

# Milewood Healthcare Ltd

# Oxbridge House

## Inspection report

187 Oxbridge Lane, Stockton on Tees. TS18 4JB  
Tel: 01642 633552  
Website: [www.milewood.co.uk](http://www.milewood.co.uk)

Date of inspection visit: 3 November 2015  
Date of publication: 18/12/2015

### 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

The inspection visit took place on the 3 November 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on the 7 April 2014 and found the service was not in breach of any regulations at that time.

Oxbridge House is a 13 bedded residential service providing support for people with learning disabilities who may also experience mental health needs.

There is a registered manager in post. 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 systems and processes in place to protect people from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and action to take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty

# Summary of findings

Safeguards (DoLS). The registered manager and staff had the appropriate knowledge of how to apply the MCA ,when an application should be made and how to submit one. This meant people were safeguarded.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff had also received more specific training in managing the needs of people who used the service such as epilepsy and schizophrenia. There were sufficient staff on duty to meet the needs of the people and the staff team were supportive of the management and of each other. Medicines were also stored and administered in a safe manner.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development.

We saw people's care plans were person centred and had been well assessed. The home had developed care plans to help people be involved in how they wanted their care and support to be delivered. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the home, from going to work placements to helping to make the evening meal. One person had very recently transitioned into the home and we saw this had been planned and assessed so it was as smooth as possible.

People's nutritional needs were met, with people being involved in shopping and decisions about meals. People who used the service told us that they got enough to eat and drink and that staff asked what people wanted. Staff told us that they closely monitored people, would contact the dietician if needed and carried out nutritional monitoring.

People were supported to maintain good health and had access to healthcare professionals and services. Professionals we spoke with confirmed the service supported people well and there was good communication between the service and themselves. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

The service encouraged people to maintain their independence. People were supported to be involved in the local community as much as possible and were supported to independently use public transport and access facilities such as the local G.P, shops and leisure facilities.

We also saw a regular programme of staff meetings where issues were shared and raised. The service had an easy read complaints procedure and staff told us how they could recognise if someone was unhappy. This showed the service listened to the views of people.

# 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?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the service.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations.

Good



### Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported. People's healthcare needs were assessed and people had good access to professionals and services designed to help them to maintain a healthy lifestyle.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities.

Good



### Is the service caring?

This service was caring.

The home demonstrated support and care in a range of challenging situations.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



### Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported. The plans used easy read language and were individualised to each person.

The service provided a choice of activities based on individual need and people had 1:1 time with staff to access community activities of their choice

There was a clear complaints procedure in easy read format. People and staff stated the registered manager was approachable and would listen and act on any concerns.

Transitions into the service had taken place in a planned way.

Good



# Summary of findings

## Is the service well-led?

This service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Good



# Oxbridge House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 3 November 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

Before the inspection, we asked the provider to complete 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. The registered manager provided this to CQC and it was used to help plan this inspection.

We also reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

At our visit to the service we focussed on spending time with people who lived at the service, speaking with staff, and observing how people were supported. We undertook an in-depth review of support plans for four people to check their care records matched with what staff told us about their care and support needs.

During our inspection we spent time with nine people who lived at the service, four care staff, both deputy managers and the registered manager. We observed support in communal areas. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission.

# Is the service safe?

## Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One staff member said; “It’s about making sure we keep people safe.” Another staff member told us; “I’d discuss it with a senior staff member straight away.” We saw that information was available for people using the service in easy read format to encourage people to speak up. One person told us; “I’d tell the staff if I was worried about anything.” Another person told us; “I feel safe here, I talk to staff if I have any problems.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and easily accessible to members of staff. Details displayed in the office ensured that staff had to hand the contact details and information they would require to raise an alert. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations, one staff member said; “I am confident I know what needs to be done. We have protocols in place for each eventuality and we have regular fire evacuations.”

