Milewood Healthcare Ltd

Park View

Inspection report

61 Northstead Manor Drive
Scarborough
North Yorkshire
YO12 6AF

Tel: 01723361555
Website: www.milewood.co.uk

Date of inspection visit:
15 March 2017

Date of publication:
24 April 2017

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

This inspection took place on 15 March 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Park View provides care and accommodation for up to nine people with a learning disability. On the day of our inspection there were nine people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Park View was last inspected by CQC on 5 January 2016 and was rated Requires Improvement overall and in the Safe and Well-led domains. At this inspection we found the service was 'Good' in all areas and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff were suitably trained and training was arranged for any due or overdue refresher training. Staff received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were supported with their dietary needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Park View. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. The service had links with the local community.

People who used the service and family members were aware of how to make a complaint however there had been no formal complaints recorded at the service.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. Family members told us the management were approachable and accommodating.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People had access to the kitchen and were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People had access to advocacy services.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the local community.

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 registered 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.

This inspection took place on 15 March 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with three people who used the service and two family members. We also spoke with the registered manager, deputy manager and two care staff.

We looked at the care records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

People were safe at Park View. A person who used the service told us, "I feel safe." A family member told us, "Yes, definitely safe."

At the previous inspection visit we identified not all environmental risks to people's health and safety had been identified and dealt with appropriately. At this inspection visit we found the registered provider had resurfaced the external area outside the dining room to prevent trips and falls. The dining room floor had been carpeted so it no longer provided a slip hazard on wet days. All the radiator covers we saw were now secured to walls. The lounge carpet that was frayed and worn had been replaced and the window seat in the lounge had been re-covered. This meant appropriate action had been taken by the registered provider to reduce the environmental health and safety risks identified at the previous inspection.

The home was clean and the registered provider had an infection control policy in place, which included procedures for staff to follow with regard to the laundry, control of substances hazardous to health (COSHH), cleaning, hand hygiene, outbreaks and the use of personal protective equipment (PPE). We saw PPE was available and in use. The home had a locked cupboard, accessed only by staff, which stored cleaning equipment and substances hazardous to health.

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. We saw there were sufficient numbers of staff on duty to keep people safe and to be able to support people in the community. Staff we spoke with did not raise any concerns about staffing levels. The registered manager told us staff absences were covered by their own permanent staff or staff from the registered provider's other homes. They told us they had used agency staff in the past but only as a last resort. This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments included accusations against staff, personal finance, communication, using the kitchen, inappropriate behaviour in public, mental health, self neglect and aggression. All the risk assessments we saw had been recently reviewed. This meant the registered provider had taken seriously

any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, a fire safety audit had been carried out, fire drills took place regularly, fire fighting equipment checks were up to date and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the registered provider's safeguarding policy and a copy of the local authority's safeguarding procedure was displayed on the notice board in the entrance to the home. The registered manager understood their responsibility with regard to safeguarding and staff received training in the protection of vulnerable adults.

People had 'Behaviour management' support plans in place, which described preventative and reactive strategies for staff to follow and identified triggers for staff to be aware of. On the day of our inspection, staff were receiving refresher training in management of actual or potential aggression (MAPA) training that provided staff with techniques to cope with escalating behaviour in a professional and safe manner.

Accidents and incidents were recorded in the accident book and accident report monitoring forms were completed. None of the accidents that we saw records for had resulted in serious injuries.

We looked at the management of medicines and saw that people's medicines were securely locked in individual cabinets. Each person had 'Medication file', which included a list of the person's medicines, a medicine tracker sheet for when the person went on home visits or on holiday, an assessment and consent form for the self-administration of medicines and medicines administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. Records we saw were accurate and up to date and medicines were regularly audited. This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. A person who used the service told us, "I am happy here." Family members told us, "I really like the service. It's good for [Name]", "He's really happy there" and "It was the right move when [Name] went there".

We saw a copy of the registered provider's staff training schedule. The majority of staff mandatory training was up to date. Mandatory training is training that the registered provider thinks is necessary to support people safely and included fire safety, confidentiality, safeguarding, mental capacity, medicines, health and safety, infection control, food hygiene, COSHH, first aid, manual handling and MAPA. Where there were gaps, we saw the training was planned.

New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. This meant staff were fully supported in their role.

People who used the service were supported with their dietary needs and were weighed monthly with their consent. People were able to choose what meals they wanted at house meetings. We observed lunch and saw people were assisted to make sandwiches and were given a choice of drinks and desserts. People were able to access the kitchen under supervision. A rota was in place for people to take it in turns to assist with meal preparation and washing up.

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 found DoLS applications had been submitted appropriately and statutory notifications for the applications that had been authorised had been submitted to CQC. This meant the registered provider was following the requirements in the DoLS.

Care records we looked at had been signed by the person who used the service to say they agreed with the content. People had also signed forms to say they gave consent for photographs to be taken and for staff to support with their personal finances. Each person had an 'Infringement of rights' form that the person had

signed to say they agreed to having window restrictors in their bedrooms, a locked front door to the building and money locked away for safe keeping.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and to external specialists including GP, social worker, community nurse, dentist, chiropodist and physiotherapist.

Good

Is the service caring?

Our findings

People who used the service and family members were complimentary about the standard of care at Park View. They told us, "They are very caring", "Well looked after", "They treat [Name] as an individual" and "They look after [Name] really well".

People we saw were well presented and looked comfortable with staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff.

All the staff we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. For example, one staff member told us they had to watch one person in the bath for their safety but could leave the person to wash themselves. Another staff member told us when they spoke with a person they would communicate face to face so the person was aware of where the voice was coming from.

