Care Quality Commission

Royal Mencap Society

Milverton Road Care Home

Inspection report

72-74 Milverton Road,
Bestwood Park, Nottingham NG5 5RH
Tel: 01159160720
Website: www.mencapdirect.org.uk

Date of inspection visit: 17 and 18 February 2015
Date of publication: 10/06/2015

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

Overall summary

We inspected the service on 17 and 18 of February 2015. This was an unannounced inspection. Milverton Road Care Home is a detached property providing accommodation for up to six younger adults. When we visited there were six people living in the house. There are three steps leading down to the front door of the home, and all bedrooms are upstairs on the first floor. The home is not accessible to wheelchair users as there is no lift and there are no plans to adapt the premises. The home is sited within a residential community with access to a variety of local facilities. On the day of our inspection five people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were looked after by staff who were caring but supported people's independence as much as possible. There was a consistent staff group who enjoyed their role and worked well together to provide a good quality of care.

Summary of findings

The development of the service was important to staff, the manager and the provider. They were involving people and their families by strengthening these relationships. There were no restrictions on when families could visit and people were supported to go out when they chose.

There was an open culture in the home so that people were encouraged to express their views and needs. Staff were also supported and felt able to share their ideas with the manager to improve the service.

People's health needs were assessed and reviewed regularly and there was good partnership working with health and social care colleagues.

The registered manager made sure that medicines were given safely, ordered on time and stored properly.

People had choices about what to eat and were involved in shopping and food preparation.

People's rights were protected by staff and the manager as they understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Applications were being made to protect people who needed to be assessed and protected using this legislation.

Summary of findings

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. People were protected by staff who understood how to identify and report any concerns and to manage any related risks.

People were supported by enough staff with the right skills to support their needs.

People received their medicines safely because they were stored securely and administered at the correct time.

Good

Is the service effective?
The service was effective.

Staff were supported to care for people who met their needs in the right way and people had access to health and social care professionals when they needed to see them.

People who lacked mental capacity under the Mental Capacity Act 2005 Code of Practice and Deprivation of Liberty Safeguards were having their rights protected using this legislation.

Staff knowledge and skills were kept up to date with training so that they could support people effectively.

Good

Is the service caring?
The service was caring.

People were supported to keep in touch with family and friends and to choose where and how they spent their time.

Staff recognised people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People and their families were involved in the planning and reviewing of their care.

People's care was based on the person's individual needs and wishes.

People were consulted and supported to take part in their chosen hobbies and activities.

People knew how to raise concerns or complaints and there were arrangements to deal with these.

Good

Is the service well-led?
The service was well-led.

There was an open culture so that people, families and staff were encouraged to be involved in the development of the service.

The provider was supporting the manager and staff to maintain and develop the service.

Systems were working to monitor and review the quality of care provided.

Good

Milverton Road Care Home

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.

We inspected the service on 17 and 18 February 2015. This was an unannounced inspection. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received from the Clinical Commissioning Group which is a Health organisation, Nottingham City Council and statutory notifications sent to the Care Quality Commission (CQC). A notification is information about important events which the provider is required to send us by law.

During the visit we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate their views verbally. We spoke with three relatives, three members of care staff, and the registered manager. We looked at the care records of three people who used the service, the medicine records for five people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the manager and provider, team meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

Relatives told us their relations were well looked after and were safe. One relative said there were no issues, and if they had any concerns they would talk to the manager.

Staff told us they reported to the manager if they felt people were at risk of being harmed. We saw referrals to the relevant authorities had been made, including the local authority and to us when staff felt people were at risk. We found that there was a training plan in place to make sure staff were trained in the principles of safeguarding people and they had this knowledge updated annually.

People's right to freedom and right to take risks were balanced with their personal safety. A relative told us staff were very capable and careful and said, "It's brilliant; my son goes out a lot to places like the theatre and the football shop." Staff told us it was important to support people's independence and safety.

We saw people were comfortable and confident with staff during the day and when they were getting ready to go out. People were prompted to make sure they had everything they needed to keep them safe whilst they were out in the community. Staff had assessed risks associated with transport arrangements and thought carefully about supporting people's independence during this time. Support plans were also very specific about how to keep people safe in the home for instance when they were in the bath or at risk of falling.

To provide a balance between individual risk taking and personal safety the provider reviewed situations which placed people at risk of harm. Care plans were updated regularly with this information so it would be understood by all staff.

People had access to their bedrooms and the communal areas which were clean and well maintained. There were systems in place to manage the premises and equipment. There were also clear Personal Emergency Evacuation Plans (PEEP) so that staff knew exactly the best way to support individual people in emergencies like a fire. However not all risks had been fully considered, for instance we saw that there was no entry alarm on the unlocked front door. This meant there was a risk that people could enter or leave without staff knowing. We raised this with the manager and a door alarm was fitted. This supported other safety measures that we saw such as procedures to monitor the fire and evacuation systems.

