

Marran Ltd

Miltoun House

Inspection report

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08 September 2017
15 September 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 7 and, 15 September 2017. The inspection was unannounced this meant that the provider didn't know we would be visiting.

Our inspection was carried out because of concerns we had due to the notifications we received from the service. Notifications are reports of changes, events or incidents the provider is legally required to let us know about. The inspection was prompted in part by notification of an incident that involved the people who used the service. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

At our last inspection in May 2017 we found the service was meeting all of our fundamental standards and was rated as 'good' and following this focussed inspection the service remains good overall.

We found during this inspection that notifications of significant events were not always submitted as required to the CQC from the manager and we are taking action outside of this inspection.

At the time of our inspection the service had registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The people using the service told us they felt safe.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place.

Risks to people were identified and plans were in place to manage the risk and minimise them occurring. Care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm.

We saw where accidents had occurred these were reviewed and risk assessments were updated to prevent future occurrences.

Staff training records, showed staff were supported and able to maintain and develop their skills through training and development opportunities and these included training to ensure people's safety.

Regular staff communications and team meetings were in place for staff to attend that were valued.

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 ●

This service was safe.

People told us they felt safe living at Miltoun House.

People had individualised risk assessments in place to support them to take risks safely.

Staff were trained in safeguarding and knew how to spot the signs of abuse and how to report concerns.

Is the service well-led?

Requires Improvement ●

This service was not always well led.

The manager did not submit notifications to the CQC of serious events that require a notification.

People were confident to approach the manager to raise any concerns

Staff told us they felt supported by the management of the service.

Miltoun 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 7 and, 15 September 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one adult social care inspector.

During the inspection we spoke with five people who used the service, the manager, assistant manager, four care staff and kitchen staff.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including the commissioners and social work team.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social care services. Healthwatch give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing activities, practices and interactions between staff and people who used the service.

We also reviewed records including; two care plans, training matrix, safeguarding referrals, Incident and accident reports, risk assessments, CQC notifications, communication books, and other records relating to the management of the service such as policies and procedures, audits, minutes of meetings and handover records.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Miltoun House, they told us; "Yes I always feel safe here" and "The staff always give me tablets when I need them and they come and see if you are alright. They keep me safe with my diabetes." Another told us; "I feel safe here and my room, well it's my sanctuary, it means a lot to me and I won't let anyone take it away."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff knew the various forms of abuse; signs to recognise them and what actions they would take to protect people. Staff had an understanding of the policies and how to follow them and were confident the manager would respond to any concerns raised.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. We spoke with staff and they told us what signs they would look out for and how they would raise concerns. One member of staff told us; "The main thing we look out for is any changes to people's moods for example they may become more isolated, shying away, lose motivation or become anxious. We would always have a chat with the individual then report it, record it and speak to the manager." Another told us; "Report concerns to the manager if they are not in then we seek advice from the assistant manager." A second member of staff told us; "We follow the steps in our policy, if it is an alert we fill in a referral and we give safeguarding a call to let them know it is on its way, we have phone number and a fax number." A third member of staff told us; "We also have safeguarding consideration forms for our manager. For example, if someone was shouting at someone and no harm was caused. An alert referral is made if there was some harm caused."

We saw that the manager had kept staff up to date with any changes to safeguarding contacts through the staff communication book, team meetings and the notice board. We discussed safeguarding with the manager and the provider and they expressed that staff experienced difficulty raising safeguarding alerts via the fax number and that they were now going to provide staff with a laptop to access at the service when the manager was not at the service.

We saw that staff had received suitable training in safety aspects including; safeguarding, health and safety, medicines and fire safety. Staff we spoke with reflected on the last safeguarding training and told us; "We have done another safeguarding course on line and it's about looking for signs and reporting."

Risks to people's safety had been assessed and people's care plans contained individualised risk assessments that were reviewed regularly and enabled people to take risks in their everyday life safely. In the following areas for example; smoking, fire safety, taking medicines, oral health care, extreme weather and one to one activities. This meant staff had the guidance they needed to help people to keep safe. Risks to people were recorded and reviewed with control measures put into place to reduce any assessed risks.

Accident and incidents were recorded appropriately and analysed. We saw where accidents and incidents had occurred these were reviewed and risk assessments were implemented or updated to prevent future occurrences.

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the service had a management team in place that consisted of a manager and an assistant manager.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager did not always inform the CQC of significant events in a timely way by submitting the required notifications. We found that safeguarding referrals had been made to the local authority but not to the CQC and also police incidents were recorded within the incidents log and the CQC were not notified of these events. This meant that appropriate action was not always taken by the manager.

When we asked the manager about the CQC notifications that had not been submitted they were unable to show us any recent records of notifications and told us that they had not made arrangements with staff or the assistant manager to submit them in his absence and that he would submit them in future and keep a record.

People who used the service shared their views regarding the management team. One person told us; "The Manager is alright, I can have a chat with him, [name] assistant manager, knows me inside and out, they're like friends and they have really helped me out." Another told us; "The managers are OK I can always go to them if I'm not happy."

When we spoke with staff regarding the management one staff member told us; "We have a very good manager who listens and takes things on board from the staff." Another told us, "We get a lot of support from both managers and we know we can get in touch with them at any time." And "I have had to raise some concerns with the manager and they have been dealt with right away."

Regular team meetings and management meetings were organised by the manager to communicate with team members and we could see from the minutes that these were well attended, recorded and valued by staff.

There were clear lines of accountability within the service and external management arrangements with the provider. Quality monitoring visits were also carried out by the provider and these visits included; staffing, health and safety, premises and facilities however these didn't pick up the lack of CQC Notifications

The service had also been regularly reviewed through external audits for example, the local authority. We saw that an action plan was in place to improve the service or put right any issues.

A quality assurance survey was going at the time of our inspection therefore the results were not available. Questionnaires were collected regularly to collect feedback from people who used the service, visiting professionals, staff and relatives. Relatives we spoke with confirmed they had been asked to complete one

and people told us that they had also been supported to complete one just prior to our inspection.

Policies, procedures and practice were regularly reviewed in light of changing legislation to inform good practice and provide advice. All records observed were kept secure and were maintained and used in accordance with the Data Protection Act.