

Active Pathways Supported Living Ltd

Millcroft House

Inspection report

Moresdale Lane
Seacroft
Leeds
LS14 6TJ

Website: www.active-pathways.com/

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15 June 2022

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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

Millcroft House is a brand-new, purpose-built residential rehabilitation service located in Seacroft, Leeds. It can support up to 10 adult males with mental health needs who have been identified as suitable for this level of shared care, or who may have experienced a breakdown in their existing placement. At the time of the inspection there were eight people using the service.

The accommodation is spread over two floors. There are four self-contained apartments, a further six en-suite bedrooms and several large communal rooms. The service has the benefit of a large enclosed garden area and is situated close to local amenities.

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

People told us they felt safe living at Millcroft House. The relative we spoke with told us, "I can't praise the place enough." People were supported by a range of staff, including occupational therapists and psychologists, who worked with them to help them on their road to recovery and to regain their independence. The necessary employment checks had been completed, to ensure staff were suitable to work with vulnerable people. The building was clean and well-maintained and staff followed correct infection control procedures, including wearing personal protective equipment (PPE) correctly. Medicines were managed safely.

People's needs were assessed before they started using the service and the information was used to inform person-centred risk assessments and care plans. The service used the 'Recovery Star' to help people using the service set goals and measure their progress to recovery. The Recovery Star is designed for adults managing their mental health and recovering from mental illness. 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. Staff had completed a range of training, and all staff received regular supervision from the management team.

The service was well managed. A new manager had recently joined the service and they were being supported by the Assistant Director and Quality Assurance Manager. We saw evidence that the management team had made changes in a number of areas and staff spoke positively about these improvements. Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly. Accidents, incidents and complaints were investigated and responded to appropriately.

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

Rating at last inspection

This service was registered with us on 19 October 2020. This is its first inspection.

Why we inspected

This was a planned inspection based on the date of registration in order to provide a rating for the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Millcroft 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Millcroft House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Millcroft House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection a new manager had recently been appointed. They were in the process of registering with the CQC.

Notice of inspection

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

Inspection activity started on 15 June 2022 and ended on 22 June 2022. We visited the location's service on 15 June 2022.

What we did before the inspection

We reviewed information we had received from the local authority following their own visits to the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with the cook, a senior support worker, a support worker, two occupational therapists, the new manager and the provider's assistant director.

We reviewed a range of records. This included four people's care and medicines records and two staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection. These included audits, health and safety checks and minutes of meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found following our site visit.

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 of 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 told us they felt safe living at Millcroft House.
- Staff had completed training in safeguarding adults and knew how to recognise signs of abuse and report their concerns.
- Safeguarding information for residents and staff was displayed and easily visible. This included what to do if people had any safeguarding worries.
- There was a system in place to document, report and learn from safeguarding incidents. This included reporting to local authority safeguarding teams and the CQC.

Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people's safety and well-being. Care records included a range of risk assessments which identified potential risks and how these should be managed.
- The service held a weekly clinical risk meeting where people's individual risk assessments were discussed and evaluated.
- The service had environmental risk assessments for the building and equipment, which were regularly reviewed. For example, there was a current risk assessment in place for the use and storage of sharp knives in the kitchen, due to a potential risk of harm.
- People had evacuation plans in their care records which described how staff should help them in the event of an emergency.
- Regular checks of the premises and equipment had been completed.

Staffing and recruitment

- The provider had a well-organised recruitment process. Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough suitably qualified staff working at the service to support the current occupants. The staff team included occupational therapists and an assistant psychologist.

Using medicines safely

- Medicine training and competency assessments had been completed by staff who administered medicines.
- Medicines documentation was in place and had been completed correctly.
- Where people were assessed as capable of managing their own medicines, there was a process to ensure

this was done safely. This was regularly reviewed and checked by staff.

- Medicines were stored correctly.

Preventing and controlling infection

- Infection control was well managed and the service was clean and well-maintained.
- Personal protective equipment (PPE) was available throughout the building and was worn correctly by staff.
- There was a COVID-19 screening process in place at the entrance for visitors to follow.
- The service carried out COVID-19 testing of staff in line with current government guidance.

Learning lessons when things go wrong

- There was a system in place to analyse information from incidents, accidents and complaints so that any trends could be established. Lessons learned from these events were shared with the team to prevent recurrence.

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

- A full assessment was carried out prior to a person being taken on by the service. This ensured staff were able to meet their care and support needs.
- Assessments we looked at were detailed, and contained information about people's physical, emotional, mental health and communication needs. Care plans and risk assessments had been devised using this information and were regularly reviewed to ensure they were up to date and showed people's progress towards recovery.

