

# Aspire Healthcare Limited

## Milton Lodge

### Inspection report

23-24 Esplanade  
Whitley Bay  
Tyne and Wear  
NE26 2AJ

Tel: 01912533730

Date of inspection visit:  
14 January 2020  
22 January 2020  
30 January 2020

Date of publication:  
13 February 2020

### 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

### About the service

Milton Lodge is a care home which provides residential care for people who are living with a learning disability and may other needs such as mental health conditions.

Milton Lodge is a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. Twelve people were using the service. This is larger than current best practice guidance, Registering the Right Support. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

The registered manager and staff consistently demonstrated they valued and respected the people who used the service. The staff were passionate about supporting people to lead lives with meaning and develop the skills they needed to become more independent.

We found staff were committed to delivering a service which was person-centred. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately and lessons were learnt, which helped to keep people safe. The registered manager ensured people's support needs were thoroughly assessed and potential risks were effectively mitigated. The staff team had received bespoke training from the local community forensic learning disability team around supporting people with complex needs and those who may have a history of offending. Staff promoted equality and diversity within the home.

Staff supported people to manage their healthcare needs and promoted their wellbeing. When necessary, external professionals were involved in individuals care. The staff supported people to eat varied appetising meals. Medicine was administered in a safe manner.

Thorough checks were completed prior to staff being employed to work at the service. Staff had received appropriate training and supervision. The registered manager had enabled staff to access a varied and extensive range of condition specific training. The staff had found the range of training they received assisted them to significantly improve people's quality of life, support people who struggled to manage their impulse control and mitigate potential risks.

People's voices were of paramount importance in the service. The registered manager understood how to

investigate and resolve complaints.

The service was well run. Systems were in place, which effectively monitored how the service operated and ensured staff delivered appropriate care and treatment.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

Good (report published 27 April 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

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

The service was responsive.

Details are in our responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Milton Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

An inspector completed this inspection.

#### Service and service type

Milton Lodge is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This was an unannounced inspection.

#### What we did

We reviewed information we had received about the service, which included details about incidents the provider must notify us about, feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all the information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided by the service. We spoke with the registered manager, two senior care staff and three support workers.

We reviewed a range of records. This included three people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection we found the key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager critically reviewed all aspects of the service and determined if and where improvements were needed. They ensured staff considered how lessons could be learnt.
- Care plans contained explanations of the control measures for staff to follow to keep people and others safe. Staff understood where people required support to reduce the risk of avoidable harm.
- The equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire. The registered manager had ensured staff understood the evacuation process and night staff had practiced evacuating the home.
- The building needed to undergo a complete refurbishment. The provider had identified this and supplied the refurbishment plan that all the works and redecoration would be completed by this summer.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People's monies were safely managed. Where staff held people's monies they ensured accurate accounts were kept and these were regularly audited.
- Staff had not needed to use physical interventions such as restraint for a long time but the registered manager ensured staff continued to receive appropriate training for using these techniques.

Staffing and recruitment

- There were always enough staff on duty to meet people's needs. The registered manager ensured the eight staff on duty during the day could provide people's contracted one-to-one hours as well as meet everyone else's needs and had confirmed having two staff were on duty was enough.
- The provider operated systems that ensured suitable staff were employed.

Using medicines safely

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed. Clear protocols were in place for the use of 'as required' medicines.
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Preventing and controlling infection

- The home was clean, and people were protected from the risk of infection. Staff had received infection

control training and said they had plenty of personal protective equipment such as gloves and aprons.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection we found the key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had ensured comprehensive holistic assessments were completed for people who used the service. These were regularly reviewed and updated as people's needs changed.
- The provider was in the process of designing more appropriate assessment tools, which allowed staff to cover in detail potential risks to others, people's cognitive abilities, ability to make informed decisions and the impact of people's mental and physical health on their quality of life.
- People's care was delivered in line with evidence-based guidance. The registered manager was very knowledgeable about how to work with people who had an offending history and people on sections of the Mental Health Act 1983 (Amended 2007). They ensured this informed the care plans, which assisted staff to support people to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people. The registered manager ensured staff received a comprehensive programme of training and had sourced various training packages. This included training around application of the Mental Health Act and associated code of practice, supporting people to reduce risky behaviour and self-regulate their emotions as well as risk management.
- New recruits completed the Care Certificate, as a part of their induction. They also shadowed experienced staff for their first few shifts.
- Staff had regular supervision meetings and appraisals. They told us they felt the registered manager was extremely supportive and had equipped them with the skills they needed to work with people at the service.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged people to eat a healthy balanced diet. People got together each week to draw up a menu. The care staff then prepared the meals and people commented, "The staff are excellent cooks and the meals are always great."
- The registered manager considered cooking skills when recruiting and deploying staff. Two of the staff had worked in the catering industry and worked opposite shifts. These staff both cooked meals and also supported the other staff enhance their catering skills.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services when appropriate and in a timely manner. Staff had sought the advice from a wide range of professionals and this had assisted them improve people's quality of

life.

