

Milewood Health Care Limited

Redfern

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 

Overall summary

We inspected Redfern over 2 days on 14 October 2014 and 21 October 2014. The first day was unannounced which meant the provider and staff did not know we were visiting. We last inspected Redfern on 6 December 2013 and found the service was not in breach of any regulations at that time.

The service provides accommodation for up to seven people who live with a learning disability. Care is provided in single occupancy rooms.

There is a manager in post who is registered with CQC. 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.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The manager had the appropriate knowledge to know when an application should be made and how to submit one. This meant people were safeguarded. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were encouraged to live fulfilling lives and it was clear from our observations that staff had developed

Summary of findings

good relationships with people. People were involved in daily living tasks within the service. We saw kind and supportive interactions and people were offered choices, encouraged to make decisions and had their dignity and privacy respected.

Good arrangements were in place to ensure people's health care and nutritional needs were met. At the time of the inspection no one living at Redfern were nutritionally at risk, however staff had systems in place to monitor this. People told us they were satisfied with the meal choices and quality.

People had their needs assessed before moving into the service and comprehensive transitional arrangements were in place. Staff had training appropriate to their job role that was regularly updated.

People had opportunities to be involved in a range of activities, which were influenced by their hobbies, interests and lifestyle preferences and associated risks.

People were provided with information about concerns and complaints. There was an open and inclusive culture and people had their views listened to.

Effective management arrangements were in place and people living at the service and staff could express their views about the service and were listened to. Quality assurance systems and audits were completed and there were systems for continual development and improvement.

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.

Staff had received training in respect of abuse and were clear about the action to take should they need to. Individual risks had been assessed and identified as part of the support and care planning process, which allowed for people to take informed risks.

Safe recruitment procedures were in place, which ensured that only staff who were suitable to work in the service were employed. There were enough staff to meet the needs of the people living at the service.

Effective systems were in place for the safe handling, storage and administration of medication.

Good



Is the service effective?

The service was effective.

Staff received training appropriate to support them in their job role and included mandatory as well as client specific training. Staff were regularly updated and refreshed with their training.

The manager and staff had a good understanding of the Mental Capacity Act and Deprivations of Liberties (DoLS) and they understood their responsibilities to ensure people were not deprived of their liberty.

People's nutritional needs were assessed and met. People were involved in menu planning, had a choice of meals and involved in meal preparation. People had regular access to a range of healthcare professionals as need dictated, such as GP's and consultant psychiatrist appointments.

Good



Is the service caring?

The service was caring.

Staff were kind and friendly and had developed good supportive relationships with people.

People's independence was promoted and their privacy and dignity respected. People's lifestyle preferences, likes and dislikes were recorded in their care records and we saw that staff followed people's choices.

Good



Is the service responsive?

The service was responsive to people's needs.

There were systems to assess what people's needs were and how the service could meet these. This included ensuring staff had the appropriate skills to meet individual needs and that any changes were identified and accommodated.

People were taking part in activities that were tailored to their individual needs.

Information on how to make complaints was available for people with guidance about the steps involved and what to do if they were dissatisfied with the outcome.

Good



Summary of findings

Is the service well-led?

The service was well-led

There was a manager in post who was registered with CQC.

There were systems in place to seek the views of people who used the service and staff, along with systems for monitoring the quality of the service

Accidents and incidents were monitored by the manager and the organisation, which ensured that trends were identified and action taken.

Good



Redfern

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.

The inspection visit took place over two inspection days, with the first day being unannounced. The first inspection visit took place on the 14 October 2014. The second inspection visit took place on 21 October 2014. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all of the information we held about the service including statutory notifications we had received from the service. As part of the inspection process

we also reviewed information received from the local authority who commissioned the service. We spoke with one of the commissioning team about the service. We also spoke with Healthwatch.

Throughout both of the inspection visits we spent time observing the interaction between people who lived at the service and staff. We also spent time looking around areas of the service including people's bedrooms (with their permission) and communal areas.

At the time of the visit, there were six people living at the service. During the visit, we spoke with five of the six people who lived at the service. We also spoke with the manager, senior support worker and three support staff. We also spoke with two health and social care professionals who were involved with people who lived at the service.

We looked at a range of records, which included the care support plans of two people who lived at the service, both of who had different needs. We also looked at staff records for three members of staff and records relating to the management of the service.

Is the service safe?

Our findings

People who lived at the service told us they were well supported by staff and felt safe living in the service. One person said, “Yes, I feel safe here, this is due to having other people around and staff to support you.”

