

Chartwell Care Services Limited

Milligan Road

Inspection report

244 Milligan Road
Leicester
LE2 8FD

Tel: 0116 2442004

Website: www.chartwelltrustcare.org

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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

This inspection took place on 16 June 2015 and was unannounced.

Milligan Road is registered to provide residential care and support for 10 people with a learning disability, some of whom are living with dementia. At the time of our inspection there were 6 people using the service.

The service is a converted residential property which provides accommodation over two floors. The service is located within a residential area and has an accessible courtyard to the rear of the property.

Milligan Road had a registered manager in post. 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.

Staff were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the registered manager or to external agencies. Staff had received training which reflected the

Summary of findings

needs of people who used the service and enabled them to provide care in a safe manner. This included supporting people with the specific health related conditions and the appropriate use of equipment to move people safely.

We found people received their medication in a timely and safe manner by staff that had been trained in the administration of medication. We saw people accessing a range of community activities with the support of staff. People's needs had been risk assessed to promote their safety. We saw there were sufficient staff to support people's individual needs.

People were protected under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that appropriate referrals had been made where people were thought to not have capacity to make certain decisions and had restrictions placed upon them.

People's health and welfare was promoted and they were referred to relevant health care professionals in a timely manner to meet their health needs.

The attitude of the registered manager and staff showed they were enthusiastic about their work and committed to providing the best possible care for all those who used the service. All were aware of each person's individual needs. Staff appeared caring, friendly and talked about their work and were well informed about those using the service.

People using the service appeared well cared for and were content and there appeared to be a happy atmosphere within the service. The service had the atmosphere of a homely, large house and was decorated and furnished to reflect this.

There were effective systems in place for the maintenance of the building and equipment which ensured people lived in an environment that was well maintained and safe. Audits and checks were effectively used to ensure people's safety and needs were being met, as well as improvements being made as required. People using the service and staff had the opportunity to influence the service by attending meetings and sharing their views, which enabled the provider to review and develop the service.

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 from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely, whilst promoting people's choices.

There were sufficient numbers of suitable staff and people received their medicines correctly and at the right time.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to enable them to provide the support and guidance people required.

People's consent to care and treatment was sought in line with legislation and guidance. People were supported to make decisions which affected their day to day lives.

People's dietary requirements with regards to their preferences, needs and risks were met.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Good



Is the service caring?

The service was caring.

We observed positive relationships between people who used the service and the staff employed.

Staff encouraged people to make decisions about their lifestyle choices and understand the impact of their decisions on themselves and others.

Staff supported people with empathy and understanding with regards to their dignity.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to them moving into the service and they were involved in the on-going review and development of their care.

People appeared relaxed and comfortable in the company of staff and we saw staff responding to people's needs in a timely and considered manner.

Good



Is the service well-led?

The service was well-led.

The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices within an inclusive and empowering environment.

Good



Summary of findings

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the service's development.

The provider undertook audits to check the quality and safety of the service, which included seeking the views of external stakeholders.

Milligan Road

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 16 June 2015 and was unannounced.

The inspection 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. Our expert by experience for this inspection had expertise in caring for people with a learning disability.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned to the Care Quality Commission.

We contacted commissioners for social care, responsible for funding some of the people that live at the service. We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

People using the service had limited communication due to their disability and health. We spoke in a limited capacity with two people and had the opportunity to meet three others who used the service.

We spoke with the registered manager and five members of staff. We looked at the records of two people, which included their plans of care, risk assessments, health action plans and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Is the service safe?

Our findings

We looked at how the provider protected people and kept them safe. The provider's safeguarding (protecting people from abuse) policy provided staff with guidance as to what to do if they had concerns about the welfare of any of the people who used the service. We spoke with staff and asked them how they would respond if they believed someone who used the service was being abused or reported abuse to them. We found staff to be clear about their role and responsibilities.