- Staff closely monitored people's oral healthcare and supported them to develop good oral hygiene habits. Staff had completed a wide range of training around supporting people with their oral healthcare. They were extremely knowledgeable about how to maintain good oral healthcare and associated complications from not doing this.

Adapting service, design, decoration to meet people's needs.

- The service was designed to meet the needs of people who used the service. The building was a large domestic style house and people had been supported by staff to make their rooms homely. One person commented, "I got to have my bedroom how I like it. That's never happened in the other places I have been."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a particular decision and 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager ensured staff followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations. For people who lacked capacity evidence of capacity assessments and 'best interests' decisions needed to be in place for all decisions made on the person's behalf. The registered manager immediately put these documents in place.
- The registered manager was very knowledgeable about recent changes to case law around the use of conditions on the Mental Health Act 1983 (Amended 2007) section 37/41 conditional discharges and the use of DoLS. They were working closely with people's treating team to look at how people could be supported if they continued to require one-to-one support when in the community and other restrictions.
- People were involved in all decisions about their care. Staff asked people for consent before providing them with assistance and constantly asked individuals what were their preferred choices.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last comprehensive inspection this key question was rated as good. At this inspection we found the key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence

- People were observed to be happy with support provided by staff. They indicated they were happy about living at the home. People commented, "This is the best place I have ever been, as the staff are great", "Staff are alright. I get on with them and we are always having a laugh and carry on" and "They look after me well and keep me right."
- Staff consistently displayed kindness and a caring attitude. The registered manager and senior care staff discussed how they had worked with staff to promote positive working and ensured staff treated each person in non-judgemental manner. They ensured each person was valued and respected.
- Staff demonstrated they were highly motivated and committed to respecting people's equality, diversity and human rights. One person told us how staff had helped them to understand the voices they heard were contained within their head and if they thought something others could not hear them, which they found a great help.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to be involved in the design their own care. People told us staff routinely asked them how they wanted their care delivered and they looked at their care records.
- The staff routinely contacted relatives to discuss people's support needs and supported people to air views about how the service was run. They also supported people to obtain legal advice when they wanted to lodge an appeal to the Mental Health tribunal or a Court of Protection application had been made.
- The registered manager ensured, when needed, people received support from advocacy services. An advocate helps people to access information and to be involved in decisions about their lives. Information about advocacy services was on display around the home.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

At the last comprehensive inspection this key question was rated as good. At this inspection we found the key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to enjoy a wide range of meaningful activities and to access to the community. People told us about the various activities they did in the community and voluntary work they completed. Staff had supported people to re-establish relationships with family members and this had a very positive impact on the individual's lives.

- People's needs were identified, including those related to equality, in care records. The registered manager worked with staff to ensure care plans were detailed, individualised and contained relevant information.

- The provider's tools had not assisted staff to undertake this work and they led to staff missing needs such as a change in people's physical health. The registered manager immediately rectified these gaps.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Reasonable adjustments were made where appropriate. The registered manager was ensuring the records fully met the communication needs of people, and as required by the Accessible Information Standard.

### Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint. The registered manager had a comprehensive understanding of how to investigate and resolve concerns.

- People told us they had no concerns but were confident the registered manager would resolve any issues should they arise.

### End of life care and support

- At the time of the inspection no one was receiving end of life care, but staff had received training.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last comprehensive inspection this key question was rated as good. At this inspection we found the key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well-run. The registered manager's vision and values were imaginative and person-centred. They made sure people were at the heart of the service.
- The registered manager maintained clear oversight of the service. They critically reviewed the service to determine how further improvements could be made. Staff understood their roles, responsibilities and their accountability. They were held to account for their performance where required.
- The registered manager and staff were committed to creating an innovative service. Staff were energised by their work. Staff enjoyed celebrating people's successes no matter how small, which in turn led to people having increased confidence.
- The provider had recently introduced an electronic auditing system and this was in the process of being rolled out at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others.

- The registered manager acted on feedback and used it to continuously improve the service. For example, they had looked at how people could be assisted to improve their oral health. They had enabled staff complete training in this area. Staff having this knowledge had led to marked improvements in people oral health and their ability to support people receive the dental treatment they needed.
- The service worked in partnership with external agencies to deliver a high standard of care to people. The registered manager had worked in partnership with the local learning disability psychiatrist and community forensic learning disability team to ensure the care people received was in line with best practice guidance.

Continuous learning and improving care

- The quality assurance system included lots of checks carried out by the registered manager and staff.
- The registered manager provided strong leadership and their constant critical review of the service had led to staff being able to effectively support people needs. They closely analysed the delivery of the service, consulted with staff, people, professionals and relatives to identify how they could enhance the service and following this review implemented new ways of working that had created the positive changes.