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. One staff member told us how they tried to promote good practice with hand hygiene for people using the service and that they had different coloured mops and cleaning cloths for different areas of the home to reduce the risk of cross contamination. The service had also got different pictures of cleaning equipment to help show the people using the service which was the correct item to use. The deputy manager told us they were the infection control lead and attended champion meetings led by the local infection control nurse.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. One of the deputy managers told us they were responsible for ordering medicines, they said; “I am qualified to NVQ Level 5 in medicines and all staff who administer meds have at least Level 3.” We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff responsible for the administration of medicines to people who used the service had been trained. Policies were in place for medicines and these were very specific including a protocol for each person who used the service around the support they needed with medicines and an accompanying risk assessment was in place. The service had also sought the GPs written permission for individual homely remedies to be in place for each person.

Arrangements were in place for the safe and secure storage of people’s medicines. The medicine storage room temperature was monitored daily to ensure that medicines were stored within the recommended temperature ranges. Two people were supported to manage their own medicines at different levels and there were appropriate risk assessments and checks in place to ensure people were enabled to do this safely.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed. One staff member told us; “I have done my meds training and observations. I feel confident and we have good systems for any changes that might happen.”

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access community activities. This meant there were enough staff to support the needs of the people using the service. On the day of our visit there were six staff members on duty along with a deputy manager and two staff members provided waking night cover. The registered manager and another deputy manager joined the service

## Is the service safe?

during our inspection visit. Staff told us; “There is enough staff. People do overtime if people need any 1:1 support and we all provide cover if someone is off sick.” One person told us “Yes there are enough staff here.”

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees and also on a three yearly basis for established staff members. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of two staff who had been recently recruited to the service. As well as scenario

based questions at interview which showed that potential applicants understood the nature of the service and type of support to be given, we saw that people who used the service were invited to be involved in the interview process.

Risk assessments had been completed for people in areas such as risks associated with going out into the community. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment in place. We noted that as part of the water temperature monitoring that two rooms had sinks which had shown high temperatures in the last two checks. One of the deputy managers told us this had been reported and the service was awaiting new boiler parts to remedy this.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested.

# Is the service effective?

## Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether this service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us there were two people using the service who needed an authorisation in place and we saw the provider was complying with the conditions applied to the authorisation. We saw an assessment tool was in place to make individual judgements that were based on best interests' decisions. We saw evidence of authorisations and review dates had been agreed, therefore related assessments and decisions had been properly taken.

Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people, one staff told us; "There are two people with a DoLS and that means there are restrictions in place for their vulnerability and safety." Staff also were aware of other aspects of restrictions such as those people subject to Community Treatment Orders under the mental Health Act 1983. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

We saw that other infringements that were in place at the service such as the front door and garden gates being locked for security reasons were also recorded and evaluated with each person on a monthly basis to ensure people's rights were supported and peoples consent was sought for these infringements. This showed the service upheld people's rights to freedom of access.

All staff had an annual appraisal in place for 2014 and the registered manager told us everyone was scheduled to

have an appraisal before the end of 2015. Staff told us they received supervision on a regular basis and records we viewed confirmed this had occurred. One staff member said; "We talk all the time, not just in supervision. The deputies are very approachable and are here most of the time."

We viewed the staff training records and saw the majority of staff were up to date with their training. We looked at the training records of two staff members which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, personality disorder, care planning, health and safety, oral health, epilepsy, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst others. The home had an induction checklist in place which included an induction to the home and the Skills for Care formal induction programme. We saw that in the first week of induction, staff completed the following training modules; moving and handling, first aid, infection control, fire training and supporting people with a learning disability. One staff member told us; "I did my induction at Teesside Uni and it was brilliant. I've done training in schizophrenia, bi-polar disorder, epilepsy, mental capacity and diabetes."

One staff member told us; "I have just done my MAPA (Management of Actual or Potential Aggression) training, it was much better than the previous system we used to use. It's more soothing and a calmer approach. It is very rare we would have to use it and it's a definite last resort." This showed that staff were provided with the training and knowledge needed to support the people who used the service.

Staff told us they met together on a regular basis. We saw minutes from regular staff meetings, which showed that items such as day to day running of the home, training, activity planning and any health and safety issues were discussed. Staff told us; "They are pretty informal and we can raise issues. You'd never get shouted down, everyone is listened to."

