

# Millfield James Limited

## 3 Ferrers Drive

### Inspection report

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Date of inspection visit: 27 April 2015  
Date of publication: 04/06/2015

#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

We inspected Ferrers Drive on 27 April 2015. Ferrers drive is a small five bed home in a peaceful residential area for adults with learning disabilities. This was an unannounced inspection. This was the first inspection of this service since they changed their location in October 2013.

There was a registered manager in post at the service. 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.

The registered manager did not have an understanding of the Mental Capacity Act 2005 in relation to DoLS. No applications had been made to lawfully deprive people of their liberty for their own safety despite four of the five people being supported not being able to leave the home unsupervised.

# Summary of findings

The service was safe, people had support plans in place that identified and managed risks. Staff understood these risks and understood the steps to take to ensure people were safe. Care staff also had a good understanding of safeguarding and what action they would take if they suspected abuse.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received regular training and on going supervision and support from their manager. People received a healthy and varied diet and had access to appropriate health care when required.

Staff were described as caring and this was supported by our observations. Staff were warm and respectful to the people they supported. People's home was respected and well looked after. The house and surrounding gardens was well maintained and had a very homely feel.

People's needs were assessed and these assessments were used to create care plans. These plans were regularly reviewed and when people's needs changed the service responded. People had access to a wide range of

activities and the staff team were flexible around the choices people would make with regard to their activities. People had full choice and control over their lives and were supported within a culture that adhered to the key principles of person centred practice.

People, staff and relatives all spoke highly of the leadership within the home. Everyone described the home as well led. There was a caring culture within the home that was kept under regular review by the manager who had regular conversations with people to ensure their happiness. There was a clear vision for the ethos within the home that staff understood and we observed being carried out.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we took and what action we told the provider to take at the back of the full version of the report.

**We recommend that the registered manager and all staff familiarise themselves with the Mental Capacity Act 2005 Code of Conduct.**

# 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.

Risks associated with people's needs were documented with clear strategies to manage those risks.

Staff had a good understanding of safeguarding and what to do if they suspected any form of abuse.

Medicines were managed appropriately and there were adequate numbers of suitably qualified staff to safely meet people's needs.

Good



### Is the service effective?

The service was not always effective.

People's liberty was not being lawfully restricted in line with the Deprivation of Liberty Safeguards as part of the Mental Capacity Act (2005).

Staff felt support and received regular supervision. Staff received training in order to have the skills to meet people's needs.

People had a healthy diet of home cooked food of their choice and the service worked with health professionals to ensure people's physical and mental health needs were maintained.

Requires improvement



### Is the service caring?

The service was caring.

Staff were caring and showed a warm and respectful approach toward people they supported. This was visible through the day and also the care taken over the physical environment.

The service was caring. Staff were kind and respectful and treated people and their relatives with dignity and respect.

People valued their relationships with staff and felt positive relations with other people were encouraged.

People were involved in all aspects of their care planning and of the home.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and information from these assessments were used to develop personalised support plans that were regularly reviewed.

People benefited from a culture that valued choice and offered lots of opportunities to have control over their lives.

Good



# Summary of findings

People's interests and preferences were captured and people were encouraged through support plans and a flexible staff team to carry out these interests.

There was a range of activities for people to engage in that reflected their interests. Staff encouraged people to engage in activities.

## **Is the service well-led?**

The service was well led.

There was a strong person centred vision within the home that supported independence and choice.

The manager was described as approachable and a good leader. People and their relatives spoke highly of them.

The culture was kept under review and practise that did not meet the required standards was challenged and appropriate action taken.

The home had a culture of openness and honesty where people came first.

**Good**



# 3 Ferrers Drive

## 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 checked whether the provider was 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 the 27 April 2015, it was unannounced. The inspection team consisted of two inspectors.

At the time of the inspection there were five people being supported by the service. Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We spoke with the five people who were using the service and three people's relatives. We spoke with three care staff, the registered manager and the provider. We reviewed five people's care files, records relating to staff supervision, training, and the general management of the home.

# Is the service safe?

## Our findings

People we spoke with felt safe. Comments included, “yes I feel very safe”, “really safe thank you” and “I am happy here, I feel very safe”. Relatives we spoke with told us that they felt their relatives were safe at the service. Comments included, “I couldn’t be more satisfied with the safety of people that live there” and “no concerns whatsoever with my sisters safety, couldn’t be happier”.