Plans of care included risk assessments where potential risks had been identified whilst providing care and support to people. These included the use of equipment to move people from a chair into a wheelchair. People's records included what equipment was to be used and how and our observations showed that people were moved by the use of equipment in a safe manner. Records showed equipment used for moving people was serviced and checked for its safety by an external contractor.

People had plans of care that provided clear guidance for staff to follow when people accessed the community. People at the service on the day of our inspection went out for a picnic to a local park. Prior to them leaving the service staff applied sun cream to ensure people were protected from the sun. People's records we looked at included a risk assessment which identified that people were at risk from exposure to the sun and that sun cream should be applied to protect people.

Staff we spoke with were able to tell us how they supported people individually, which included supporting people with personal care, the management of their finances and accessing the community in a safe manner.

Staff told us that the care they provided was consistent with people's plans of care and risk assessments. Examples of identified risk included where people were at risk of poor nutrition or at risk of choking, in these circumstances people had been referred to a health care professional who had undertaken an assessment of the person and had put measures into place to reduce risk. Another example of identified risk was when accessing the community, or the actions staff should take should someone with a diagnosis of epilepsy have a seizure. Risk assessments in these

instances included information as to the number of staff required to support people and the use of medicines outside of the service to ensure people's safety was maintained.

Peoples' plans of care and risk assessments were regularly reviewed, which enabled staff to be confident that their approach to reduce risk and safeguarding people's safety was up to date.

Policies and procedures were in place where the provider had involvement with people's finances. Records were kept as to people's individual expenditure which included the receipts for items purchased and financial records signed by the two members of staff involved. Records we looked at showed that people had an appointee responsible for their financial affairs who was independent and not employed by the provider. The provider had a system for auditing people's monies and records and this was carried out by the registered manager and their manager, this helped to safeguard people from financial abuse.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked unsupervised at the service. Records showed that the provider followed its staff disciplinary policy and procedures. This ensured that any unsafe practice was investigated and that staff received the appropriate support and training to improve their practices for the benefit of those using the service.

We observed that there was a member of staff available for each person using the service and in addition to this the registered manager, a senior carer and a cook were on duty. This meant people received care and support in a safe and timely manner. When asked about staffing levels the staff told us that should all the beds be occupied at the service then additional staff would be on duty.

There were effective systems in place for the maintenance of the building and its equipment and records confirmed this, which meant people were accommodated in a well maintained building with equipment that was checked for its safety.

We spoke with one person and asked them how they took their medicines, when asked if they put them in their mouth themselves, they replied, "Yes."

Is the service safe?

We looked at the medicine and medicine records of two people who used the service and found that their medication had been stored and administered safely. This meant people's health was supported by the safe administration of medication.

People's plans of care included information about the medicine they were prescribed which included protocols for the use of PRN medication (medication, which is to be taken as and when required). This ensured people received their medicine in a consistent manner and as directed by

the prescribing health care professional. Staff we spoke with were aware as to when and how people were to be administered PRN medication, which was consistent with the plan of care and PRN protocol.

Staff when supporting people to go out, took with them emergency medication that should be administered if required, this included medicine to support someone should that have an epileptic seizure. This showed that staff promoted people's safety both within and out of the service.

Is the service effective?

Our findings

Staff said that there was good communication between the registered manager and staff. We asked staff how information was shared, and they told us through daily 'handovers' which were used to update staff on people's health and well-being. Staff also told us they attended regular staff meetings where issues were discussed. Minutes of staff meetings showed staff were updated as to training available, which when completed enabled them to provide effective care and support, for example when supporting those living with dementia.

Records showed staff had attended training in topics which were related to the effective promotion of people's health and well-being. Staff told us that training was encouraged by the provider and that training was relevant to the individual and collective needs of people who used the service.

We noted throughout our inspection that staff communicated effectively with each other to ensure people's needs were met in a timely manner, which included sharing information as to what people had communicated, which included a description of their mood and general well-being to enable staff to respond appropriately.