Relatives told us there was always enough staff around to look after people living in Milverton. A relative said most staff had been there for 3 years and they had recently recruited new members. They said staff were well trained, and they also had "top respect" for all the new ones. To make sure there were enough staff, rotas were arranged according to people's needs and if there were unexpected absences regular relief staff were used. We saw pictorial notice boards in the kitchen showing which staff were in and when. These matched what people were doing each day and we saw there were sufficient staff to support people. This meant that the provider had taken the appropriate steps to protect people from staff who may not be fit and safe to support them.

A relative said that they had no concerns about the way medicines were given as staff were professional. Staff told us they were trained and monitored and they used national guidance to ensure medicines were administered safely. A recent medicine audit carried out by the Clinical Commissioning Group (CCG) had alerted us to some areas that staff needed to improve on in the way medication was managed. We checked the Medication Administration Records (MAR) and all the prescribed medication had been given properly. Medicines were stored safely in a locked cupboard at the right temperature and individual medication cabinets were being fitted in each person's room to improve procedures further. We saw how medicines prescribed on an as required basis were properly monitored so that people's behaviour was not controlled by excessive or inappropriate use of medicines. The manager had a new audit system in place to check that staff administered medicines as prescribed and that they sustained the improvements. For instance the provider checked staff competency and used quality audits on a regular basis to ensure medicines were administered safely.

Staff told us that people had been assessed using the Mental capacity Act (MCA) 2005 as not being able to manage their own medicines. We checked people's records and confirmed that decisions on how to support people with medicines were completed in accordance with the MCA to ensure that this was done safely. However we saw

Good

Is the service safe?

that some of parts of the MCA assessment had not been fully completed and it was not clear whether or not other people had been involved in the decision. The provider and manager were in the process of reviewing the MCA assessments to ensure other professionals and families were consulted as this is a legal requirement.

Good

Is the service effective?

Our findings

Relatives told us that staff were trained to look after people properly. One relative told us they visited regularly and were confident that staff knew how to communicate effectively with people.

Staff described how training, support from more experienced staff and a team approach prepared them well to support people. Staff said they were a close knit team who shared knowledge, for example in team meetings about ways they could best support people. Staff also told us the manager observed their practice and they had regular support and supervision to identify any training and development needs.

We observed how people who did not use verbal communication were relaxed and comfortable with staff as they could express themselves using gesture, signs and sounds which were understood and responded to. For instance one person pointed showing they wanted a drink and staff gave them a drink straight away. Another person indicated by making noises that they wanted to eat their meal on their own and staff ensured that this happened.

We found that staff had the skills to be able to communicate with the people they supported to help them have a good quality of life. Records showed that staff had received specialist communication training, for instance, using Makaton which is a form of sign language for people who do not communicate verbally. Staff had put this learning into practice to provide a personalised approach to each person. We saw written support plans were based on staff interacting with and observing people explaining in detail how each person expressed themselves. Help from family members, relevant professional staff was sought to assist with more complex decisions.

Staff told us how they supported people who were not able to make some decisions about their care and explained how assessments using MCA 2005 were used to involve the person and others who were important to them. The manager told us that two people required a Deprivation of Liberty Safeguards (DoLS.) DoLS are part of the MCA and are to ensure that people are looked after in a way which keeps them safe but does not restrict their freedom unnecessarily and is in their best interests. Because these people were at risk of harm if they went out alone DoLS had been applied for to the relevant authority. We saw that these authorisations had been requested correctly by the manager which meant people and staff had legal safeguards in place.

Relatives said that people had plenty to eat and that they had choice. We observed people enjoying breakfast and lunch and there were drinks and fruit available. Staff supported and encouraged people to have mid-morning snacks and hot drinks during the day and gave them a visual choice by either showing them the food, using gesture or Makaton.

Staff told us how people with health conditions such as diabetes were supported with balanced and special diets. We saw how advice from health specialists had informed staff on how to best support people with specific health and dietary needs.

People's health needs were met as they were assessed and reviewed regularly. Relatives told us that people were taken to the GP, dentist and optician when needed. Records we looked at showed health care staff were being contacted as needed. There were systems in place to make sure that people were supported to attend health appointments including clear information about the person in case an urgent hospital admission was required.

Good

Is the service caring?

Our findings

People received care from staff who understood their history, likes and preferences so they could support them in an individual way. Relatives told us they visited regularly and were confident that staff treated people with kindness and understood people well. Staff said getting to know people by spending time together was really important and one staff member told us, "I really like taking people out as it's what they want to do and it's about the person feeling that they matter."

We observed how staff spent time with people, caring and supporting them to achieve their goals. We observed how people were dressed in their own individual style. We saw interactions between people and with staff were quiet and calm and everyone was comfortable with each other. Staff encouraged people to get ready to go out for the day in a caring and respectful way, reminding people of what they needed to do but balancing with offers of support, for example; "Have we got everything, have you got your money for dinner, come on, I'll help you, you can do it". One person who was getting anxious was responded to immediately and reassured that they had time to get ready to go out. This showed staff knew people very well.

