

Southdown Housing Association Limited

Milchester House

Inspection report

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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

Milchester House is a supported living service providing personal care for people with learning disabilities or autistic spectrum disorder. Milchester House is a large converted house with four rooms and two flats on the upper floor. There is an office space and staff room for staff who sleep at the service overnight. At the time of the inspection five people were receiving support. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were leading full and busy lives. They were supported to make choices and to be as independent as possible. Risks were identified, assessed and managed. One person spoke about their experience of the service saying, "It's really helping me with my independence."

There were enough staff to care for people safely and people were receiving their medicines when they needed them. One relative told us, "There is always enough staff and they don't have many staff changes, that's how they get to know people so well."

Staff understood the importance of monitoring incidents and accidents and there were robust systems in place to safeguard people from abuse. Staff followed safe procedures for prevention and control of infection.

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's needs and choices were assessed and there were detailed and effective plans in place to guide staff in how to care for people. Staff has access to the training and support they needed, including for people's specific needs and health conditions. There were effective systems for communication both at the service, and with other agencies to ensure people received the care they needed. Staff were proactive in ensuring that people could access health care services and supported them to live healthier lives. One person had been supported with a successful planned weight-loss programme. Their relative told us, "The staff encouraged him to walk and be active for example using the gym, I'm very proud of him."

Staff knew people well and treated them with kindness, respect, and involved them in making decisions. People told us the staff were caring and supported them to be as independent as possible. One person said of the staff, "They respect my privacy and they are approachable and good to talk to."

People were receiving care that was personalised and responsive to their diverse needs. Care and support plans were comprehensive and reflected people's views, wishes and aspirations. Staff were responsive to

changes in needs. If people expressed a view about end of life care their wishes were recorded.

Staff communicated with people effectively and supported them to maintain contact with people who were important to them. People and relatives knew how to make complaints and were confident that their concerns would be listened to and acted upon.

There were effective systems in place to support the management and governance of the service. People, their relatives and staff were involved in developments and described good systems of communication at the service. Staff worked in partnership with other agencies and there was a positive, open culture that supported learning, including when things went wrong. People and their relatives spoke highly of the management of the service. One person told us about the registered manager saying, "She is simply the best, like Tina Turner."

Staff also spoke highly of the registered manager and the provider. One staff member told us, "It's a lovely place to work and everyone enjoys living and working here. There's a lovely feel to the place and everyone is happy and comfortable."

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

This service was registered with us on 25 November 2019. Previously this was one of many supported living sites that the provider had registered under one supported living location. The provider has now registered each site as a separate location.

Why we inspected

This was the first planned inspection for this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Milchester House

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 two inspectors.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 it was registered. The provider was not asked to complete 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a senior care worker, and three care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from harm. One person told us, "I feel safe living here, it's my home and it feels secure to me." Relatives also said they had confidence that people were kept safe.
- Staff understood their responsibilities for safeguarding people and described the procedures they followed if they suspected abuse or neglect. Records showed how staff had reported concerns promptly and followed local safeguarding procedures appropriately.
- We observed that people were comfortable with staff and had time to talk with them. People had plentiful opportunities to tell staff if they had concerns or were worried about anything. Weekly individual meetings with a staff member were recorded and showed open and supportive conversations where staff checked people's understanding.
- People were protected from potential risks of harassment or discrimination. Detailed risk assessments supported positive risk taking and included how people could keep themselves safe when out in the community.

Assessing risk, safety monitoring and management

- Risks to people were consistently assessed, monitored and managed to support them to stay safe.
- People were supported to make choices and to take positive risks that supported their independence as much as possible. For example, some people used local services and their risk assessment identified how staff could support them in a positive way, to protect their dignity and rights and to have a positive community presence.
- Some people had risks associated with specific health needs. Risks assessments were clear and detailed and provided staff with guidance on how to support people safely. For example, one person was identified as being at higher risks of falls due to a medical condition. A moving and handling assessment identified how staff could support the person and reduce risks including when using stairs.
- Environmental risk assessments identified risks associated with people's living environment. For example one person was able to have a shower independently but was at risk of scalding themselves, their risk assessment included an adaptation to the shower to prevent this and ensure they could maintain their independence safely.

