed properly, without gaps or errors which meant people had received their medicines when they needed them. Each MAR held a photograph of the person to ensure correct identification of individuals and there was information on any allergies and how people liked to take their medicines. People had their medicines given to them in an appropriate way by staff. For example with food or after food as directed. People who stayed away from the home visiting friends or family had a 'home medicines log' which enabled staff to keep a check that medicines were not missed.

Medicines given on an as needed basis (PRN) and homely remedies (medicines which can be bought over the counter without a prescription) were managed in a safe and effective way and staff understood why they

gave this medicine.

People were safe because there was a clear plan to ensure there were enough staff to meet people's needs. People's care needs had been assessed and a staffing level to meet those needs had been set by the provider. We were told by the deputy manager there were usually five staff on duty during the day but this was flexible depending on what activities or events were planned on any one day. Two staff work during the night one of whom is 'sleeping in'. Staffing duty rotas confirmed that the appropriate number of staff had been in the home to support people for the previous month. Staff supported people throughout the inspection to attend appointments, shopping and general chores within the home. People did not have to wait for attention. Bank staff were also used when people went on holiday.

The recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work at the home. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns or triggers that may suggest a person's support needs had changed. Action taken and measures put in place to help prevent reoccurrence had been recorded. For example a person could self-harm and they told us they had the support of additional staff when they anxious to keep them safe and prevent them from hurting themselves.

People would continue to receive appropriate care in the event of an emergency. There was information and guidance for staff in relation to contingency planning and we read each individual had their own personal evacuation plan (PEEP). The deputy manager told us people could go home to family or use other homes in the organisation if the home had to be evacuated for any length of time. A recent fire risk assessment had been carried out on the building and fire drills were undertaken routinely both for day staff and during the night. Training records showed staff were up to date with fire training which meant they would know what to do should the need arise.



# Is the service effective?

## Our findings

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people. The induction process for new staff was thorough to ensure they had the skills learnt to support people effectively. This included shadowing more experienced staff to get to know more about the people they cared for and for safe working practice. Staff were trained before they started to support people and received regular ongoing training to ensure their skills were kept up to date. Staff told us they received training regularly and that they were up to date with their mandatory training. This included safeguarding adults, fire safety, medicines awareness, health and safety, first aid and food hygiene. One staff member said, "We get lots of training here." Another member of staff said "I have done an NVQ level 3 in social care and enjoyed it."

Staff were able to meet with their line manager on a one to one basis, for supervision and appraisal. We saw records showed us all staff were up to date with both of these. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support. The provider used an individual record booklet over a year for each staff member which included an end of year evaluation to measure performance and plan further development.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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. Mental capacity assessments had been carried out for individual decisions. One person required specific support for attending appointments, another for going out and another person who required support managing their financial affairs. The registered manager told us if someone was unable to give consent then a best interest meeting would take place.

People can only be deprived of their liberty 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). Staff understood the legal framework regarding the MCA and DoLS. DoLS. Applications were made and authorised where necessary. For example, in relation to people not being able to go out alone or when someone required additional support to have dental treatment. People were able to move freely around the home and garden.

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and choice of food and drinks available to them. One person said "The staff help me with my choice of food as I am following a healthy eating diet." Another person said "The food is good" The deputy manager told us the

staff helped people to plan a menu that people liked. They had house meetings so people could discuss the menus together. Menus were seasonal and were reviewed occasionally. Menus were displayed in the dining room which showed people what was on the menu that day. People were able to go shopping for the food with staff. Staff supported people who were able to prepare food. One person said they liked to prepare their own food.

Three people were out for lunch which was combined with a trip to the park. A member of staff told us people liked to eat out and that staff supported them with this. People had access to snacks and drinks throughout the day and staff supported them to make hot and cold drinks. One person said "Tonight is take away night and we will choose what we want to eat later."

People had a nutritional care plan and specific dietary needs were addressed in these plans. The deputy manager told us if someone had specific dietary requirements they would be referred for the appropriate professional guidance. There was also guidance for staff to follow if people required specific support when eating. For example if people needed their food to be cut up or if they needed particular cutlery such as a spoon, rather than a fork to eat independently.

