

Approach Community Homes Limited

Milton House

Inspection report

39-41 Spenser Road
Bedford
Bedfordshire
MK40 2BE

Tel: 01234602741






Date of inspection visit:
14 June 2017

Date of publication:
14 July 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Milton House is located within a residential area of Bedford and provides accommodation and personal care for up to 13 people. They care for people who have a learning disability and support them with activities of daily living and accessing the community. On the day of our inspection there were 10 people living at the service.

The inspection was carried out on 14 June 2017. At our previous inspection on 10 June 2015 they were rated good.

The service had a registered manager. 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.

Statutory notifications were not always sent to the CQC, as per the legal requirements of the service's registration. Some notifications, such as for safeguarding incidents, had been sent however; the provider had failed to notify us when Deprivation of Liberty Safeguards (DoLS) authorisations had been received.

In addition, we found that there not robust systems in place to assess, monitor and improve the quality of the care which people received which meant that the provider could not be assured that they were driving improvement

Some areas of the service did not provide people with a homely and welcoming environment in which to spend their time or receive visitors. We also found that there was a lack of evidence to show how people were involved in planning or making decisions about their own care.

Staff members sought people's consent and followed the principles of the Mental Capacity Act 2005 (MCA) when they lacked the capacity to consent. However; the systems in place to record people's consent, and the use of the MCA, were not always robustly followed.

People felt safe at the service. Staff members had been trained in safeguarding and the different types of abuse and they knew the procedure to record and report concerns. Incidents and accidents were also reported and there were systems in place to assess and act on risk. Staffing levels were sufficient to meet people's needs and recruitment checks were carried out when new staff were employed. Where necessary, the service supported people to take their medicines safely.

Staff members received training and supervision which helped to ensure they had the skills they needed to meet people's needs.. People were supported to ensure their nutritional needs were being met and to have access to healthcare professionals as necessary.

People were treated with privacy, dignity and respect. Staff members worked to ensure that people's care was person-centred and based on their individual needs and preferences. The service promoted people's independence and supported them to take part in the chosen activities and people regularly accessed the local community. Feedback was welcomed by the service, including complaints, although work was needed to develop the way this was recorded.

The service had a positive ethos and culture. Staff members worked hard to ensure people's needs were met and were motivated to perform their roles. People and staff knew who the registered manager was and felt well supported by them.

We found that the provider was in breach of legal requirements. You can see what action we told the provider to take at the back of the full version of the report.

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 remains Good.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff sought people's consent, however; this was not always well recorded. The service had systems to follow the principles of the Mental Capacity Act 2005 but these were not always robustly applied.

Training and supervision was provided to members of staff to ensure they had the skills they needed to meet people's care and support requirements.

People were supported to maintain a healthy and nutritious diet and staff worked to ensure people had access to healthcare professionals when required.

Is the service caring?

Requires Improvement 

The service was not always caring.

Some areas of the service did not provide a homely or welcoming environment for people or their visitors.

Care plans were in place but they did not always show that people were involved in making decisions about their care or were provided with accessible information.

People were treated with kindness and dignity by members of staff.

Is the service responsive?

Good 

The service remains Good.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The service did not always meet all of their statutory

requirements.

There was a lack of robust systems in place to assess, monitor and improve the quality of the care being provided.

There was an open and positive culture at the service and people and staff found the registered manager to be approachable and accessible.

Milton House

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.

This inspection took place on 14 June 2017 and was unannounced. It was carried out by one inspector 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. The Expert by Experience for this inspection had experience of learning disability care services and was accompanied by a chaperone, who assisted them throughout the day.

Before the inspection we reviewed all the information we already held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about key events which take place at the service, such as safeguarding incidents, which the provider is legally required to send to us. We also spoke with the local authority, who have a commissioning role with the service.

During the inspection we spoke with seven people who were living at the service. Where people were not able to verbally communicate with us, we used simple gestures and facial expressions to understand their feelings about the service. We also spoke with three visiting family members to seek their views as well as two staff members from a local activity centre. In addition, we spoke with the registered manager and two support workers.

We reviewed care plans for four people to see if they were up-to-date and reflective of people's needs. We also looked at other paperwork in relation to the management of the service, including two staff recruitment files, training and supervision records and the systems which were in place to ensure the smooth running of the home.

Is the service safe?

Our findings

People felt safe living at the service. One person said, "I'm always safe here, everything makes me feel safe." Staff members had been trained in safeguarding and were aware of different types of abuse and signs and symptoms of this. We saw that staff members were provided with information about local authority safeguarding procedures and there were systems in place to ensure safeguarding incidents were reported and recorded appropriately. Other accidents and incidents were also recorded and acted upon.

Staff members explained how they managed risks to people at the service. One staff member said, "We have risk assessments in the care plans." They went on to explain that the risk assessments provided them with guidance about how to keep people safe but also encouraged them to be as independent as possible. We saw that risk assessments were in place for people and found that they contained information about how to keep people safe.

