Milewood Healthcare Ltd

Park View

Inspection report

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Date of inspection visit:
05 January 2016

Date of publication:
23 March 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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 inspection took place on 5 January 2016 and was unannounced. Park View provides accommodation, personal care and support for up to nine people with a learning disability and/or who have autistic spectrum disorder. People who used the service lived in a detached property on the north side of Scarborough. Everyone had their own bedroom and toilet facilities. There were nine people using the service on the day of our inspection.

At our previous inspection on 12 November 2014 there had been no registered manager working at the service. At this inspection we found that there was a registered manager. 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.

Risks to people's health and safety had not always been identified although there were policies and procedures in place for staff to follow. Accident and incident records identified that there had been two falls in November 2015. People had tripped on the uneven paving outside the dining room leading to the smoking area and we saw that this was still a hazard for people. The dining room floor was wet and slippery on the day we inspected due to the weather and the flooring used could have resulted in further falls.

The environment was not always safe. We saw a radiator cover hanging off in a persons bedroom which was a hazard until it was replaced. In addition carpets in the lounge were frayed and worn as was the window seat.

This was a breach of Regulation 15 of the Health and Social Care Act 2008(Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report.

People at the service told us that they felt safe and we saw that the risks associated with people's physical and mental health had been recorded in their care plans.

There were policies and procedures in place which supported staff in protecting people who needed safeguarding. They reflected the local authority good practice guidance. Staff were trained in how to recognise and report abuse. The registered manager was aware of how to report any incidents of abuse.

Staffing levels at the service reflected the changing needs of the people who used the service and were flexible. We saw that staff had been recruited safely. They had the appropriate skills and knowledge needed to care for the people at this service. They had received an induction when they started working at the service and training which was appropriate to their role.

Staff worked within the principles of the Mental Capacity Act (MCA) 2005. People were assisted to make decisions for themselves where it was possible. If they required assistance to make a decision, meetings

were held with the significant people in their life as well as other professionals in order to make sure they were in the person's best interest. People who used the service made choices about the food they ate, how their rooms were decorated and what they did throughout the day.

People's nutritional needs were being met at the service. Where there were any medical issues people were referred to their doctor who then made referrals to other health professionals if it was necessary.

Care plans were detailed and person centred. They had associated risk assessments in place and had been reviewed regularly. Staff responded promptly to people's changing needs and made the necessary changes to care plans.

Activities were planned individually and promoted inclusion in the local community. People chose what they wanted to do each day. They worked or attended day services if they wished. People were able to go on holiday each year.

People who used the service said that the staff were caring. We observed that there was a relaxed and friendly atmosphere at the service. We saw that staff listened to people and gave them chance to express their views. Staff showed respect for people's privacy and dignity.

Audits that had been completed did not always identify areas which required improvements, which meant that the service did not have a robust quality assurance system in place. Actions had not been identified in order to make improvements when surveys had been completed. We have recommended that the provider look at guidance on quality assurance.

Meetings between managers, staff and people who used the service were held regularly which meant that everyone involved with the service had some involvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not consistently safe. Environmental risks to people's health and safety had not always been identified or acted upon. You can see what action we told the provider to take at the back of the full version of the report.

There were policies and procedures in place in order to assist staff in safeguarding people. Staff had been trained to recognise and report abuse and the registered manager knew how to report any incidents of abuse.

Staff were recruited safely and rotas confirmed that there was sufficient staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. Staff had the appropriate skills and knowledge to care for people who used this service. They were trained according to their role and the needs of people who used the service.

Staff worked within the principles of the Mental Capacity Act 2005 ensuring that when people did not have capacity to make their own decisions they were supported to do so.

Care plans showed that people who used the service had input from health care professionals when it was needed.

Is the service caring?

Good

The service was caring. People told us that staff were caring and we saw that the service was relaxed and friendly.

Staff listened to people and allowed people to express themselves.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive. People had detailed person centred care plans which had been reviewed. They demonstrated how

staff had responded to peoples changing needs.

Activities included attendance at day services in the local area as well as community based activities.

People told us that they knew who to talk to if they had any concerns. There was a complaints policy and procedure in place that had been followed by the registered manager.

Is the service well-led?

Requires Improvement 

The service was not consistently well led. Audits had been completed by the registered manager and regional manager but they did not always reflect where improvements were needed.

Surveys had been completed but had not been analysed and it was not clear whether or not they had been used for learning and improvements. The quality assurance system was not robust.

Regular staff meetings had been held as well as meetings for people who used the service which encouraged them to comment on how the service was run.

Park View

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.

The inspection took place on 5 January 2016 and was unannounced.