People were supported to have a healthy diet and there was a good supply of fresh fruit that people had access to. Monthly weight checks were in place which enabled staff to assess and monitor if people were eating and drinking enough to stay healthy. There was guidance for staff should people's weight reduce and staff had followed this when required.

People were supported by staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or physiotherapist. People were able to see their GP when they needed to.

Individual hospital passports were in place which explained people's needs and preferences for continuity of care and treatment should they be admitted to hospital.

When people's health needs had changed appropriate referrals were made to specialists for support. For example a person had been to the fracture clinic during our visit and were able to tell us about their positive experience. The service also had the support of the community learning disability team, district nurses and specialist advice to support people living with epilepsy.

# Is the service caring?

## Our findings

Staff were caring and attentive and interacted well with people. They were knowledgeable about people's needs and preferences and supported people in a way they liked. People were positive about the caring nature of staff. One person said "Staff support me to look nice and help me with my clothing choice." I am well looked after here." Another person communicated to us using signs and some words to tell us they were happy living at Millview.

People were very complimentary about the home and the staff. One person said "The staff take me out when I want."

People received good care from a staff team that had worked in the home for a long time and there was a trusting relationship between people and staff. People looked relaxed and there was a caring and confident atmosphere in the home. Staff communicated effectively with people and listened to what they said. They supported one person to talk with us when they were unable to make themselves understood. This was done calmly and in a dignified manner using words staff recognised. It was evident that person had confidence in the staff to communicate their views to us. A relative said they were reassured that their family member was cared for by a dedicated and competent group of staff.

People were well cared for with clean clothes, tidy hair and were appropriately dressed. For example some people wore shorts and sandals that were both age and weather appropriate. One person sought staff opinion on what they were wearing and staff responded with complimentary comments which reassured them.

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. People told us they were always consulted before any decisions were made about them. Information was shared with people for example photographs of the staff team were displayed to denote the staff on duty. Events for the day were also shown in picture format for example day centres attended and trips out so people could understand what was available.

People's rooms were personalised with photographs, ornaments and furniture which reflected their interests and hobbies. People were able with the support of staff to clean their room and change their bedding promoting independence. They were also supported with their laundry and to put their clean clothing away.

People's spiritual needs were met. Staff supported people to attend church on Sunday when they wanted to.

People's dignity and privacy were respected. Staff ensured people's permission was given before going into their rooms. We also saw staff knock on people's doors before they entered. We heard staff address people appropriately and called them by their preferred name. Someone was spending the afternoon in the home

doing an activity of choice and we heard a member of staff discreetly support that person to make them as comfortable as possible.

When people's communication was nonverbal staff were able to understand what people wanted by their body language, sign language (Makaton signs) or facial expressions. Staff had a good understanding of people's communication needs. We saw a person communicating their needs by taking a staff member by the hand to their room and demonstrating by pointing and gestures what they wanted. They then returned smiling and gave us a thumbs up sign telling us they were happy with the outcome. People had had their own words for various expressions and objects and these were included in their individual communication care plan. Staff were supportive of people and encouraged them to express themselves and took the time to listen to what people had to say.

Relatives told us they were able to visit when they wanted and were made to feel welcome.

## Is the service responsive?

### Our findings

People's needs were assessed before they moved into the home to ensure their needs could be met. Following this people were able to visit to ensure they liked the place and the people they would be living with. It also provided people living in the home with the opportunity to see if they liked that person also. There had been no recent admissions to the home.

People had been involved in their care planning. We asked people if we could read their care plan and they were happy for us to do so. One person said "They talk me through things and we agree when we change things." These plans had been signed by the person to show they had been involved. When people were unable to contribute to their care plan relatives or advocates had been involved in this process.

Care plans were well written and informative. They provided a detailed account of people's likes, dislikes, who were important to them and friendship links they wished to maintain. They also contained information about how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. We saw care was provided according to people's care plans and their needs. Care plans were regularly reviewed with people and updated appropriately when needs changed. Each person had a keyworker who had the responsibility of ensuring information about an individual was up to date and relevant. Relatives and others were also encouraged to be involved in people's care. They told us they were invited to meetings to talk about care plans.