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. We looked at training information which showed that staff had completed training in regard to these topics. Training records showed they had received safeguarding training which was regularly updated. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe. People we spoke with had an understanding of abuse and confirmed that there had been nothing to cause them concern in this area.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. This included fire, first aid and health and safety training, which we saw was regularly updated. One person who lived at the service told us they were fully aware of the action they needed to take in the event that the fire alarm sounded. They said, “If the fire is at the back of the house you go out the front door and cross the road.” Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. They gave examples of steps to take in the event of the fire alarm sounding or if a person had a collapse. All staff we spoke with confirmed they were up to date with Cardio Pulmonary Resuscitation.

We looked at the support plans for two people who lived at the service. We saw a range of risk assessments had been completed. These included generic risk assessments for risks associated with daily living skill such as the use of the cooker and washing machine as well as more specific risk assessments around people’s behaviour or daily living skills. We saw within the records looked at that people were able to take assessed and informed risks, which enhanced their personal development, independence and confidence. One person we spoke with said, “I haven’t half come on since living here, I am really proud of myself.” They

explained how they had developed skills such as cooking, doing their own washing, going out in the community independently and how this would support their eventual move from the service to more independent living.

We spoke with staff about the recruitment procedures that had been carried out and looked at recruitment records for three staff. One for a recently appointed member of staff, one who had worked at the service for two years and another for someone who was a longstanding member of staff. This was to check that the recruitment procedures were effective and safe. Staff we spoke with told us there were good recruitment systems in place within the service. This was confirmed from the recruitment records of the three members of staff we looked at. We found all staff went through a comprehensive recruitment process. This involved completed application forms and interviews and a Disclosure and Barring Scheme (DBS) check before starting work. Staff we spoke with said as part of the interview process people living at the service were consulted about the prospective employee, for their view regarding their suitability. From the staff records we looked at we saw evidence of disciplinary action being taken where this was necessary. We saw that people were safe and protected as a result of effective recruitment and human resource systems.

Throughout the inspection we observed the interactions between staff and people who lived at the home. We saw staff were available to support people living at the service to go about their daily activities, whether that be within the service or in the community. A senior support worker told us there were three support workers on duty during the day, one of whom would be a senior. We saw this level of staff cover during both of our inspection visits and the duty rota also reflected this.

Staff told us there were sufficient staff to support people and to meet their individual needs. One member of staff said, “There is always sufficient staff to support people, we staff around the needs of the clients.” “Staffing is flexible and adjusted according to need.” They also confirmed that within the staff team there was also a good male and female gender mix both during the day and at night.

People we spoke with also told us there was enough staff available to provide them with the care and support they

Is the service safe?

needed. Comments included, “Definitely enough staff and they give me the support I need.” “I am well cared for and well supported,” and “Always staff available to talk to and I get a lot of support from the staff.”

Staff we spoke with told us they had completed medication training, which was updated on an annual basis. We saw evidence of this in the training records we looked at and from the training matrix provided by the manager. One member of staff confirmed there was also a member of staff on duty who had been trained to administer medication. A senior support worker we spoke with told us it was their specific role for the management of the medication system within the service.

We observed staff supporting people to safely take their medication. This was done in accordance with safe medication administration practice and was a two staff procedure. We saw that one person who lived at the service was being supported to be able to manage their own medication. We saw that a risk assessment was in place for this which was reviewed and updated on a regular basis.

We observed this person administering and taking their own medication. They told us they were fully aware of all the medication they were taking and what each of the tablets was for.

We discussed the ordering, receipt and storage of medication with one of the senior support workers who was responsible for this specific role. On the second inspection day the monthly supply of medication had been delivered and we observed the systems for checking the medication in, which was a thorough and safe process

The service was clean, homely and well maintained. The manager had effective systems in place for continually monitoring the safety of the premise. These included checks in relation to the fire alarm system, hot water system and monthly disinfection of the shower heads. We looked at a sample of service and maintenance certificates; this included the gas landlord certificate, periodic electrical installations and the fire extinguisher certificate. We found that all of these were up to date. The manager also had in place systems for the ongoing redecoration and refurbishment of the service. Plans included the rear yard being upgraded as well as making improvements to the front garden.

Is the service effective?

Our findings

People had their needs fully assessed before they moved into the service and there were detailed transitional arrangements in place. For one person we saw that this process lasted several months and included a range of visits to the service at different times and for different lengths of time. All of these visits were recorded within the person's care and support file. We saw that people were consulted about moving into the service. This ensured that the service was able to meet the needs of people they had admitted to the service. One person we spoke with said prior to moving to the service, "A massive meeting took place and I had a number of pre-arranged visits."