Staffing levels at the service were sufficient to meet people's needs. One person told us, "Yes there are always staff about when I need them." Staff members confirmed that there was always enough staff on shift, however; they also told us that some staff members had left the service which had an impact on the number of staff available to cover shifts. They explained that the registered manager made sure that there were always enough staff on shift and covered shifts themselves where necessary. The registered manager told us that recruitment had recently taken place which was helping the service return to normal staffing levels. We checked recruitment files and found evidence of background checks such as Disclosure and Barring Service (DBS) criminal record checks and previous employment references being carried out. We found that some improvements could be made to the way recruitment files were managed which we discussed with the registered manager. They assured us they would implement them as soon as possible.

People were supported to take their medicines by staff at the service. One person told us, "The staff give me my medication." Another person told us that staff had worked with them to encourage them to be as independent as possible with taking their medicines. We saw that there were systems in place to securely store medicines and that staff used Medication Administration Record (MAR) charts to ensure people received their prescribed medicines at the right time, or on an 'as required' (PRN) basis. They used the MAR charts to record when medicines were given and checks were carried out to ensure stock levels were correct.

Is the service effective?

Our findings

There were systems in place to ensure people's consent was sought and documented, however; this was not always robustly applied. Throughout the inspection we saw staff members offered people choices and sought their consent before providing them with care. We also found that consent was recorded in most people's care plans, however; some improvements were needed to ensure that all care plans demonstrated this. The registered manager informed us that this was something they planned to address.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The service had systems in place to ensure that the principles of the MCA were followed for those people who lacked the mental capacity to make their own decisions. However; improvements were required to the way that MCA assessments were carried out and the way the service demonstrated that decisions were being made in people's best interests'. For example, in one person's care plan we found that a MCA assessment form had been completed, but no specific decision had been recorded as the subject of the assessment. Another care plans showed that somebody was found to lack capacity as they may make an unwise decision, which does not follow the key principles of the MCA. Neither of the MCA assessments had best interests' checklists, to demonstrate how decisions were being made on people's behalf.

We also saw that the service submitted applications for DOLS authorisations where necessary and were renewed as required. Where conditions were recorded in people's authorisation, the care plan reflected this.

Staff members received training and support from the service to ensure they had the skills they needed to meet people's needs. One family member told us, "Staff appear to know what they are doing." Staff members told us that they completed induction and regular training as well as refresher courses and the registered manager showed us records to support that. They also showed us that they were in the process of updating the systems for displaying and tracking staff training which would help them to manage staff training in the future. We also saw that staff members received regular supervision where they could discuss their learning and development needs as well as any concerns or ideas they had for the development of the service.

People were encouraged to be as independent as possible with food and drink preparation, however; staff

were able to provide them with support if required. One person told us, "I buy all my own food and chose what I want myself". We saw that people's dietary needs and preferences were recorded in their care plans, as well as the tasks which they were capable of performing themselves. During the inspection we saw that people were able to help themselves to food and drink and staff also supported and encouraged people. Where appropriate, referrals were made to professionals such as dieticians to help ensure people's nutrition was well managed.

The service also helped people to book and attend medical appointments. One person said, "Staff have supported me to visit the dentist." Care plans provided information about people's individual health needs, as well as healthcare professionals involved in their care. We saw that letters and recommendations from health care professionals were recorded in care plans and appropriate action was taken based on their advice.

Is the service caring?

Our findings

It was not always clear how people had been involved in decisions which were being made about their care. Some people told us that they had been consulted when their care was planned, however; we did not find anything to support that this was the case. One person said, "Yes I feel involved in my care." The care plans we reviewed did not always show how people had been involved in making decisions. This meant that we could not be sure that all the people living at the service had the opportunity to be involved in deciding how their care would be provided.

Some people had care plans which included social stories and pictorial plans, which helped them to be understood by the person. Some plans did not have this and members of staff were unable to explain why these additional communication methods had not been considered. We spoke with the registered manager, they told us that they would look into expanding people's care plans to include more elements to help them understand about more about their care and support arrangement.

We found that there was general information available to people, however; it was not always obviously displayed for them to refer to. For example, we saw that the provider had a complaints policy, but this was not readily available to people. We did see that important information, such as safeguarding contact numbers, were on display for people. This meant that people were not always able to access information about their care and support, or the service.

Some areas of the service did not present a warm and homely atmosphere for people to live in. We saw that people were able to personalise their bedrooms and some communal areas of the home were conducive to a positive experience for people, however; some weren't. We saw that one lounge which was in use was in a state of disrepair. The walls had been stripped to the plaster and some fixtures were broken which created a negative space for people to spend their time. The registered manager assured us that this was a priority for the provider to address, however; there was no plan or timeframe in place for this. We also found a lack of personal touches in communal areas of the service. We saw some photographs from one social trip, but there was little else to generate a homely feeling for people living at the service.

People were treated with kindness and compassion by members of staff. One person told us, "The staff are fine, I get on with all of them." A family member told us, "[Family member] loves it here, I love it!" During the inspection we observed staff members treating people kindly and taking the time to ensure they were happy and that their needs were being met.

Staff members worked hard to develop positive relationships with the people they cared for. One staff member told us, "I love my job here; I really like all the residents." They went on to explain that they liked getting to know each individual person and trying to do things to help ensure they received the care and support they needed. From the interactions we observed, it was clear that staff members knew people well and worked with them to help them feel relaxed and comfortable in the service.