Staff had knowledge of types of abuse and signs of possible abuse. Staff we spoke with could tell us what action they would take if they suspected abuse. They also knew arrangements for alerting external agencies such as local authority safeguarding and the Care Quality Commission (CQC). People were also protected from financial abuse due to the service having robust systems in place to manage people’s finances.

Support plans identified risks in relation to people’s needs. These risks were assessed with clear guidelines for staff on how to mitigate the risk. For example, one person was at risk of displaying inappropriate behaviour toward female staff. There were clear guidelines for staff on how to support people presenting this behaviour whilst maintaining this person’s dignity.

People and staff benefited from environmental risk assessments that identified environmental hazards. There were also emergency plans in place in the event of incidents that may impact on the service’s ability to deliver people’s planned care.

People were receiving care from adequate numbers of care staff. There were sufficient staff on duty to meet people’s needs. Relatives told us, “there are always plenty of people around when we visit. Staff confirmed there was always enough staff. One said, “We are always well staffed, and what’s great is if what the guys [people using the service] want to do needs more staff, then we get them in”. Staffing rotas confirmed that sufficient levels of staff were maintained.

People’s medicines were stored and administered safely. We reviewed three people’s medicine administration records and saw that they were completed accurately and stock levels recorded accurately the stock remaining. Each person had a clear medicines support plan that gave detailed information regarding people’s medicines and potential side effects.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

# Is the service effective?

## Our findings

The service was not adhering to their legal obligations in relation to Deprivation of Liberty safeguards (DoLS). These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body as being required to protect the person from harm in the least restrictive way. Four of the five people supported by the service met the criteria under the Mental Capacity Act 2005 for these safeguards to be in place. However, no application had been made. We discussed this with the manager who was not aware of this requirement but took immediate action.

These issues were in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have an understanding of the Mental Capacity Act 2005. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. Staff had not received training and staff we spoke with were not able to speak with us about the key principles of this Act. We discussed this with the registered manager who agreed to take appropriate action. We were also informed that all staff were booked in to receive MCA training in June 2015. Staff we spoke with showed a good understanding of the importance of people making their own choices. We were assured, based on what we observed and what relatives told us, decisions would not be made for people without support from families when required.

People we spoke with felt that staff understood their needs. Comments included, "Staff understand me, they're nice" and "Yes I am supported well". Relatives also told us that staff were knowledgeable and well skilled. Comments included, "Staff know my sister really well, some have known her many years and are well skilled, couldn't be happier" and "Staff stay for a long time, this means they know my relative inside out and always look like they know what they are doing".

Staff felt supported and had access to relevant training. Comments included, "Support is excellent we support each other and the manager is always available", and "Supervision is useful and very supportive, I am being encouraged to do more training but I'm happy at the moment". New staff received a six week induction which consisted of a range of relevant training and opportunities to shadow more experienced carers. Staff were encouraged to work towards their Level 2 diploma qualification in care and then their Level 3 diploma should they wish to continue to develop professionally.

We observed respectful interaction between care staff and people they supported. Consent was obtained before care was provided, and staff knocked on doors before going into people's rooms. Staff spoke clearly about the importance of making sure people were consenting. Comments included, "I always ask first even if I think I know the answer" and, "I don't assume people are going to be ok with what I need to do, so would always ask first".

People benefitted from nutritious home cooked food. On the day of the inspection the evening meal was being prepared which was full of fresh vegetables. The menu on the wall was planned with people who used the service and consisted of a range of meals. One person who was at risk of choking had their meals cut up for them. Staff we spoke with knew of this person's needs.

Each person had a Health Action Plan (HAP). A Health Action Plan is a personal plan about what help and support people need to do to stay healthy. People had access to appropriate healthcare when needed. Visits to the dentist, opticians and other professionals were recorded in people's files.

**We recommend that the registered manager and all staff familiarise themselves with the Mental Capacity Act 2005 Code of Conduct.**

# Is the service caring?

## Our findings

People and their relatives felt cared for. Comments included, “Yes they [staff] are very caring”, “They [staff] are always very caring they have known the residents a long time, people are treated like family and it's definitely their home”, “The levels of care are exceptional, couldn't ask for better”.

Our observations supported these statements. We saw people being supported and spoken to respectfully, for example one person was getting ready to leave the house but was becoming distracted by the number of people in the house. Staff gave this person gentle reminders, but gave them space to move in their own time. The house was well looked after decorated with people's personal belongings.