All staff had an initial induction when they commenced employment with the service, which we saw in the recruitment records we looked at. We saw this included working a full week under supervision. We also saw staff completed mandatory training as well as client specific training. Mandatory training included topics such as, moving and handling, safeguarding of vulnerable adults, emergency aid and food hygiene. The PIR detailed that the provider had appointed a training co-ordinator. The manager spoke positively about this role and the benefits that it had brought. The staff we spoke with told us that as a staff team there was a good range of knowledge, skill and experience to effectively meet people's needs. They told us about the training they had completed, which was regularly reviewed and updated. We looked at training information and found staff had completed training relevant to their job roles.

Staff we spoke with told us they had received appraisal and supervision. We saw evidence of this within the three staff recruitment records we looked at, with all three staff having received monthly supervision and annual appraisal. We also saw a system in place for dealing with 'low level' concerns which were documented on a 'discussion form' and was followed up by some mentoring for the area of concern. This meant the manager had good systems in place for the ongoing performance monitoring of the staff team, ensuring they worked safely.

Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests and the least

restrictive option is taken. The manager and staff told us they had received training in respect of MCA and DoLS. The training records confirmed this and staff told us they knew the process to follow should there be a need. At the time of the inspection no one who lived at the service was being deprived of their liberties and all had capacity. We did however see that there were some restrictions in place around people's daily life activities. These were all detailed within people's support plans, had been agreed to by the individual people and had been regularly reviewed and amended. One person we spoke with told us clearly what restrictions were in place for them, confirmed that there were agreed protocols in place which were reviewed by the staff at the service as well as during their Care Programme Approach (CPA) meetings.

Staff had opportunities to attend meetings and they told us they could express their views and were listened to.

People we spoke with said they had a keyworker. A keyworker is a person who takes a lead role with the person to work with them to ensure they receive individualised care. They confirmed they had chosen their keyworker. One person said, "I chose my keyworker and co-keyworker and I am very fond of them." Staff said they had regular opportunities to spend time with people who lived at the service on an individual basis to check that they were happy with the care and support provided and to make changes to people's support plans if needed. We looked at the records of the 'keyworker' (service user review records) meetings and saw there had been consultation and discussion about people's hobbies and links with family. One person wanted to see more of their family and we saw that arrangement had been made for this to happen. The person told us, "The staff now take me to see my sister."

We spent time in the lounge and dining area observing the interactions between people living at the service and the staff. There was a very calm, relaxed atmosphere in these areas. Staff were available and there was warm and friendly interactions and laughter.

We spoke with people who lived at the service about their meals and menu planning. They told us they were consulted about the weekly menu and were involved in deciding what meals they were to have. One person said, "We have input into the menu, there are three choices and the meals are nice." Another person said, "The meals are lovely, I am always asked what I want and have done my own breakfast this morning." People confirmed they had

Is the service effective?

open access to the kitchen to make drinks and snacks. We looked at the menu and saw the main meal was served at tea-time. We saw there were three choices on the menu, one of which was a vegetarian option. On the first inspection day one person was going out for the day, there was however discussion with them about their preference for their evening meal, which they chose from the menu.

We spoke with staff about the menu. They told us there is a weekly menu, which was discussed at the meeting, where everyone was consulted about preferences and choice.

Staff we spoke with discussed how they monitored people's nutrition and what they would do if there were any concerns. They confirmed that no one who lived at the service was nutritionally at risk. They said one person had decided to try to lose some weight, which they were supporting them with. The person told us, "I have lost 2lbs recently; I have cut out sugar and am now using sweeteners." They confirmed there was always fresh fruit available which we saw in the dining room.

Within the support plans of two people we looked at there was a health section and we saw people had their weight monitored and saw that these were regularly reviewed and up to date. We saw that for one person who wanted to lose weight this had been discussed with their GP with a view to involving a dietician for more support with healthy eating. We saw that weighing scales were available within the service, including sit on scales for less mobile people.

People told us they had their health needs attended to. One person we spoke with confirmed they had routine health checks such as, eye tests, dental checks and health

checks associated with gender which included mammograms (breast screening). Staff we spoke with told us that people who lived at the service had annual health checks and accessed all of the health care provision they needed. This was demonstrated through the two care records we looked at, where their health records clearly detailed the involvement of other health professionals. These included, district nurses, chiropodist, dentists and optician involvement. We also saw that people were offered vaccinations, such as flu vaccination and also had annual medicines reviews. We also saw that multi-disciplinary meetings had taken place which included the involvement of people's psychiatrist and other relevant professionals. We saw that people had a record of information should they need to go to hospital, these are often referred to as 'hospital passports'. A hospital passport is a document to support the care of adults with learning disabilities when going to hospital. This information helps agencies to work in partnership with people when using hospital services. The manager confirmed that the existing records were in need of updating and was in discussion with other health care professionals about a more detailed format to use.