Staffing and recruitment

- There were enough suitable staff to care for people safely.
- Staff told us staffing levels were consistently maintained. One staff member said, "The team is very flexible and pulled together during the COVID19 pandemic."
- The registered manager adjusted shift patterns to accommodate people's needs and activities. A staff

member explained how staff were included on the rota to ensure that people were able to go out when they wanted to. A relative told us, "There always seem to be enough staff."

- Systems for recruitment were safe and included appropriate checks and references to ensure people were supported by staff who were suitable to work with people.

Using medicines safely

- People were receiving their medicines safely and as prescribed.
- Staff were clear about their responsibilities in relation to medicines and records were consistent and accurate.
- We observed how staff supported people in a discreet and sensitive way. Some people were able to apply creams themselves and staff supported them to be as independent as possible.
- There were safe systems for ordering, storing and disposing of medicines. This meant that people had access to their prescribed medicines when they were needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living at the service in accordance with the current guidance.
- One person explained how staff had supported them to understand the need to take additional precautions during the COVID 19 pandemic. They told us, "I understand about washing hands and keeping space, and sanitizing hands. It's difficult for others to keep space. They've done well to disinfect and clean things. They encourage me to wash my hands when I come back from somewhere."

Learning lessons when things go wrong

- When incidents or accidents occurred, there were effective systems to facilitate investigations and learning.
- Staff understood the importance of recording and reporting incidents and accidents. One staff member told us, "We look for ways that we can learn from incidents and discuss if they could have been avoided. For example, we look for triggers or particular hazards that might have caused the incident."
- Records showed how incidents and accidents were monitored and actions that had been taken to reduce risks of further incidents. For example, some incidents were related to distressed behaviour and when patterns and trends were identified the person's support plan had been reviewed to reduce risks of repeated incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs and choices were assessed in a holistic and person-centred way.
- Assessments were comprehensive and considered people's diverse needs, their views and aspirations. Care and support plans reflected people's strengths and identified how they wanted to be supported. Plans were reviewed regularly to identify progress towards the outcomes that people wanted to achieve. One person told us how they wanted to improve their skills so they could move into their own flat and live independently. Their care plans reflected these aspirations.
- Staff used evidence-based guidance tools to help them assess people's needs. For example, a Malnutrition Universal Screening Tool (MUST) was used to assess risks of malnutrition and supports the development of care plans. A Disability Distress Assessment Tool (DisDat) was used to help staff identify when people who had communication needs were experiencing pain. This provided staff with clear guidance about patterns of behaviour that could identify when a person was experiencing pain.

Staff support: induction, training, skills and experience

- Staff were supported with the training and skills they needed for their roles.
- Staff told us they felt confident in supporting people. One staff member said, "I have completed a lot of training since I started, and I do feel it has been useful."
- Training was relevant to the needs of people. One staff member said they supported someone who had epilepsy and they had received training in epilepsy which helped them to better understand their needs.
- Staff told us they were well supported and received regular supervision to help them develop their skills. One staff member told us, "We get well supported, when someone developed dementia, we were able to get help and we asked for training, it was provided straight away."
- A relative told us they had confidence in the skills and knowledge of the staff. They told us, "They are all very good and they understand the needs of people with autism."

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

- People were supported to have enough to eat and drink and were encouraged to make healthy food choices.
- Staff spent time with people to plan their menu choices and supported them to shop for, and cook, their own meals. One relative told us how their relation was supported saying, "They can cook with help and they are interested. Staff encourage them to be independent as much as possible."
- Staff understood how to monitor and manage risks associated with nutrition and hydration. A staff member explained how a referral had been made to a Speech and Language Therapist (SaLT) previously and staff had supported the person with a modified diet. Another staff member described how one person

was encouraged to choose more healthy food options as their weight was a concern. A strategy of educational support was put in place and the person engaged well with this approach and was pleased with the weight loss they achieved.

