

People in Action

People in Action - Milverton Terrace

Inspection report

4 Milverton Terrace
Leamington Spa
Warwickshire
CV32 5BA

Tel: 01926882831
Website: www.people-in-action.co.uk

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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 ●

Summary of findings

Overall summary

About the service

Milverton Terrace is an assessment centre that provides short term accommodation and personal care for up to eight younger adults who may have learning disabilities or autistic spectrum disorder, a physical disability or sensory impairment. People live at the home for a short time period to develop their skills to assist them to live as independently as possible when they move to a permanent home. There were six people living at Milverton Terrace at the time of our inspection visit.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service

People received planned and co-ordinated person-centred support that was appropriate and inclusive for them, helped them gain new skills and become more independent.

There were enough suitably skilled and experienced staff to meet people's needs and keep them safe. Staff had the information they needed to ensure risks to people were minimised whilst encouraging people to live their lives as they wished. Staff knew what to do if they had any concerns about people's health or wellbeing.

People were supported to access healthcare professionals and staff worked closely with other agencies to ensure people's transition between services was as smooth as possible. People received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were very positive about the caring and supportive nature of staff.

People continued to receive a service that was well-led. The monitoring of service provision was effective and there was an open, transparent and person-centred culture with good leadership.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last overall rating for this service was good (published 4 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

People in Action - Milverton Terrace

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

People in Action - Milverton Terrace is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. This information helps support our inspections.

The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with the registered manager and three care staff.

We reviewed a range of records. This included three people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe living at Milverton Terrace.
- People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. They understood abuse could take different forms and their responsibility to protect people from harassment and discrimination. One staff member explained, "It is keeping people safe and making sure if you notice anything you don't think is right, that you report it. It is also making sure all the people who live here know who they can report things to as well."
- Staff felt confident any concerns would be dealt with but said they would not hesitate to escalate concerns if appropriate action had not been taken.

Staffing and recruitment

- There were enough suitably skilled and experienced staff to meet people's needs and keep them safe.
- Staffing levels were flexible around the needs and wishes of people who used the service. Staff were available when people needed them.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments related to their individual needs and abilities. Assessments provided staff with information about how risks to people could be minimised whilst encouraging people to live their lives as they wished.
- One person told us they felt safe because staff were knowledgeable about what action to take to support them during a seizure. They told us, "They (staff) keep talking to me until I come round. They all know what to do, they have all been trained."
- Where possible people were involved in identifying risks related to every day tasks and developing measures to reduce those risks. This supported people to identify and manage risks as they moved into more independent living arrangements.
- There were plans in place for emergency situations and each person had a personal emergency evacuation plan. Plans were available for the emergency services so they had the information they needed to ensure people were safely evacuated in an emergency.

Using medicines safely

- People received their medicines as prescribed. Staff had received training about managing medicines safely and had their competency assessed.
- Medicine stock checks were carried out three times a day and regular audits were carried out to check medicines were being managed in the right way.

- Handwritten amendments to the MAR were not signed or countersigned by a second member of staff to ensure their accuracy. The registered manager assured us this would be done in the future.
- People's medicines were regularly reviewed by their doctor and other health professionals involved in their care.

Preventing and controlling infection

- Staff had received training in infection control. They told us equipment to reduce the risks of cross infection such as plastic gloves and aprons was readily available.

Learning lessons when things go wrong

- Systems were in place to learn from adverse events.
- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt to reduce the risk of reoccurrence. Learning was communicated and shared with staff during handover and meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Many people who moved to Milverton Terrace did so as an emergency admission following a breakdown in their living arrangements or a change in their health and support needs. The registered manager gathered as much information as possible to ensure it was a safe admission for the person and the people already living there.
- The registered manager worked in accordance with good practice guidance and the law. For example, staff received training in protecting rights in a caring environment which was recognised by the British Institute of Learning Disabilities.