Each person had a keyworker at the home who helped them maintain their support plan, liaise with relatives and friends and support the person to attend activities of their choice. We saw that people had good relationships with their keyworker. One person told us; "This morning I had a

## Is the service effective?

problem and wanted to talk to my keyworker about it, but she had gone out with someone else. It was good because I spoke to someone else about it and felt better. I know I can talk to everyone here but my keyworker is really great.”

The home had a domestic kitchen and dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes. We saw that menus had been developed with the people using the service. One person told us; “They do a fantastic spread when we have parties, we had a great one the other night for Halloween.”

The menu was planned with the staff team and people living at the home and as well as planning and cooking, everyone also helped with the food shopping. Staff also told us about people's likes and dislikes. We spoke with one person who was making lasagne for everyone's evening meal. They told us; “I am cooking lasagne tonight and I also do good cheese scones and Bakewell tart.”

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. We saw there was lots of information around the service about eating healthily. This meant that people's nutritional needs were monitored. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored.

The registered manager told us that community nurses and care managers as well as relevant healthcare professionals, regularly visited and supported people who used the service. We saw records of such visits to confirm that this

was the case. The deputy manager told us that all people who used the service were registered with a GP. We spoke with two healthcare professionals who worked with people who lived at Oxbridge House. Comments from them included; “The service has exceeded all our expectations,” and “They do well with a very difficult client group, the staff are all wonderful.” They also told us communication was good from the service and that the service manager was very responsive. One of the professionals said; “I feel welcomed when I go there and they are very receptive to training.” The only negative views were regarding the “shabby environment” and lack of space to have private discussions with their clients without using the person's own room. We fed this back to the registered manager following the inspection visit.

The premises had recently been redecorated and furniture replaced in the communal lounge which had been done in conjunction with the wishes of people who lived at the service. Some areas of the home were looking tatty such as paintwork and one person showed us their bedroom window frame which was in poor condition. We asked the registered manager to look at their window with a member of the provider's maintenance team and they agreed they would do this.

People were supported to have annual health checks and were accompanied by staff to hospital appointments. People had also been supported to receive seasonal flu vaccinations. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

# Is the service caring?

## Our findings

People who used the service had complex needs and some had difficulty with communication. Staff told us; “You have to be adaptable, don’t take things personally. We enable people to get things off their chest.”

We asked staff how they would support someone’s privacy and dignity. They told us about knocking on people’s door before entering rooms and for people who needed someone around whilst in the bathroom, staff told us they stayed within earshot in the person’s bedroom.

We looked at four care plans for people who lived at Oxbridge House. They were all set out in a similar way and contained information under different headings such as a one page profile (a summary of how best to support someone), a key information sheet, a community passport, personal planning book, personal safety support plan and a person centred statement. We saw the information included a pictorial life story and that the support plan was written with the person. This showed that people received care and support in the way in which they wanted it to be provided. There were very clear proactive strategies for staff to follow if people became anxious as well as detailed physical intervention protocols for people where this may be necessary. Staff explained to us how they recorded any incidents fully and they were reviewed by everyone involved so they could identify any triggers to reduce the likelihood of it happening again.

Staff told us that keyworkers reviewed care plans on a monthly basis with the person and people also had multi-disciplinary reviews. The keyworker meetings followed a set agenda that covered choice, behaviour, complaints, safeguarding and mental and physical health amongst others. This showed the service was seeking views from the person about how they felt living at Oxbridge House and the support they received. We witnessed people interacting with each other in a positive manner and being respectful of each other’s wishes. One person told us they were having a meeting this week as part of the Care Programme Approach (CPA). They also told us; “I see my community nurse all the time and that’s really good.”

We saw a daily record was kept of each person’s care and support. They showed staff had been supporting people with their care and support as written in their support plans. In addition, the records confirmed people were attending health care appointments such as with their GP and accessing external activities.

One staff member told us; “We are very accommodating here and let people do as much as they can for themselves. We support them.”

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required.

# Is the service responsive?

## Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and this was recorded. The complaints policy also provided information about the external agencies which people could complain to if they preferred. This information was also supplied to people who used the service in an easy read format. The service had received nine complaints during the last year. These were mainly interpersonal issues between people living at the service (such as someone making too much noise) but demonstrated that the service took these issues seriously as all were investigated and responded to appropriately. Every person we spoke with said they knew how to make a complaint.