Staff advised us that they were regularly supervised and appraised by the management team, which included one to one meetings. These focused on their personal development and the needs of people using the service. Staff told us that supervision also included the registered manager observing them providing support and interacting with people and that they were provided with feedback to enable them to further develop the support they provided so it was effective.

We talked with the registered manager about the (MCA) 2005 and the (DoLS) and what that meant in practice for the people who used the service. They were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions. The registered manager had submitted applications requesting authorisation of DoLS and was awaiting confirmation from the supervisory body.

One person we spoke with was drinking a cup of coffee, whilst we were talking they said that they liked, "tea and coffee", and told us that they had eaten "chocolate cereals"

for breakfast. When asked if they could choose what they wanted to eat they replied "chicken". We asked them whether they liked to eat their lunch in the dining room or the lounge, to which they replied, "In the lounge."

Throughout the day we saw staff supporting people, prior to support being given staff spoke with people providing a clear explanation as to what they were going to do, for example when moving someone into an alternative seating position to increase their comfort or when moving them from a comfy chair into a wheelchair. Staff always sought people's permission and where people did not wish to receive the support this was respected by staff, for example when someone was asked if they wanted to take part in an activity, when they declined staff respected their decision.

The dining room was a pleasant space with modern decoration, with three dining tables and chairs. The registered manager informed us that although this was where meals were usually taken, there was flexibility for those who preferred to eat in the lounge, particularly for breakfast and in the evening if people were watching a film.

When we arrived at Milligan Road people were eating their breakfast in the lounge, the atmosphere was relaxed. Throughout the day people were offered drinks and snacks, we saw one person select a packet of crisps, which they took to staff so that they were opened for them to eat.

Records showed that where people's physical health had deteriorated which had resulted in them having difficulties with eating and drinking then appropriate referrals had been made to speech and language therapists (SALT). This ensured people continued to effectively receive the appropriate nutrition and hydration.

We asked one person if the staff helped them to go to the doctor's if they were unwell. They told us. "Yes." They went onto tell us they had visited the dentist as they had needed treatment. Whilst another person told us they had visited the optician and had had new glasses which were "pink."

It has been recommended by the government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments. We found these had been completed and included information as to people's health care needs which included about their medication, information as to their likes and dislikes and communication needs. In addition each person at the

Is the service effective?

service had an accident and emergency 'grab sheet', this information along with the 'health action plan' would be taken with the person should they need to access emergency or planned medical treatment, to assist health care staff in the provision of care and support.

Records showed people had timely access to a range of health care professionals, which included doctors, chiropodists, opticians and dentists and dieticians.

Is the service caring?

Our findings

We spoke with one person who when we asked if they like living at Milligan Road, replied. “Yes.”

One person we spoke with when asked if they found the staff to be kind replied, “Staff are kind.” And when asked who she would tell if they were unhappy they told us “[registered manager], I like...”

The atmosphere was very relaxed with everyone appearing to be enjoying themselves and there was a lot of laughter. Staff were engaged with those using the service talking with them and encouraging them to take part in activities. Staff were enthusiastic about working at Milligan Road and were keen to tell us about those that used the service and what they liked doing. Staff displayed a commitment to their role in providing support.

We noted that care staff demonstrated concern for people’s wellbeing and responded to their needs, for example one person called out, a member of staff immediately sat with the person and held their hand and spoke with them. On another occasion when someone became anxious they were supported by a member of staff to go out the local shop, when the person returned they appeared calm and relaxed.

Staff were knowledgeable about people’s lives prior to their moving into the service and had in many instances developed good relationships with their relatives and friends. We saw that staff were able to provide timely reassurance to meet people’s needs and reduce their concern when they became anxious.