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

- People were supported to access the health care services they needed. Staff worked effectively across organisations to ensure people's care was appropriate for their needs.
- People had regular health care checks and individual health care plans. Hospital passports were in place to provide up to date information about people's needs. This meant that information was available for hospital staff about people's individual needs including for example, their communication needs.
- Staff knew people well and recognised changes in people's needs. One staff member described how a lump had been noticed when supporting someone to apply sun cream. They explained how they had made an appointment with the GP to get this checked straight away. Another staff member said, "We work with people closely, so we notice even small changes."
- Staff worked closely with other agencies to ensure smooth transitions when people came to, or left, the service. One staff member described a lengthy process that involved people, their relatives and other professionals. This ensured people were given the information, support and time they needed to make decisions about their support options.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Consent was sought from people in line with the MCA.
- We observed how staff checked with people and asked their opinion before providing support. Staff supported people to make decisions themselves by suggesting options, providing explanations and giving people time to make their own decision.
- Mental capacity assessments were in place for people who lacked capacity to make specific decisions. Where appropriate, decisions that were made in people's best interests had been recorded.
- Staff demonstrated a clear understanding of their responsibilities with regard to the MCA. One staff member said, "It's about ensuring that people can make their own decisions as much as possible, even if it's not sensible, if they can understand the pro's and con's they have a right to decide for themselves." Another staff member said, "We assume people have capacity unless there is a reason to think otherwise, then we would seek advice and do a capacity assessment."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were consistently encouraged to express their views and to make decisions for themselves.
- Staff were focussed on supporting people to make their own decisions. One staff member said, "I love the concept of supported living because it's about empowering people."
- A relative told us staff used Makaton sign language to support their relation. They explained how this helped them to be able to express themselves. We observed staff using Makaton signs with people throughout the inspection.
- People were involved in developing their care and support plans and encouraged to direct their own timetables as much as possible. A staff member explained that people would meet with their key worker once a week to decide what they wanted to do.
- Records showed how people were able to hold their own meetings and recorded decisions they made in the format of their choice, including drawing pictures about what was discussed.

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

- People were treated with kindness and respect.
- People told us they liked living at Milchester House and spoke positively about the staff. One person said, "They (staff) are really helpful and give me support. They are there if I need them. I feel I could go and talk to them about anything."
- Relatives spoke highly of the staff and the support people received. One relative said, "The staff are amazing." They described their relation as being, "The happiest they have ever been." Another relative told us staff gave people, "The best possible life experiences," and said, "I am full of praise for what they do."
- Staff spoke about the people they supported with empathy and respect. One staff member said, "I love seeing people develop their confidence and leading full and active lives."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported their dignity and independence.
- People had developed positive relationships with staff, who knew them well. One person told us, "They (staff) are nice and kind. They respect my privacy and they are approachable and good to talk to."
- Staff understood the importance of maintaining confidentiality and people's personal information was stored securely. One staff member explained how confidentiality was maintained with discreet verbal communication between staff.
- Staff were focussed on supporting people to be as independent as possible. One staff member said, "People need support in certain areas but it's about them living the life they want to live."

- People were supported to have choice and control in their lives. Support plans reflected people's needs and wishes and focussed on developing their independence. One person told us how staff were making a difference saying, "It's really helping me with my independence. Helping me in the kitchen, going out places."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were receiving a personalised service that was responsive to their needs and preferences.
- People were actively involved in developing their care and support plans. Relatives told us they had also been included in the care planning process. One relative told us, "My views were considered and included."
- People told us how they liked to spend their time and what was important to them. We noted that their views were reflected within their care and support plans. For example, one person said, "They (staff) help me do housework and I go places with them. I volunteer at a Charity shop each week. I go by bus and they helped me with this."
- Staff worked in a flexible way to respond to people's needs and preferences. For example, one person had enjoyed attending an art class but decided they no longer wished to go to the college. Staff were able to support their choice and offered an alternative art class that they could attend locally. They also provided opportunities for them to pursue their art at home.
- Staff demonstrated a good understanding of people and were responsive to changes in their needs. One staff member described how small indications had been noticed when a person developed dementia. They explained how staff adapted their approach to ensure the person's needs were met.

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.

- Staff communicated with people in ways they preferred. Some people used Makaton sign language and we observed staff interacting with them. There were pictorial signs and guidance throughout the service and easy read documents to support people with information including about COVID 19.
- Some people were using pictorial planners so they knew when they would be doing activities and we observed staff providing reassurance to one person when discussing their planner and ensuring they understood about a future event that was planned.

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

- We observed people taking part in activities and interests that were meaningful to them. One person told us, "We do a lot of fun things here, fitness in the garden and games like basketball."
- Care and support plans were detailed and supported the holistic, person centred approach adopted by the staff. For example, one person expressed a wish to improve their reading and writing skills. Staff

researched how best to support them and found a university- based programme for people with learning disabilities. The person was able to join the programme and staff supported them with the study programme. A staff member said, "Our job is to help them do what they want to do with their lives."