We saw staff knocking on doors and asking for permission before entering people's rooms. We observed staff pulling up a person's trousers to protect their dignity. Staff always asked the person first before they did this. Care records described how people wanted their privacy and dignity to be maintained and the expectations of staff. For example, "[Name] takes pride in what they look like" and "Staff to support [Name]'s privacy when they request and await permission before entering their room". Family members we spoke with told us staff respected the privacy and dignity of people who used the service. This meant that staff treated people with dignity and respect.

Bedrooms were individualised to suit the person's individual tastes and needs. People were able to make choices about their bedrooms. For example, one person had requested that their bath be replaced with a walk in shower and we saw this was planned. Another person had discussed the re-decoration of their bedroom with maintenance staff and another person was having a washing machine installed in their ground floor room to help promote the person's independence.

We saw people's independence was promoted. Care records described how staff were to support people to be independent. For example, "[Name] likes to have routine when going out so they are aware and able to act independently", "Staff continue to promote independence when out in public", "Staff should continue supporting [Name] to make as many independent choices as they can and explain the outcomes of any choices they make (whether positive or negative) so [Name] understands" and "[Name] is prompted daily to shower. [Name] can independently shower once in". We observed staff encouraging people to clean up after themselves at lunch time by putting rubbish in the bin and cutlery in the sink. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We saw one person had been visited by an independent advocate and the registered manager told us two other people who used the

service had independent advocates.

End of life care plans were not in place for people who used the service. We discussed this with the registered manager who told us this was not discussed with people as it could be upsetting however staff had completed care of the dying training, and end of life and funeral arrangements would be discussed with people if required.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they moved into the home.

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Care plans were in place for each person who used the service and included communication, social skills, relationships, leisure/activities, daily living/domestic skills, personal care, spiritual/culture, choice, health and mobility. Each care plan recorded the person's agreed objectives for that area, an assessment of their strengths and needs, details of the care and support required and a monthly evaluation form.

For example, we saw one person had mobility issues and had objectives in place to, "Remain fit and healthy", "Remain as independent as possible" and "Integrate into the community". The person had regular input from external health care professionals such as the occupational therapist and physiotherapist. Actions for staff to take to support the person were clearly documented and the person's care plan had been recently evaluated.

Staff handover sheets were completed for each shift and recorded any issues of concern, a summary of any accidents or incidents, a list of activities planned and supported, daily living skills carried out, and details of personal care the person was supported with.

Each person who used the service had a 'Daily records folder'. This included daily notes for each person, which recorded what activities the person had carried out, details of the person's health and medicines, food and drink, and sleep routine. The folder also included a pen picture of the person, a list of important contacts, procedures for staff to follow if the person went missing, details of the person's GP, a hospital passport, which provided important information should the person be admitted into hospital, an activities programme sheet, and a communication and visit record, which recorded any visits or appointments.

People were able to take part in a variety of activities to suit their personal needs and wishes. We observed people going out to the shops, the local park and the arcades. Two of the people who used the service went to watch football on a Saturday afternoon. People were able to access local day services and the local swimming baths.

We saw photographs in the home of people taking part in activities, which included fancy dress parties, excursions, a trip to Disneyland Paris and a visit to the set of Coronation Street. One of the people who used the service was in paid employment and another worked voluntarily for a charity. This meant the registered provider protected people from social isolation.

An easy read copy of the registered provider's complaints procedure was on the notice board in the

entrance to the home. The registered manager told us there had not been any formal complaints made however people who used the service were asked at house meetings whether they had any complaints. People and family members we spoke with told us they did not have any complaints to make. This meant the registered provider had an effective complaints procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. We saw there had been recent improvements made to the premises and the registered manager told us the improvements and maintenance work was ongoing.

The service had a positive culture that was person centred, open and inclusive. Family members told us, "The managers are really good", "They have taken on board what I have said", "They know they can ring me any time. It works both ways" and "I have a good relationship with them".

Staff we spoke with felt supported by the registered manager and told us there was an, "Open door policy" and they were comfortable raising any concerns. Staff told us, "I'm loving it, every minute" and "We work as a team". Staff were regularly consulted and kept up to date with information about the home and the registered provider. We saw records of staff meetings that took place monthly. We looked at the minutes for the most recent meeting and saw it included discussion on policies and procedures, timesheets, the Care Certificate, communication, covering shifts and care plans, which were described by the registered manager as, "Spot on."

At the previous inspection visit we found the service did not have robust auditing systems in place. At this inspection visit we looked at what the registered provider did to check the quality of the service, and to seek people's views about it.

The registered provider carried out a monthly quality assurance visit. This included interviews with staff and people who used the service, an inspection of the premises, a review of records and complaints, an audit of care records, and an action plan for any identified issues. Records showed these visits were up to date.

Various audits were carried out at the home and included a six monthly infection control audit, monthly audits of health and safety, medication and operations. The operations audit looked at finance and administration, human resources, marketing, customer satisfaction, lifestyle choices, person centred planning, promoting health, risk taking, behaviour management, welfare, training and housekeeping. All the audits we saw were up to date.

Easy to read questionnaires were provided to people who used the service so they could feed back on the quality of the service. People were asked about the staff, quality of life, food and drink, cleanliness, safety, social life, choices, health and what help they had to complete the questionnaire. Family members also completed a questionnaire to gauge their satisfaction with the quality of the service. The registered manager told us the questionnaires were analysed by the registered provider and any issues were actioned where possible.

House meetings took place every month for people who used the service. Discussions at the most recent

meeting in January 2017 had included decorating and furnishings, holidays, hand hygiene and whether anyone had any issues or problems.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.

The service had links with the local community, including day services, voluntary organisations and leisure facilities.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. A copy of the ratings from the previous CQC inspection were clearly displayed in the entrance to the home, along with a copy of the registered provider's statement of purpose, fire procedure and service user charter.