Staff support: induction, training, skills and experience

- New staff completed an induction programme during their probationary period. This included essential training, working alongside experienced staff to understand people's needs and feedback on their performance.
- Staff were encouraged to keep their skills up to date and were positive about the training they received. Training was specific to the needs of the people who used the service and included epilepsy, positive behaviour support and autism.
- Staff told us they were well supported and had regular opportunities to meet with their manager to discuss working arrangements and their professional development. A staff member told us, "Supervisions are a good time to talk to your manager about whether you have any issues, whether you need support with anything and a chance to catch up about people's needs. It is also an opportunity for the manager to tell you how you are doing and whether they have any concerns."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed their meals and were involved in choosing the menus.
- Where possible, people prepared their own breakfast and lunch and were encouraged to support staff preparing the evening meals. Staff and people living at the service sat together to enjoy their meals socially.
- Where people required a specialist diet, this was catered for. One person who needed a low potassium diet showed us how the menu had been adapted to meet their needs. They told us their health had improved because of the support they received from staff with managing their diet.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff obtained consent for people's care and support. Staff understood the principles of the MCA and people were supported wherever possible to make their own decisions.
- Where there was a question over a person's ability to make a specific decision, staff worked with other healthcare professionals to ensure people's capacity to make the decision was fully explored.
- When people needed support to make a decision, the person, healthcare professionals and others important to the person were involved. This ensured any decision made was in the person's best interests. One staff member told us, "We work really closely with professionals if a person is showing signs of not understanding. We talk to the social worker and have a best interests meeting."
- Where a person lacked capacity to consent to a restriction in their support plan which could amount to a deprivation of liberty, DoLS applications had been submitted to the authorising body. All staff spoken with knew who had an authorised DoLS in place and who had a DoLS application pending approval. This ensured staff worked in the least restrictive way possible and any conditions on authorised DoLS were met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare professionals such as GPs, occupational therapists and speech and language therapists for healthcare support when needed.
- When people moved to other care services, staff worked closely with healthcare professionals and the new care providers to ensure the transition was as smooth as possible and all relevant information was shared. One staff member explained, "First we build a support plan for the new providers and then it is just lots of meetings. We keep everybody involved and up to date. Our ethos is to be open, open to questions and open to answering things."
- The registered manager was aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. Each person had an oral health care plan and one person had been referred to a specialist learning disability dentist to meet their individual needs.

Adapting service, design, decoration to meet people's needs

- Milverton Terrace is an adapted house in a residential area close to the local shops and facilities.
- Each person had their own bedroom with shared living, dining and kitchen areas that everyone could access.

Is the service caring?

Our findings

Caring – This means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection the rating has remained the same. This meant people were consistently supported or treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very positive about the caring and supportive nature of staff. One person described staff as, "Really kind, nice and helpful." Another told us, "The staff are friendly" and a third said, "The staff make it happy and cheerful and take you out when you get a bit fed up."
- People felt comfortable at Milverton Terrace because they felt staff cared about their wellbeing. One person had recently had a lengthy stay in hospital and told us, "They were worried about me, so they (staff) came to see if I was alright. When I came back they said, 'welcome home' because this is my home for now."
- Staff understood some people had moved to the service following a significant episode in their lives which could cause them distress or anxiety. For example, staff had helped one person find their pet which had been temporarily rehomed during their move. The person was able to regularly visit their pet which was very important to them.
- Staff were very clear about their responsibilities in relation to equality and diversity and respecting people's individual lifestyle choices.
- People were supported and encouraged to maintain relationships important to them, and visitors were welcomed at the home.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions about their care; and those who had capacity, had been involved in developing their support plans and identifying goals they wanted to achieve.
- People were supported by a named keyworker who worked with them regularly to ensure their support needs and wishes were understood. Every person we spoke with was able to tell us the name of their keyworker.
- People were fully consulted about planned moves to other services to ensure it met their needs and wishes. The registered manager and staff advocated on behalf of people, if they felt people's needs were not being addressed or their voices not heard.