People had individual activity plans that had been discussed and agreed. These were based on people's likes, hobbies and interests. People were supported with their activities which included shopping, trips out, local walks, and meals out. A person attends a day service three times a week and staff supported them to make a packed lunch and with transport. Another person has a paid job which they undertook one day a week. Holidays were arranged and people said they went to the travel agent for a brochure and had a discussion with staff about where they wanted to go. One person liked boats so a holiday to the Isle of Wight was arranged. Family links were maintained and some people were able to go home and spend time with their relatives when appropriate or go on family holidays. One person told us they had been supported to go out with two staff but this was now reduced to one staff following a review of needs. They said that made them feel good.

People were supported to participate in house meetings to air their views and discuss issues that may arise within the service. This may include planning group events, talking about new decoration of the home or new staff. People were encouraged to be involved in the recruitment of new staff at the second stage of their interview, and gave their feedback during house meetings.

Staff supported people to attend a corporate proactive committee group that meets monthly to air their views. Usually a representative from each service is chosen to represent people and will feedback topics discussed at the next house meeting. For example plans for a vintage tea dance, Christmas party and fund raising events.

People were supported by staff who listened to them and responded to complaints. People and relatives knew how to raise any concerns or make a complaint. One person said "If I was unhappy about anything I would tell the staff. I never made a complaint." A relative said they would feel confident making a complaint as they knew this would be managed well

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedures was written in a way that people could understand, for example pictorial. It also contained the contact details of relevant external agencies such as the local authority and the Care Quality Commission. The deputy manager told us they had received no written complaints about the home in the last 12 months. Staff was aware of the complaints procedure.

## Is the service well-led?

### Our findings

People were very positive about the home and the way the home was managed. One person said "I like living here and I am happy." Staff were confident in their roles and felt it was a good place to work. One member of staff said "I like working here and get all the support I need to do my job." Another member of staff said "This is such a nice place to work we are like a big family." Staff worked together as a team and there was an open culture and communication between them, the management team and the people they supported.

The registered manager was responsible for two locations and was working at the other location on the day of our inspection. The deputy manager was present for the duration of our inspection at Millview. They have the support of a well-established senior care staff team with defined roles and responsibilities during any one shift.

There was regular corporate involvement in the home and various heads of departments made frequent visits to ensure people and staff were happy and they were providing a good service for people. They had recently had a quality assurance audit undertaken by the quality manager for auditing purposes. These visits included talking to people, looking at care records, monitoring the premises and talking to staff. A report was generated following each visit and any actions identified were checked at the next visit. One action identified was the provision of new dining room table and chairs, and redecoration of the lounge.

The head of care undertook monitoring visits "first impressions" which includes a walk about the premises, and looking at the general health and wellbeing of people and gaining feedback from people. They also generate a report with issues identified and actions for improvement. These included new flooring in some bedrooms, new blinds for the windows in the front of the house to promote dignity and privacy which were being installed during our visit.

The registered manager undertook monthly audits of medicine records, care plans, risk assessments nutritional plans and staff duty rotas to monitor the service people received. A summary of these audits were sent to the provider for information.

The registered manager also undertook health and safety audits and infection control audits to ensure the safety and wellbeing of the people living in the home, people visiting the home and to promote a safe working environment.

Staff were involved in how the home was run. Staff had the opportunity to meet as a team on a monthly basis to discuss general information and any issues or concerns. Minutes were available to us. These were generally positive and included items like staff cover for people's holidays. Staff were also able to meet at corporate staff meetings to hear organisational plans for example future training planned, support during local authority and CQC inspections and policy change. They said this also provided them with an opportunity to discuss issues that concerned working arrangements or to just air

their views.

Relatives were encouraged to give their feedback about the home. The recent survey completed by relatives was positive and included comments for example "I am very happy with the standard of care provided." "Millview is like home from home for him." "The staff are always cheerful and helpful." "Prospect have made a proper home for my relative."

The registered manager and deputy manager were aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was displayed in the home so they would know how to respond if they had concerns they could not raise directly with the registered manager.