People’s plans of care were person centred in that they were specific to the person’s needs. Staff told us they were

committed to meeting people’s individual needs. People were supported in a sensitive manner by staff when they required support with personal hygiene. Staff were seen to ask people what assistance they required.

We noted that there was a ‘memory board’ in the entrance foyer which had photographs of those who had once used the service and who had passed away, this provided an on-going connection for those using the service who had known them.

People’s bedrooms were respected as their own space and the décor and furnishing reflected their individual tastes and interests. One person’s bedroom reflected their religious and cultural needs, which included a small temple area. We were told by staff that people were supported to access the local temple and church.

One person had a chart within their bedroom which had pictorial symbols that were used to reflect the activities they wished to take part in as well as daily living tasks, such as getting up, going to bed, personal care and meal times. The person’s plan of care reflected this had been suggested by a health care professional to support the person in structuring their day. People’s plans of care included information as to how they communicated, which included how staff should interpret people’s facial expressions and body language to indicate their state of mind, happiness or anxiety.

Daily records included information about each person’s day and any view or opinion they had expressed, their involvement in activities in or outside of the service and contact with other people such as relatives, friends or professionals. This reflected that people’s views were recorded and showed how people were involved in making decisions.

Is the service responsive?

Our findings

People's needs were assessed by a social worker prior to moving into the service. The registered manager in addition undertook assessments of people's needs to ensure they could provide the appropriate care and support as required by the individual.

Three people went out for a picnic at a local park supported by staff. One person when asked what they most liked doing said, "Knitting, I'm knitting a pink bag." They showed me their finger nails which had been painted; staff told us they took great pride in having their nails done.

A second person told us that they had enjoyed going to see a pantomime, which they had really enjoyed. Staff told us a small theatre group regularly visited the service to put on shows. Photographs around the service showed people dressing up in costumes as part of the theatre production. Upon returning from the trip to the park the person were supported by a member of staff to use an abacus.

Photographs and records showed people took part in a range of activities, which included going to local parks, going out for meals and going on holiday. The service was visited by a small travelling zoo, which included a range of small animals which people at the service could hold and interact with, photographs of people holding these animals were on display.

One person who returned having been out for the day told us they had been for coffee in town and had bought a present for their father for father's day. They told us they went out to a day care facility one day a week, which they enjoyed.

We were told by a member of staff they had supported someone earlier in the week to meet a relative in town and have a coffee with them. Discussions with staff and records showed that people using the service were supported to maintain and develop relationships with their relatives and friends. People were supported by staff to visit family and friends, and welcomed visitors to the service.

In the morning a visiting entertainer arrived at the service to provide 'chair-aerobics', however this was re-arranged for later in the week as everyone wanted to go out and have a picnic at the local park.

People had access to a vehicle which could be used for accessing events within the community and going on holiday. People were encouraged to walk within the local community and to use public transport where possible to encourage their independence.

Where people were able to, they were encouraged to make drinks, hang out the washing and to go grocery shopping at local supermarkets. We asked staff how people made choices as to what they wished to eat, they told us people were physically shown the meal choices or used pictures for them to indicate their preference.

The complaints procedure was displayed in the entrance foyer. By the visitors signing in book there was a welcome notice inviting comments, complaints and suggestions.

Records showed the service had received one complaint since our previous inspection, which had been investigated. The provider had written to the complainant with the outcome of the investigation.

Is the service well-led?

Our findings

The entrance foyer contained a 'Welcome to the Team' board, which displayed photographs and names of those working at Milligan Road, including their role.

We looked at the minutes of meetings involving people who used the service, which recorded that three people had been present and that they had talked about holidays. Meetings were held every three to four months.

The provider as part of their quality assurance audit sends out questionnaires to relatives of those using the service and health and social care professions seeking feedback about the service provided. The results of the latest survey showed that the majority of the areas assessed were rated as 'good' or 'excellent'.