Care plans were written for each person and they reflected what staff had told us about people showing they had been kept up to date. People were supported to express their views and staff recognised the importance of involving people who knew the person well to assist with decision making.

The provider had recognised that advocacy services were another way of including people in their care planning and information was available in a format that people could understand. Advocates are independent people who can speak on behalf of people who may need support with communicating. Team meetings and staff supervision were used to discuss and review people's involvement to ensure a consistent approach.

Links with family and friends were actively encouraged and maintained by staff which reinforced people's self-esteem and feeling of belonging. For instance they told us one person had been supported to re-establish contact with family members. Families were invited to join people throughout the year including celebrations such as Christmas as well as more formal meetings to encourage them to be more involved if they wished.

Dignity in care was a key principle which the manager and staff worked on. The manager told us the staff were trained and regularly supervised to make sure people were treated with dignity and respect.

We saw staff spoke and responded to people in a way which respected people's dignity. People were supported to make day to day decisions themselves. We found staff received training about diversity and treating people with respect as part of their induction and updates had been completed. The manager used this training and monitoring to develop a caring staff team. Support plans included information about how to support people promoting dignity, for instance when bathing or where they chose to eat their meals.

Privacy and choice were respected and we saw each person's room was decorated and furnished individually. People had been involved in choosing colour schemes and decoration. People had access to their own bedrooms throughout our visit as well as to all communal areas so they could choose whether to be with others or on their own.

Good

Is the service responsive?

Our findings

Relatives said staff knew people who used the service very well, comments included, “They treat people as an individual, and know if someone needs a lot of attention”. They told us that staff spoke with families to get information about people’s history, their likes and dislikes so they could plan care around them. One relative said people enjoyed a much fuller life than if they had lived in the family home. For instance one person going out to a regular social event was encouraged to attend by staff. We saw staff giving this person the “thumbs up “sign acknowledging they looked smart when they were going out to the event.

The manager told us that the involvement of people in their own care was important so they were reviewing tools and were using special approaches suitable for people who could not communicate verbally. These included signs and pictures to aid communication. A key worker for each person had also been introduced who focused on each person’s needs and preferences.

Staff told us by observing and spending time with people they were able to find out what people’s preferences and choices were so they could support them in a personalised way.

Support plans we looked at detailed what activities people did and when, and showed there was a lot of support for people to access the community and maintain contact with people who were important to them such as families and friends.

We observed how staff responded positively to people and were enthusiastic about supporting community, social and family links. People went out nearly every day for example to a day centre, for a walk, shopping with staff or to enjoy an activity like the cinema. If people stayed in the service they were supported to do things they enjoyed, for instance going into the garden, listening to music as well as helping with household activities.

Relatives said that they had opportunities to discuss any concerns at meetings or when they visited because they felt the manager and staff were approachable.

Staff told us that if people or families were unhappy about anything they would talk to them and they were not aware of any recent complaints. The manager confirmed that people could access a complaints procedure and said they were making these available to people who used the service and their families. We checked the complaints policy was in place and found that complaints would be addressed and that the provider used these to learn lessons and improve practice. There were no formal complaints recorded when we inspected.

Good

Is the service well-led?

Our findings

Staff told us the manager was approachable and that they also had visits from the provider's operational management team. Relatives of people living in the service said they had confidence in the manager, and were happy with the service.

We saw people were supported by staff who were dedicated to ensuring strong community and family links were maintained in line with their needs and wishes. People were at ease and confident in their day to day interaction with staff. They could tell staff what their views about the service were and knew that any concerns would be responded to.

The manager and provider recognised that people's involvement with the development of the service needed strengthening to ensure that their voice was fully heard. Auditing of all support plans had started and the service was introducing more accessible ways for people to contribute to this process. This included improving staff communication skills for instance Makaton symbols to enable and empower people to express their opinion of the service. There were also residents and family meetings being introduced.

Staff told us that supervision with the manager helped them to reflect on their role so they could carry out their responsibilities to support people. They told us team meetings were another way of working together, by sharing information and knowledge.

We observed a team meeting being held on one of the days we visited, which had been arranged at a quiet time to ensure full staff engagement. Staff training and service development and how people and their families could be further involved were being discussed.

We saw policies and records showed staff were supported by the manager as practice was reviewed and feedback was given in supervision. Monthly visits from the provider to check how staff interacted with people were undertaken and used to promote good practice.

There was a registered manager in place at the time we inspected. The manager had responded consistently to their legal obligations such as the conditions of the registration and the notifications of events that needed sending to the Commission.

The manager told us there were systems in place to monitor the quality of the service. We saw that the provider also worked in partnership with other organisations for example the Clinical Commissioning Group to focus on improvements in the way medicines were managed. We saw action plans in place showing how areas such as the management of accidents were being improved. This showed how the service was striving to provide high quality care.