On the second inspection day one of the people using the service was coughing. The manager had discussion with the person about whether they wanted to see their GP. They agreed and an appointment was made for them.

We saw there was a display board in the entrance of the service which detailed information about advocacy. This was easy read information which was accessible to people who lived at the service.

Is the service caring?

Our findings

People we spoke with told us they received care and support appropriate to their needs. One person we spoke with said, “The staff know me well and I get the support I need.” Another said, “I have never been as well looked after as I am now and I wouldn’t want to be anywhere else.” A further person said, “I get a lot of support from staff and I am working toward more independent living.”

All people we spoke with said they had been involved in discussion about their assessments and support plans, which we saw in the support plans we looked at. People spoke of the value of the relationship they had with their keyworkers and said they found the meetings they had with their keyworkers to be very valuable. One person said, “I have regular meetings with my keyworker, they go through my support plan with me.”

We looked at the support plans for two people who used the service and saw they had been actively involved in the development of their plans. We saw detailed assessments had been completed that covered a range of needs. These covered 14 areas of needs including daily living skills, communication, personal relationships, health and information about behaviour that could challenge the service. We found the support plans to be very much about the individual and clearly outlined their needs, goals and aspirations. One person we spoke with told us of the progress they had made since living at the service and what their plans were for the future. They were however very realistic about this and said that it was a planned process for them.

One health and social care professional we spoke with confirmed that the person they were involved with received

appropriate care and support within the service. They confirmed that the person was involved in decisions about their life and their support plan was amended to support this.

We saw that informative monthly evaluations had also taken place, and there was clear evidence of the progress people were making in developing their daily living skills and increasing their confidence in these areas. We also looked at daily records about the care provided to people. These had been completed three times per day and contained a good level of information about how people had been, how they had spent their day and how they had been supported.

We saw that staff communicated well with people and throughout the inspection we saw people being asked about how they wanted to spend their day or what they already had planned for the day. Some people were attended college and they were supported to do this with the staff taking them in the service’s own transport.

One person we spoke with took a great deal of pride in showing us their bedroom and had been involved in choosing their wall paper before they moved into the service. We saw staff knock on people’s bedrooms doors and waiting for a response before going in, people we spoke with confirmed this always happened. People confirmed they were treated with dignity and respect. Comments included, “They are discreet when helping me.” They also confirmed that the staff that provided personal support was always of the appropriate gender. Staff also said there was a good gender mix within the staff team and female staff were always available to support female ‘residents’ with personal care needs.

Is the service responsive?

Our findings

We saw that people received care that was responsive to their needs. There was evidence to show that these had been completed with the person's consent and with their involvement. People's support plans were personalised and contained a very good level of information about each individual.

People we spoke with told us they made their own day to day decisions and took control over their lives. People told us, "I am able to make my own decision and staff support me with this," and "I am able to do things like go out for lunch or to the cinema. I am starting college soon to do ICT and develop more lifestyle skills." "I like cooking and I help the staff with tea. I have made chicken kiev and homemade curry." Another person said, "I am not stopped from doing anything I want to do."

One person was going out for the day; they discussed this with staff and said they were going to get the train to Goathland. Staff ensured there person had their mobile phone that was fully charged and made arrangements for them to contact the service. They also had access to their money and decided how much they wanted to take with them.

People told us they went on holidays, which they chose. One person told us they had recently returned from Benidorm, which they really enjoyed. They showed us some photographs from their holiday. Another person told us they were looking forward to going to Blackpool.

One of the people we spoke with also talked about the cruises they had been on and was hopefully going to go on a further cruise next year.

We spoke with the manager about holidays people went on, which were of their choice. The manager said they used a specialist holiday company for people who want to holiday abroad, where this is necessary, particularly if they have any specialist needs. For example, one person who had mobility needs. This ensured that the correct support and appropriate equipment was available for the person.

We saw people lived a flexible life depending on their daily activities. On both inspection days we saw people were able to have a lie in, whilst other people were up and about and getting ready to go to college or to go out with staff to do the house shopping. We saw that some people have

allocated one to one time and they decided how they wanted to spend this time. One person said they liked to go to the gym or the cinema while another told us they liked to go on train journeys.