The inspection team was made up of an inspector and an expert by experience. The expert by experience had personal experience of learning disability and adult social care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed all the information we held about the service prior to this inspection and looked at all the statutory notifications they had made to the Care Quality Commission (CQC). This is information that the provider has a legal duty to provide relating to any events that affected the running of the service and the people who used the service.

Prior to the inspection we spoke to the local authority commissioners and the NHS learning disability service about this service. They had no current concerns.

During the inspection we spoke to three people who used the service, three care workers, the deputy manager and registered manager. We looked at the care records and associated risk assessments and medicine records for four people, observed a lunchtime period and medicines being administered. We inspected records related to the management of the service such as audits and meeting minutes. We observed the daily routines and staff practice throughout the day.

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Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. One person told us, "Yeh I feel safe: I have my key" and another said, "I have my own key (to bedroom) so I keep my stuff safe."

Not all environmental risks to people's health and safety had been identified and dealt with appropriately For example, we saw that there had been two falls in November 2015. It was identified that people had tripped on the uneven paving outside the dining room leading to the smoking area. This was still uneven when we visited and no repairs had been carried out which meant that this was still a hazard for people. In addition, the dining room floor was wet and slippery on the day we inspected due to the weather. Non slip flooring had not been used which could result in further falls on wet days.

When we looked around the service we saw there was a radiator cover hanging off in one persons bedroom. This person had been identified as liking to damage the walls and this damage could have been caused by them. However, it remained a hazard for this person until it was replaced. In addition we saw carpet that was frayed and worn near the lounge window which was a trip hazard for people. In addition the window seat in the lounge was worn and torn.

This was a breach of Regulation 15 of the Health and Social Care Act 2008(Regulated Activities) 2014.

Other areas of environmental risk were appropriately managed. For example we saw that there was a fire risk assessment and saw records that showed us that equipment was serviced and fire drills carried out. One person who used the service told us, "We have a fire drill every week on Monday. We go out of the front door and stand in the car park. It keeps us safe."

We inspected care and support records and saw that the risks relating to peoples physical and mental health were recorded and there were management plans in place. In one care plan we saw that a person displayed behaviours that required staff to respond. In order that they knew how to recognise triggers for the behaviour and how to respond there was a behaviour management support plan in place. We observed staff giving one to one support to this person and saw that they had been trained to provide management of actual or potential aggression (MAPA).This ensured that people were supported by staff who followed good practice when keeping them safe.

The provider had safeguarding policies and procedures in place that reflected the good practice guidelines provided by the local authority. We saw that one safeguarding notification had been made to the Commission since our last inspection. This had been investigated and dealt with in line with current procedures which meant the provider took appropriate action when dealing with people suspected of abusive behaviour. Staff told us they had received training in safeguarding and knew what to do if they had any concerns about people's safety or welfare. Staff spoken with had a good understanding of abuse and how to report this. This meant that staff knew how to respond appropriately, if they had any concerns over the safety of the people that lived at the service and people were protected from the risk of abuse.

The registered manager told us that staffing levels were determined by the needs of people who used the service. Some people had been identified as requiring one to one support either full time or when out in the community. We identified from care records who needed that support and saw that it was provided on the day that we inspected. There was a high number of staff in proportion to the number of people who used the service on the day we visited. We saw from rotas that staffing levels had been maintained over time which meant that people were well supported because there was sufficient staff to meet people's needs.

Staff were recruited safely. We saw completed application forms detailing each staff member's employment history and two written references. Each staff member also had been checked through the Disclosure and Barring service (DBS). The DBS checks are carried out to check whether people have a criminal record and whether or not they are banned from working with certain people.

Medicines were managed safely. Staff who managed the medicines had received appropriate training and we saw they were administered appropriately and recorded on the medication administration record (MAR) chart. Medicines were checked at the end of each shift which meant that any stock imbalances were identified quickly which minimised any risks. There were protocols in place for individuals when staff were administering when required medicines. These records were held and it might be more helpful to staff if they were kept with the MARs. Medicine audits were completed regularly and any issues identified were actioned. We found that people received their medicines appropriately and safely.

Good

Is the service effective?

Our findings

People told us that the service was effective and that they "Felt cared for." We observed that staff were calm and competent when dealing with people who challenged them. Staff told us that they received training regularly and were encouraged to do so in order to develop themselves. We saw that they had received training in subjects such as autism awareness, learning disability, safeguarding adults, management of actual or potential aggression (MAPA), health and safety and other subjects relevant to their roles. This meant that staff were continually developing their skills and knowledge in order to support people well.