We found that staff also treated people with dignity and respect. One person told us, "Yes the staff are good,

they all treat me properly." Staff members told us that they were diligent in their efforts to be sensitive to people's individual cultural needs and to maximise their privacy, whilst still delivering the care they needed. We saw that there were policies in place to promote dignity and respect and care plans and other documentation provided staff with the guidance they needed.

People's independence was promoted as much as possible. We saw that people were encouraged to do things for themselves at the service, such as performing tasks around the home like cleaning and food and drink preparation. We also found that people were supported to see their family and friends whenever they wanted. Visitors were welcomed to the service and staff supported people in the community where necessary.

Is the service responsive?

Our findings

The service provided people with care which was sensitive to their individual needs and wishes. Pre-admission assessments were carried out before people moved into the service to make sure their needs could be met. Staff members told us that care plans were written up based on this, which helped them to get to know people and the care they need. One staff member said, "The care plans are good, they tell us what we need to know." We saw that care plans were in place and were reviewed on a regular basis, to ensure the content was accurate and up-to-date.

People took part in regular activities within the local community and organised by the service. One person told us, "I look forward to going out on day trips with staff." During the inspection we saw a number of people going out to attend day centres and saw that care plans contained information about people's interests, however; we did find that, at times, they could benefit from additional levels of detail to ensure staff had all the information they may need.

The registered manager showed us that there were systems in place to seek and record feedback from people and their family members. We saw that annual feedback surveys were completed and there were systems to record formal complaints and compliments, although none had been received by the service. We discussed this with the registered manager who told us they would try to evidence informal feedback in the future, to demonstrate the action taken in response.

Is the service well-led?

Our findings

The service had not always sent the Care Quality Commission (CQC) statutory notifications, as per the conditions of their registration. We saw that the registered manager had applied for Deprivation of Liberty Safeguards (DoLS) authorisations for a number of people living at the service. They were required by law to submit a statutory notification to the CQC when DoLS applications were authorised by the local authority, however; these had not been received. In two of the care plans we reviewed we saw that a DoLS authorisation was in place, however; the CQC had not been notified. We spoke with the registered manager about this. They told us they had not been aware of the need to submit these notifications and would do in the future. We saw that the registered manager had submitted other statutory notifications, such as to inform us of safeguarding incidents at the service.

The provider had failed to notify the CQC of the outcome and the date of those outcomes, of applications made to deprive people of the liberty. This was a breach of regulation 18 (1) (4B) (c) (d) of the Care Quality Commission (Registration) Regulations 2009.

There was a lack of robust systems in place for the management of the service. We found that there were minimal quality assurance systems at the service, which meant that the registered manager did not have constant oversight over the service and areas which required attention. We spoke with the registered manager about this. They explained that, prior to their recent recruitment, staffing levels at the service determined that they regularly worked as a member of care staff to ensure that people's needs were met. This meant they were not always able to ensure that management tasks were completed in full. We also saw that there was no other management support at the service, such as a deputy manager, team leader or senior staff. This further increased the pressure on the registered manager and meant there was a lack of cover for these tasks in their absence.

We looked at the quality assurance procedures which were in place at the service and found there was a lack of formal systems in place for this. For example, we saw that the provider had formally carried out regular service audits, however; these had not been completed for over 12 months. The registered manager showed us that they had regular supervisions with the provider where they discussed the service, however; there was nothing to show that any checks or audits were being completed, to effectively monitor the quality of the service being provided.

There was also a lack of local audits being carried out. Staff members carried out important health and safety checks, such as monitoring of water temperatures and medication audits. However; there was nothing to show that these checks were being monitored or that corrective action was taken when problem areas were highlighted. There was no regular audit of care plans or staff recruitment paperwork, which meant that there was no formal quality control in regard to these documents.

Where the service had identified areas for improvement, there was nothing to show how those improvements would be delivered. For example, we saw that one lounge in the house was being refurbished. We found no records of when this work started or a plan of when it would be completed and

who was responsible for ensuring the improvements would be delivered. We did see that where action plans were in place, they were clearly followed to drive improvements. For example, we saw that the local authority contract monitoring team had produced an action plan which the service had completed.

The provider did not have sufficient systems in place to assess, monitor and improve the quality and safety of the service being provided. This was a breach of regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff members told us that there was a positive and open culture at the service. One staff member said, "Oh yes, it's very open here, we can discuss anything we need to." Staff went on to explain that they were able to contribute their thoughts and ideas and that they felt involved in the development of the service.

Staff members also told us that there were whistleblowing policies in place and they were all prepared to use them to raise concerns if they felt the service had not done enough. Records confirmed that these policies were in place at the service.

People knew who the registered manager was and felt they were a visible presence at the service. They did tell us that they were busy at times, but that they would always make sure they gave them time and attention if required. People's relatives also shared this point of view. One relative told us, "If you have a problem, they take the time to sort it and they always have time for the residents."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have sufficient systems in place to assess, monitor and improve the quality and safety of the service being provided.</p>