- People were encouraged to use local community facilities and some people who wanted to work were supported with employment opportunities.
- Staff supported people to maintain contact with people who were important to them. Some people were able to use technology such as Skype themselves to connect with family and friends as independently as possible. Where people needed more support, staff provided this.
- One person had lost contact with an old friend and staff supported them to get back in touch and meet up again.
- A relative told us how staff had maintained contact and supported their relation to visit them. They said, "We have a lot of phone calls and we talk a lot. The staff have been an amazing support for me, they have brought him over to see me when I wasn't able to drive."

Improving care quality in response to complaints or concerns

- The provider had a complaints process and relatives told us they would know how to raise any concerns if they needed to. One relative told us how they had made suggestions about avoiding noise and conflict as it could be upsetting for their relation. They described how staff had reacted positively saying, " I don't need to make complaints, I can just talk to the staff or the manager and they take on board what I am saying."

End of life care and support

- The registered manager described how people's wishes for care at the end of life had been discussed but people and their relatives had not always been ready or willing to engage in these discussions. They explained that they would continue to look for ways to address this with people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The leadership and culture supported person-centred care and good outcomes for people.
- People, their relatives and staff were consistent in their praise for the way the service was managed. People spoke warmly about the registered manager. One person told us, "She's really good. Always good to talk to and a good laugh. She's very helpful."
- One relative said, "The manager is the best ever, really cares about people and takes an interest in them and their family." Another relative told us their opinion of the registered manager was "Very high."
- Our observations were that people were leading full and active lives. There was an open and positive culture and people appeared relaxed and comfortable in the company of staff and each other. One person told us their view on living at Milchester House and the service, saying, "It's nice, as a young man, it's important as it's my life and my home here."
- Staff spoke with pride about their work and described how they supported the values of the service to provide people with personalised support, to empower people and support their diverse needs. One staff member told us, "We are supporting people to live as independently as possible, helping them to gain new skills. I love the job, it's about empowering people and giving them the best way forward."
- Records showed how staff were focussed on ensuring people maintained a good quality of life. For example, when one person's medicine was changed, staff noticed they had become more subdued and engaged less with people and staff. This was discussed with health colleagues who agreed to try a reduced dose of medicine. Staff undertook increased monitoring activity to track the impact of the change in medicine and noted positive improvements in the person's well-being.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- There were clear and effective governance arrangements. Staff understood their roles and responsibilities and the registered manager understood and met their legal responsibilities including the duty of candour.
- Management systems were effective in identifying shortfalls in the quality of the service and driving improvements. For example, a monthly check list was completed to monitor staff compliance with infection control procedures. Where potential risks were identified appropriate actions had been taken and the improvements were noted in the next audit.
- Accidents and incidents were monitored and analysed to identify triggers, patterns and trends.

- Staff spoke positively about their roles and described receiving regular feedback about their performance. One staff member said, "We get regular supervision and an annual review. We do get a lot of recognition from the manager for what we do."
- The culture of the service supported learning. Staff had access to training and information to support their practice and records confirmed that.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were consistently involved and engaged.
- People were involved with developments at the service. For example, money was made available to refurbish the summer house in the garden. People were engaged in the project and selected the paint and decorative items like chimes and lights. One person told us, "I do gardening and have been doing some painting of the summer house. It needs another coat. they are helping me to do that."
- Staff told us they were encouraged to give their views about how the service could be developed. One staff member said, "The manager is open to suggestions, they rely of the views of staff to influence developments. We all support this approach." Another staff member described how the provider engaged with staff saying, "This employer has really shone in the last year because they have kept the staff and clients protected and informed and made us feel safe and valued. They are a great company to work for."

Working in partnership with others

- Staff worked in partnership with other agencies.
- Staff gave numerous examples of how they worked collaboratively with other services to support people's needs. Records confirmed a proactive approach to partnership working. Health action plans showed referrals had been made to health and social care professionals including Speech and Language Therapists, psychologists, community learning disability team and behaviour support team. Care and support plans included advice from other professionals and records showed how information was shared appropriately to promote understanding of people's individual needs.
- One staff member gave an example of good collaboration with other agencies and family members when supporting a new person to move to the service. They told us how effective planning and communication with all involved was essential in assessing whether the service was a "good fit" for the person and for ensuring a smooth transition.