When staff started working at the service they received an induction and worked alongside a more senior member of staff in order to develop their skills and get to know people. One member of staff told us that this was necessary in this particular service, as staff needed to get to know people in order to build trust, which would in turn mean that staff could work more effectively with people.

Staff told us that they had one to one meetings with a supervisor. We saw some evidence of this but not all such meeting notes were recorded in staff files. These meetings are important in order that staff can discuss any work related matters, training and development plans and it would be more helpful to continuity of development planning if a record was kept.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that they were.

The manager told us they had applied for a deprivation of liberty authorisation as set out in the Mental Capacity Act 2005 for several people who used the service. The applications had been authorised and conditions were being met. When we spoke with staff they understood the principles of the MCA and we observed that they sought consent from people asking what they wanted to do. One person was supported by an independent mental capacity advocate (IMCA). An IMCA is appointed by the local authority or NHS services in order to represent a person who does not have the capacity to make their own decisions.

At lunch time we sat with people in the dining room and saw that they had fish and chips for lunch. People had told us that was what they were having and one person went out with a care worker to the fish and chip shop. They told us that this was a treat.

There was a set menu available with choices but this was being rewritten for the new year. One person told us, "It's really nice food here and sometimes I help to make it. Lasagne and garlic bread are my favourite." Another person said, "Beautiful food; Sunday lunch is the best."

The menu was displayed but was handwritten so was not accessible to everyone as not everyone was able to read. A member of staff told us that they read the menu out loud to people but research suggests that food choice is often restricted for people with a learning disability. Involving clients in shopping trips would enable them to indicate preferred choices. Alternatively, this could be achieved by using symbols, pictures or other communication tools before a meal is cooked. We suggested that a pictorial menu be made available to widen people's choice.

People ate their meal in the main dining room and staff ate with them. Tables were properly set and jugs of juice and water were provided for people to help themselves. Condiments were provided. One person couldn't decide which sauce they wanted and so the care worker put both on the plate at the side so they could choose. The person appeared to be happy with this solution. Everyone ate independently and helped to tidy up after the meal.

We saw from peoples care records they had input from health and social care professionals. We spoke to a learning disability nurse who told us that they had been working with the provider to implement positive behaviour support within the service. We saw an example of one person who it had been said of them at an earlier assessment that, "They have a history of behaviours that would challenge mainstream services." The staff at this service were positively supporting this person to manage their behaviour.

Some areas of the service had been adapted to meet people's needs. For instance one person had tamper proof screws and a TV built into a cupboard so that the electrical wiring was not accessible to them. Another person whose mobility had worsened had a lift fitted by the provider in order that they could get downstairs safely.

Good

Is the service caring?

Our findings

People told us that the registered manager and all the staff treated them with kindness. People also told us staff were caring and we observed that this was so. One person told us, "I like living here; I like staff." Another person told us, "Staff talk nicely and don't shout. I don't like to go out because I don't like noisy, busy places. I like it here where it's nice and quiet."

We spent time with people in the communal areas and noted they were comfortable and happy around staff. There was a caring and relaxed atmosphere throughout our visit and staff were seen being attentive and warm towards people they were supporting. We saw that staff engaged with people and encouraged them to express their views. Staff listened to people's comments and gave people time to respond to any questions. When we asked people about the way staff spoke with them, one person told us, "Staff talk nicely to me."

Some people were able to express their views clearly but there were others whose voices may not have been so easily heard. People who had difficulty communicating were enabled to give their views by staff spending time with them and understanding their body language. The support worker giving one to one support to one person spoke quietly to them, but with affection and they obviously knew them well. We saw that they had a good relationship. Although the person wanted to talk to us they displayed anxiety and tension at times but the support worker knew how to keep them calm and they coped well. They encouraged the person to write their thoughts rather than try and express them verbally which enabled them to give us their written views. We observed that they knew people very well.

People's privacy and dignity was respected. Care workers told us they knew how the people they supported liked to receive their personal care and what their preferences were for other aspects of their support. We saw that the care plans contained assessment information that helped care workers understand what people's preferences were and how they wanted their personal care to be provided for them. Where people had to be supported in a certain way for their safety, staff were compassionate and encouraging. We observed one person receiving their medicine. The care worker gave clear explanations about what it was for and was supportive of the person throughout the interaction acknowledging their distress and supporting them.

The service respected the confidentiality of people using the service. Care workers did not share information about people who used the service inappropriately with other people and respected their confidentiality.

Good

Is the service responsive?

Our findings

Peoples care plans were person centred and up to date. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. There were detailed descriptions about people's needs and how they could be supported by staff. People received personalised care and support specific to their needs and preferences. One person told us, "I talk about my care plan with staff. "Care plans were regularly reviewed and updated when people's needs changed.