Respecting and promoting people's privacy, dignity and independence

- Where possible, people were enabled to have control of their support needs and encouraged to manage some aspects of their daily lives independently. For example, one person chose to attend healthcare appointments independently because it was important for them to have control and understanding of their medical needs.
- People were encouraged to participate in household chores such as cooking and doing their own laundry, so they could live independently and develop further skills. One person told us about their planned move to

a new home and explained, "Staff have been talking me through it and they have showed me how to do my own washing."

- Staff had a good understanding of their role in promoting people's independence and used these opportunities to promote people's privacy and dignity. One staff member explained, "We support them with the skills they already have and are always looking for ways for people to build on their skills and lead a more independent life. There are always going to be some barriers, so it is about working around those barriers and helping people live a more fulfilling life."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Where possible people 'co-produced' their support plans which ensured they were reflective of their needs, wishes and preferences.
- Support plans were outcome focused and contained 'pathways' to enable people to achieve identified goals with the aim of gaining more independence. For example, in one person's support plan there was a clear pathway to enable them to become more independent when using public transport.
- Staff understood people's individual care requirements by meeting regularly with them and understanding what had and had not worked well and making changes where appropriate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were socially and culturally relevant. For example, an art group was supported by those who lived in the home as well as people from some of the provider's other services. One person told us they had enjoyed breakfast in a local café the day of our visit. Another said, "We do art group and in my spare time I am on my laptop or my phone. I speak to my friends nearly every night."
- People were encouraged to make friendships outside the home, go into the community and make use of the local amenities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Support plans detailed information on people's communication needs and how staff could help them understand information.
- People were given information in a variety of formats to help them understand. For example, one person's personal care routine was in a picture format to support their independence. Another person used objects of reference to communicate their wishes and needs.

Improving care quality in response to complaints or concerns

- Information about the complaints process was accessible to people and was available in easy-read format.
- Records showed people felt confident to share any concerns with staff which were then responded to in

accordance with the provider's complaints procedure. One person told us, "They sorted it all out and worked things out and now things are all okay."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us the home had a positive culture that was person centred and supported people to move into the most appropriate care setting to meet their individual needs. One staff member told us, "It is really good, [registered manager] took over the management six months ago and I feel we are now properly performing as an assessment centre. We are assessing people and hopefully building life skills for their future care. Working alongside social workers and other health professionals we hopefully get the right outcome for their future living."
- Staff particularly spoke of good team work to ensure positive outcomes for people. One staff member said, "We have a good staff team and I feel I can rely on everybody." Another said, "I like the staff team, everyone is proactive, everyone gets on and everyone is engaged with all the customers."
- People told us how the support they had received had improved their wellbeing. One person told us, "Being here has helped me to be happy again." When we asked if anything could be improved they responded, "Not really, they do a good job, they are excellent people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and management team carried out audits to check the environment was safe and staff were working in the right way to meet people's needs and keep them safe.
- Audits covered a range of areas such as care provision and health and safety. Where issues were identified, actions were taken. For example, the provider's most recent audit had identified some gaps in health and safety checks. The registered manager was working to an action plan to address these issues.
- The registered manager was aware of their regulatory responsibilities. For example, the latest CQC inspection report rating was on display at the service and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager listened to people and staff to identify areas where improvements could be made. One staff member told us, "[Registered manager] works very closely with all of us, she comes to us and there is a lot of group discussion."
- People were encouraged to provide feedback on how things were managed and to share their experiences of the service in creative ways which suited their needs. For example, people produced the minutes of the

monthly house meetings in a poster format with their own writing and drawings. This ensured everyone was able to participate and have a visual reminder of their contribution.

- People were asked to give feedback about the service in other ways, such as yearly quality assurance questionnaires. The responses to the last questionnaire had shown a high level of satisfaction.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour, to be open and honest and accept responsibility when things went wrong.

Working in partnership with others

- The management team and staff worked in partnership with many other agencies and healthcare professionals. Information was shared appropriately so people got the support they required, and staff followed any professional guidance provided.