Staff support: induction, training, skills and experience

- New staff completed an induction programme and probationary period.
- Staff completed a range of training courses, both on-line and face-to-face. We noticed some gaps in the training matrix which showed some staff had not completed required courses. The manager had taken steps to ensure this shortfall was rectified.
- Staff received regular supervision and support from senior staff.

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

- People were supported to eat a balanced diet. Meals were either cooked by staff, or people were helped to shop for and cook their own meals if they were capable.
- Where people required a special diet, for example kosher, these were provided.
- Jugs of juice and fresh fruit were provided for people to help themselves to.

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

- People received support to stay well and access medical services when required.
- Staff monitored, identified and recorded changes in people's health and made appropriate referrals to health professionals.
- Care records showed a range of health and social care professionals were involved in people's care and any advice given was acted upon.

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

- The purpose-built building was well designed and enabled people to have as much independence and personal freedom as possible. It included four self-contained apartments with kitchenettes and bathrooms and six bedrooms with en-suite shower rooms.

- There were several spacious communal areas, including a dining room, living room and visitors room.
- A large, well-maintained garden with lawned areas, BBQ, picnic benches and a smoking shelter provided a pleasant outdoor environment.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service followed the principles of the MCA. People were asked for their consent before any support was provided and their rights were respected.
- DoLS were requested appropriately.

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.

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

- People spoke positively about the care and support they received. One person told us, "Staff speak to me well, they don't raise their voice."
- Staff respected people's differences and individuality. For example, we saw information was provided about LGBTQ+ services that were available locally.
- People's cultural needs and faith were respected. For example, the service had a prayer room which people could access to use for their own quiet time. The service had recently liaised with Leeds Jewish Society to enable staff to develop a greater understanding of the Jewish faith.

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

- People were encouraged to make their own choices and decisions, and these were respected.
- Residents met regularly with the occupational therapy staff to discuss activities and events and to plan what they would like to do.
- People had access to mental health advocacy services, when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity whilst encouraging their independence.
- People were supported to work towards developing their own level of independence. Each person had their own set of goals which outlined how this would be achieved. For example, some people had paid employment within the service. This helped them learn skills, such as how to manage and be responsible for their own money.

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's journey through the recovery process was planned using the 'Recovery Star'. This is a recognised mental health tool which enables people using services to measure their own recovery progress. It contains ten areas covering the main aspects of people's lives and enables people to set goals, plan how they will attain them and identify what support they need.
- People's care files contained detailed information and support plans which showed how staff should support them on their road to recovery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and assessed through the admission assessment process and ongoing reviews.

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

- The service employed occupational therapy staff who worked with people to help them improve their mental health, develop life skills and work towards a level of independence.
- Activities were tailored to suit each individual. People were encouraged to take part in activities which improved their self-esteem and feeling of worth. Some people were helped to find paid employment.
- Mindfulness and relaxation sessions were regularly held to help people find ways of coping with their anxieties and stress.
- People were supported to keep in contact with those who were important to them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process to follow if a complaint was received.
- We reviewed a complaint and saw that it had been dealt with appropriately. This included an acknowledgement of what actions the service had taken and an apology.

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.

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

- There had been a recent change to the management of the service. A new manager was in post, who was being supported by the Assistant Director and Quality Assurance Manager.
- Staff spoke positively about the change in management and told us they felt this would lead to improvements and greater stability at the service. One staff member said, "I feel confident that what has been put in place will work."
- We saw evidence that the current management team were working hard to make improvements to different parts of the service. For example, the care documentation had recently been restructured so that it was more suitable for a community setting and the handover form used by staff to share information between shifts had been redesigned.
- Governance processes, such as audits and checks were completed regularly. Action plans were generated and followed up when shortfalls were identified through the auditing process.
- The management team were aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We found the service to be an inclusive environment. People's views were sought and they were encouraged to be proactive in setting their recovery goals.
- People who used the service were encouraged to give feedback and make suggestions about the service, through regular meetings. For example, we saw that there had been a request for a 'streaming' service so that people had access to a greater variety of television programmes. This had been actioned.
- Staff were encouraged to 'refer a friend' to work at the service and were paid a bonus if the recruitment was successful.
- Staff were rewarded for their work at the service through the 'Step up and stand out' award.
- The service worked closely with external health professionals to monitor people's mental health and plan and evaluate their recovery programme.

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 manager understood their responsibility under the duty of candour. This is a set of requirements that

providers of services must follow when things go wrong with care or treatment.