There were letters of thanks and praise from relatives of those using the service, including the family of someone who had passed away who had written to the provider praising the staff at Milligan Road for the care they had given their relative. Another relative had written to thank staff for arranging a surprise birthday party for their relative.

The complaints procedure was displayed in the entrance foyer. By the visitors signing in book there was a welcome notice inviting comments, complaints and suggestions. There were pictorial prompts for complaints – I feel angry, sad, afraid, happy etc., this showed that the provider enabled people with limited communication means to share their views.

In the entrance foyer was information about safeguarding, which included the policy and procedure for raising concerns about potential abuse. There was also a Dignity and Care Board that provided information about the MCA 2005 and DoLS.

The registered manager demonstrated their enthusiasm and commitment to those who used the service. They had a comprehensive understanding of people's needs and they demonstrated how they worked with other agencies. This enabled people receiving a service to have their needs met, with consideration to their rights and choices and the promotion of their independence reflective of their goals and aspirations.

Staff we spoke with told us they attended meetings which were regularly held and said they were actively encouraged to share their views about the service. Minutes of staff

meetings showed staff discussed the day to day running of the service, which included the importance of team work, health and safety issues and on-going training along with the needs of people who used the service.

Staff said that their supervision and appraisal by the management team provided them with an opportunity to discuss any issues of concern and to discuss their personal development. A member of staff said "The management team are supportive and happy to talk to us about any issues. Supervisions gives us the opportunity to talk about our training."

The registered manager whilst in the main working Monday to Friday, on occasion's works at the weekend or in the early morning or evening to provide care and support to people, they told us this enabled them to continue to develop relationships with people using the service as well as giving them the opportunity to work alongside staff.

The attitude of the registered manager and staff showed they were enthusiastic about their work and committed to providing the best possible care for all those who used the service. All were aware of each person's individual needs. Staff appeared caring, friendly and talked about their work and were well informed about those using the service.

The registered manager talked to us about the recently introduced Care Certificate, which they planned to implement for newly recruited staff. They told us they had enrolled on a course facilitated by the local authority which would enable them to ensure they assessed staff in a robust manner to attain the Care Certificate. This demonstrated the registered manager's commitment to the development of staff in order that they had the necessary skills to deliver high quality care.

The provider had systems in place to regularly assess and monitor the quality of the service. The registered manager notified us of significant events that affected people's safety and wellbeing including any allegations of harm and abuse. Risks were assessed and management plans put in place to ensure people were protected. People's plans of care and the guidance for staff was reviewed regularly to ensure it was appropriate. The provider's representative also monitored how the service was run. A new person had recently taken up this role and although they had visited the service their report had not been written at the time of our inspection.

Is the service well-led?

This demonstrated that the provider was actively involved and supported the registered manager to ensure the home continued to improve the quality of service people received. Other audits included checks on people's plans of care, infection control, and health and safety, medicines and the maintenance of the building and equipment.

An external audit had been undertaken by the services supplying pharmacist, the report had yet to be sent to the registered manager, however the registered manager told us that the pharmacist had not expressed any concerns. Audits carried out by social care and health and safety teams from the local authority showed they were satisfied with the service provided.

Earlier in the year the provider had sent out questionnaires to people's relatives and to health care professionals inviting them to comment on the service. We found a majority of the questionnaires reflected people's satisfaction with the service and included additional

comments. A health care professional had written, 'an excellent home for patients with downs syndrome and dementia, autism and a learning disability.' Whilst a doctor had written, 'the care you gave [persons name] was absolutely first class with a professional standard of nursing care teamed with genuine love and affection.' A relative wrote, 'the staff of Milligan are very helpful and kind. We are really happy with the service for [persons name], keep it up.'

Before the inspection the provider sent us the completed PIR, which identified areas for improvement over the next twelve months. The registered manager had identified improvements were needed in the recording of people's access to and outcome of health care appointments to ensure these were more person focused. Also it had been identified the need to further encourage relative involvement and greater access to community resources for those using the service.