People were encouraged to have positive relationships with staff and each other. Staff spoke warmly about the people they supported. Comments included, “This is their

home, we support them to get on and socialise together as much as they want to”, “They do lots together, and we support them how they want us to” and “They are all wonderful in their own way, pleasure to be around and make caring for them easy”.

People were involved in their own care planning and also in the day to day running of the home. People who used the service were involved in the recruitment of new staff and also took the lead with regard to decorating the home.

People's privacy and dignity were respected, staff knocked on doors before entering people's personal space and took people to one side to have a conversation about their plans for the day such as appointments.

People's personal records were stored securely in order to ensure people's personal information remained confidential. Discussions regarding people's support needs were also discussed discreetly, for example on two occasions we saw staff going somewhere quiet to handover information that related to people.

# Is the service responsive?

## Our findings

People and relatives felt staff were responsive. Comments included, “They know when I’m not well”, “Very happy with them [staff], they keep an eye out for changes and keep me up to date” and “Very good, we know exactly what’s going on and we always get our questions answered”.

People’s needs were assessed when they entered the service. This assessment was used to develop care plans and health action plans that were personalised and contained clear and concise information regarding peoples support and health needs.

People’s support plans contained a number of documents designed to ensure care was person centred and regularly reviewed. Each person had a clear support plan with clear guidance for staff. For example one person’s behaviour had escalated. There was a clear plan in place to monitor this behaviour to identify trends. This person's behaviour had stabilised in recent weeks. Another person required support with their continence. The service enabled this person with additional support at night in terms of equipment. Occurrences had reduced significantly since this support was given. However there was also a number of documents in peoples files that were not being used, which at times made it difficult to identify the most up to date record. We discussed this with the manager who took immediate action.

Each person’s plan had goals that were regularly reviewed to ensure people received the appropriate level of support. For example, one person’s goal was to book a summer holiday which was done. Support plans also captured ‘fulfilling dreams’ to encourage people to maintain their independence and think positively about their future. For example, one person wanted to travel to a favoured location by train, we saw this had happened. The service staffing levels were responsive to people’s choices. If people decided they wished to do something in the evening staffing levels were flexible to accommodate these choices.

The registered manager held regular one to one conversations with people supported in the service to assess each person’s satisfaction. Wherever people gave feedback regarding areas of improvement the service responded, for example one person asked for more decorations in the garden, we saw this was provided and the person had been involved in choosing them. We also saw that people were involved in the recruitment of new care staff.

The service had a clear complaints policy and procedure. People and their relatives knew how to make a complaint and felt confident it would be dealt with. One relative told us, “If I had an issue I know they would listen, I have never had a big problem at all”. There had been no complaints since our last inspection.

## Is the service well-led?

### Our findings

People, staff and their relatives all spoke highly of the registered manager. Comments included, “The manager is a wonderful person, takes pride in the service and quality of support”, “The manager is extremely committed, treats the home like her own and the people like her family”, “Excellent manager, open honest good communicator, superb”.

We discussed the vision of the home with the registered manager. They told us, “The philosophy of the home is to provide a warm homely atmosphere which is beneficial to our service user’s independence and freedom of choice, which is encouraged whilst offering support without intrusion.” They went on to say “We are committed to encouraging service user’s to reach their full potential, wishes and dreams, and to strive for as much independence in the community as possible to provide consistently high standards of professional care”. Staff we spoke with supported that vision and people we spoke with along with our own observations supported this vision. The registered manager had taken action when staff’s

attitude and approach was not meeting the high standards and vision. The Registered manager told us, “There have been times where I have not been happy that the people we support are not being put first, I won’t have it”.

There was a system in place to monitor the quality and safety of the service. Quarterly audits were conducted by an external consultant which involved checking through people’s care files to ensure paperwork was detailed and up to date. These audits identified actions to improve the quality of the service. The people responsible for these audits were also responsible for offering on going support to the manager should they need it. The registered manager told us, “They are just here every now and then they offer on going support it’s very reassuring”.

Staff we spoke with felt able to raise things with the registered manager and felt confident their view would be taken into account. Relatives we spoke with also told us how they felt the registered manager was open to feedback. Comments included, “If I had an idea the manager would listen, in fact they encourage us to do that”, “I could go in or pick up the phone, I feel 100% clear about that and very confident I would get the response I need”.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**Service users must not be restricted of their liberty without appropriate authority.**

(13) (5)