People and staff we spoke with said that the service aimed to promote independence for people who used it, with the vision for people to move on to more independent living.

People's support plans we looked at were person-centred (aimed to see people as an individual with unique qualities, abilities, interests, preferences and needs). They clearly detailed people's lifestyle preferences, likes and dislikes. People had their care and support needs fully assessed, with their involvement. Where needs had been identified, specific support plans were in place. These included plans in relations to behaviours that could challenge the service and plans relating to people's daily living skills. We saw where there were changes the support plans were updated to reflect this. This ensured staff had the most up to date information to provide people with the care and support they needed. We did note that where significant changes had been identified there was the need to fully develop a new plan rather amend the existing one. The manager took immediate steps to address this.

We spoke with staff about the people they provided care and support to. Staff had a very good understanding of these people and were well able to describe the care and support they provided to people. Staff we spoke with confirmed they did not use and form of restraint within the service, although they had completed relevant training, should they need to. They said the people they supported could display some behaviour that challenged the service; however they were skilled in observing people, noting changes in mood and through their non-verbal communication. Staff said as a result of this they were able to use positive techniques with people through talking and diversional actions.

We spoke with staff about complaints. They were fully aware of the complaints procedure. We looked at the register of complaints and saw there had been two complaints recorded since the last inspection. We saw these had been fully recorded, investigated and responded to. We also saw within the entrance to the service that people had access to information in respect of complaints and advocacy. People we spoke with told us they had no worries or concerns about the care and support they received or about anything else within the service. They

Is the service responsive?

said they knew what to do in the event they had concerns or wanted to make a complaint. One person we spoke with said, "If I had any worries or concerns I would raise with my keyworker or Leah (the registered manager). "I have raised issues in the past with Chris or Mike (directors), they always ask how I am when they visit."

One health and social care professional we spoke with said whenever they have had to raise minor concerns these had always been dealt with appropriately.

The organisation has implemented a monthly 'clients' forum, where people from all of Milewood Healthcare Limited service meet. This allowed for people from different services to share their views and also to arrange social events for people within the whole organisation. Events included an annual football event and BBQ.

Is the service well-led?

Our findings

A registered manager was in post for the service, who also manages a further service a few doors away. The manager was supported by a senior management team who provided on-going additional management support to the service. On the second inspection day one of the directors visited the service and was available during the inspection feedback session.

People told us they thought the service was good and passed many positive comments about how the service was managed. The people we spoke with said, "I like the manager, when she started here we were really pleased. She is a good manager, you can talk to her and also have a good laugh." "The manager has made a difference; the whole house had changed since she has been here. She makes sure everyone gets the best care and attention and she is very fair."

Staff we spoke with told us they thought the service was well-led, that the management team was approachable and that they could express their views. One member of staff said, "It is a well managed service, if I thought something was wrong or had any concerns I would raise it. I am confident that I would be listened to and responded to properly." Another said, "The leadership and management are brilliant. They are always there for you including the senior managers." "There is an open door policy and everyone is approachable."

When asked what the service did well, one member of staff said, "Promote independence, anything that people want they get and we try to give them the best life possible for them."

Staff had received whistleblowing training and had a good understanding of the procedure to follow should they have any concerns.

We saw systems in place to monitor and review the quality of service being delivered. We saw that audits had been

completed. These included regular health and safety audits and also a monthly provider visits where they undertook a detailed audit of the service. These audits included engaging with people who live at the service to seek their views, reviewing support plans, complaints and health and safety. We saw where deficits had been identified that actions plans were in place, which detailed target date for the actions to be completed and the responsible staff member.

People we spoke with told us of the visits completed by senior manager or the directors and they were very positive about the relationships they had with them. They all said they were able to speak with them and would have no issues about raising any issues or concerns. We saw that people had access to the services statement of purpose, 'service users' charted and philosophy of care. This gave people information about the service and organisation and what their aims and objectives were.

There were systems in place to monitor accidents and incidents within the service to check for trends or patterns. We saw where individual risks had been identified the manager had liaised with other professionals, such as occupational therapists, physiotherapists or the behaviour team.

There were internal systems in place to obtain the views of people who used the service as well as staff, with regular meetings taking place. In addition, the organisation also sought views through a 'service user' questionnaire and staff questionnaire. We saw these had last been completed in February 2014 and summary reports were available within the service. We could however not see that actions plans had been developed for areas that people thought required improvement. We were however satisfied those actions had been taken as we saw examples of this during the inspection, for example with the redevelopment of the yard and front garden and the possible improvement to the laundry.