Care plans included information about people's health and behaviours. They were detailed and included the things which mattered to people, such as what they enjoyed doing with their time The care and support plan looked at people's communication and social skills. They also looked at their personal relationships, use of leisure activities and social networks. We saw that many of the people we met had been able to access day services and one person was employed in paid work. In addition care plans were in place for peoples physical and mental health needs.

Some people required one to one support when they went out into the community and one person was supported in this way at all times. Staff were skilled in dealing with any situations where people who used the service showed distress and demonstrated a good understanding of people's needs. Some people were supported by staff to attend day centres, go shopping and to places of interest. One person had been supported to travel to a concert and stay overnight. These activities were also open to the public and so they promoted inclusion.

One member of staff told us how the service had responded to someone's changing care needs when they were unable to get down stairs. They told us how following discussions with the local authority, the service had installed a lift in order to meet the person's care needs providing assisted care, which could support the person in partnership with other health and social care professionals. Other people who used the service told us that the service responded to their individual preferences and needs. One person told us, "I go to the shops. Sometimes I walk, sometimes in the bus." The service had their own minibus which care workers used to support people to access the local and wider community.

People followed their own lifestyle and were able to choose their own activities each day with support from staff. One person said, "I sometimes go fishing but mostly I stay here. I like to help do jobs, cleaning up and tidy my room. Sometimes we play games together. I love to work in the garden. I grow things to eat. Peas are very good but chillies were the best. (Name of care worker) ate one. He went very red and drank lots of milk."

A second person said, "I went out last night for a drive. I went on holiday to Whitby for a week. I enjoyed it. I have been fishing and I go to lots of clubs. I like art; I did art at college." Staff explained that people were offered the opportunity to go on holiday if they wished.

We could see that people's choices had been taken account of when decorating bedrooms. They were individualised and we were told people chose their own colour schemes and décor. We observed that one person had wallpaper depicting their favourite sport and another had very feminine colours in their rooms.

One person said, "I get up early because I can't sleep and I have naps during the day. Staff helped me to buy a comfy chair out of my allowance for my room to have naps in."

People told us they knew how to raise any concerns or complaints and that these were dealt with. People were made aware of the complaints system when they started using the service. One person said, "I go to (registered manager) or staff and they would sort it out," and another said, "I don't have problems." The complaints procedure set out the process which would be followed by the provider. There had been one complaint received by the service which had been dealt with according to company procedure. This demonstrated that people's concerns were dealt with appropriately and people were given enough information if they felt they needed to raise a concern or complaint.

Requires Improvement

Is the service well-led?

Our findings

This service was not consistently well led. The registered manager was supported in the service by a deputy manager and senior care workers. In addition they told us that they received support from a regional manager and the provider. They had worked for the provider for a number of years in various roles. They had worked as an acting manager and had recently registered with the Care Quality Commission.

When we spoke with the registered manager and their deputy they were very clear that they wanted to use the inspection as a learning tool in order to improve the service. When they spoke about their work they were passionate and committed to ensuring that they provided a good service.

We saw that audits had been carried out covering all areas of the service and there had been a monthly quality assurance visit by the regional manager. We saw that there were areas of the environment that required some improvements, which had not been identified within the audits despite being identified as having contributed to people falling within accident records. This meant that the service did not have robust auditing systems in place, as they had not identified areas which needed improvement. The medicines audit was not dated and we discussed the importance of keeping good records with the registered manager.

When we spoke with staff they told us that they enjoyed working at this service. A staff questionnaire had been completed which contained some positive responses. Although the registered manager told us they used the surveys to make improvements to the service it was not clear what changes had been made in response to surveys. It would be beneficial if those comments were analysed and a report written to show clearly the learning that had taken place and any improvements made

There were clear policies and procedures in place for staff to follow. Accidents and incidents had been identified and identified the person, issue and any action required. However where accidents were caused by the environment the service had not always made the required improvements.

We recommend that the provider seek advice and guidance on quality assurance systems in social care settings.

Staff told us that they would feel confident reporting any concerns or poor practice to managers and felt that their views were taken into account. They confirmed that the registered manager shared important information as it arose, which meant that staff were up to date about changes to the service or people's needs.

We saw minutes of senior management meetings and staff meetings that had been held at the service. In addition meetings were held for people who used the service. We saw that they had made suggestions for days out and had been asked by staff for suggestions about how the service could be improved which ensured they had a say in how the service was run.

The service had clear links with other professionals, which was demonstrated in peoples care and support

plans. There was clear evidence of the service working in partnership with the NHS learning disability service and they sought advice and support from other agencies. They also had links within the local community through the day services that people accessed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c).>