People using the service also met together on a monthly basis and we saw people had recently discussed loud music, meals, medicine times and personal comments. We saw that the service worked with people to encourage understanding and respect of each other.

Staff told us; "We encourage people to make complaints if they are unhappy about anything, everyone knows the forms are all in the foyer. We know those people who can't read or write so we discuss what people want to talk about and write it for them."

Staff demonstrated they knew people well. Talking to staff, they told us about people currently living at the service and one person who had just moved into one of the two flats within the service a few months ago. They told us how the service's aim was to enable people to lead a positive and independent lifestyle and we saw that the service had successfully transitioned people into their own flats or less supported accommodation.

On the day of our inspection, one person was out for a coffee with a staff member. On their return they told us they

had enjoyed their trip out. Staff told us that when this person first moved to the service a few months ago they were told that this person would not go out into the community but now this person was accessing places on a regular basis with one to one staff support. Other people attended work placements, college and other activities. One person told us about their football team. They said; "I play football for a team of people with learning disabilities. I love it, we are pretty good." Staff told us they worked flexible shifts to ensure people got to activities.

We asked how staff would support people if they were unhappy with the service. They told us; "You can tell by people's body language and the way they are acting. We would talk to other staff to make them aware and ask the person's keyworker or whoever was close to them to support them to talk."

Staff told us that activities were based around people's needs and likes as well as encouraging people to be involved in the day-to-day running of the home such as food shopping. We saw that activities were decided with the person and included accessing the community as much as possible on evenings and weekends as well. People were supported to spend time with their family and friends and people were supported to maintain these relationships with staff support.

Staff told us that a new person had just come to live at Oxbridge House a few months before our inspection visit. The manager told us they met with the person's previous placement to learn more about them and to help decide if their service would be the right place for this individual to live. The home had developed a transition plan which the keyworker told us included talking to staff at the person's previous placement and having training about autistic spectrum disorder for the staff team. This showed the service worked with families and other professionals to ensure a smooth and successful transition into the service. We spoke with a professional who had placed the person at Oxbridge house and they told us they were "Very happy with the placement, their needs have been met really well."

# Is the service well-led?

## Our findings

The home had a registered manager. The registered manager had been in post for ten years and shared their time in developing a new service in nearby Norton developing eight flats for people with supported living needs. The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said; “We are a settled team and we all respect one another.”

Both deputies told us they felt supported by the registered manager and organisation. One of them said; “I have had a lot of support in my professional development.” The registered manager also said they felt supported by their organisation. They said; “I can pick up the phone and speak with a director. I have never worked anywhere where I can contact my director whenever I need one. They are involved in coming here and spending time with clients.”

The registered manager told us about their values which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having the choices and as much independence as possible and the feedback from staff confirmed this was the case.

Staff told us that morale and the atmosphere in the home was now good and that they were kept informed about matters that affected the service. One staff member said; “Things are a lot better, we are a good team.” The registered manager told us that the service had experienced some difficulties with staff morale earlier this year and the deputy managers explained how the service had talked to the staff team to get them to air their views with each other. Staff told us that staff meetings took place regularly and that they were encouraged to share their views and to put forwards any improvements they thought the service could make.

The service carried out a wide range of audits as part of its quality programme. The registered manager explained how they routinely carried out audits that covered the environment, health and safety, support plans, accident and incident reporting as well as how the home was managed. We saw a recent audit carried out by a member of the organisation’s regional team. This covered customer satisfaction, person centred planning and how the service promoted health as well as other areas covering staff and the environment. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place.

Additional monthly checks on medicines were undertaken by staff with any actions clearly identified and dated so they could be addressed.

We saw that the staff had regular monthly meetings with people who used the service to seek their views and ensure that the home was run in their best interests. Surveys carried out every six months were in an easy read format and talked about whether the service was person centred, as well as questions about the friendliness and professionalism of the staff and the environment. One person had written; “Oxbridge staff are five star rated staff.”

During the last year, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.

The home had a business plan which we saw covered not only environmental changes such as replacing furniture but also plans to improve person centred work the service had already undertaken. This showed the service continued to review how it provided its service and to improve it for people and for its employees.