

Marran Ltd

Miltoun House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 16 May 2017 and was unannounced. This meant the provider or staff did not know about our inspection visit.

We previously inspected Miltoun House in March 2015, at which time the service was in breach of Regulation 17 (Good governance) due to risk assessments not being recorded, and Regulation 12 (Safe care and Treatment) because the fire risk assessment had not been reviewed since January 2013. This meant they were requires improvement in safe but had an overall rating as good.

Following our last inspection the registered provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the service.

At this inspection we found the recording of risk assessments had improved and the fire risk assessment had been reviewed in January 2016, September 2016 and again in May 2017. Action had been taken to ensure all of the previous breaches of regulation were addressed

Miltoun House is located in Guisborough and provides services to people with mental health conditions. The service can accommodate up to eighteen people. All rooms are single occupancy and have en suite facilities. It is situated close to the centre of Guisborough and has easy access to shops, local amenities and public transport. There were 16 people using the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like directors, 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 sufficient numbers of staff on duty in order to keep people safe, meet their needs and ensure the premises were well maintained.

The storage, administration and disposal of medicines were safe. The service had recently introduced an electronic medicines administration system and we found this to be working well, with no errors identified.

Safeguarding principles were well embedded and staff displayed a good understanding of what to do should they have any concerns.

There were effective pre-employment checks in place to reduce the risk of employing an unsuitable member of staff. People who used the service were involved in the interview process.

There was prompt and regular liaison with GPs, nurses and specialists to ensure people received the treatment they needed.

Staff completed a range of training, such as safeguarding, health and safety and first aid. Staff had a good knowledge of people's likes, dislikes and life histories.

Staff had built positive, trusting relationships with the people they supported. Staff were supported through regular supervision and appraisal, as well as confirming the registered manager was supportive and willing to talk at any time.

People enjoyed the food they had and confirmed they had an input into the menus. People had access to their own kitchen to make drinks, snacks throughout the day. We saw fruit was freely available.

People were supported to access activities of their choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

The atmosphere at the home was relaxed and welcoming. We saw numerous instances of caring and supportive interactions during our inspection.

Staff, people who used the service and a relative we spoke with was positive about the registered manager's impact on the service. We found the culture to be one where people received a good standard of care in a setting they found homely, safe and secure and were happy to live in.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

People received their medicines as prescribed.

Risks to people were in place and reflected current needs.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

There was enough staff on duty and the registered provider carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

Is the service effective?

Good ●

The service remained effective

Is the service caring?

Good ●

The service remained caring

Is the service responsive?

Good ●

The service remained responsive

Is the service well-led?

Good ●

The service remained well led

Miltoun House

Detailed findings

Background to this inspection

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

We visited the service on 16 May 2017 and the inspection was unannounced. The inspection team consisted of one Adult Social Care Inspector and an expert by experience. An expert by experience is a person who has relevant experience of this type of care service.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are reports about changes, events or incidents that the provider is legally obliged to send us within the required timescales.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection.

We spoke with 11 people who used the service and one relative. We spoke with: two directors, the registered manager, the deputy manager, one senior carer, the cook, the administrator, the handyman and a domestic assistant. We contacted three relatives via the phone and out of the three we managed to speak to one relative. During the inspection visit we looked at three people's care plans, risk assessments, staff training and recruitment files, a selection of the home's policies and procedures, meeting minutes and maintenance records.

Is the service safe?

Our findings

During our inspection in March 2015 we found that risk assessments were not always recorded and the fire risk assessment had not been reviewed since 2013.

Following our last inspection the registered provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the service.

During this inspection we found risks to people were recorded and many included in people's support plans. For example one person could become very anxious when dealing with money and finances, especially when their mental health was poor. The support plan detailed how staff were to support the person and alleviate their anxieties which could just be by listening to their worries.

We looked at the fire risk assessment and found this was up to date and had been reviewed three times since January 2016. The last review was May 2017. We saw Portable Appliance Testing (PAT) had been undertaken, whilst all hoisting equipment and lifts had been serviced recently. Emergency systems such as the fire alarms and emergency lighting were tested regularly, fire extinguishers/equipment had been serviced and window restrictors regularly checked. We saw water temperature checks had been undertaken regularly to protect against the risk of burns. This meant people were not placed at risk through poor maintenance and upkeep of systems within the service. With regard to potential emergencies, we saw there were personalised emergency evacuation plans (PEEPs), detailing people's communicative and mobility needs. These meant members of the emergency services would be better able to support people in the event of an emergency

People who used the service confirmed they felt protected from harm. One person told us, "I feel safe, the people who live here help me feel safe. Being safe makes me feel better." Another person said, "I always tell them [staff] where I am going when I go out and they ask me what time I will be back, just in case there is a fire or something."

There was sufficient staff on duty to meet people's needs. An extra care worker was on duty to support people with appointments or to go out shopping and into the community. The majority of people who used the service were very independent and needed very little support. Two staff members worked 'sleep overs' where they were available if needed throughout the night. One person said, "There are plenty of staff here."

We saw medicines were stored securely and kept in a locked room where the temperature and fridge temperature were regularly checked to ensure they were within an appropriate range. The service had recently introduced an electronic medicines administration recording system and we found this to be working well. Staff were knowledgeable about people's individual needs and the new electronic system in place. We reviewed medicines information for people who used the service and we found no errors in these records. One staff member we spoke with said, "I love the new system, it would be difficult to make an error with this in place." We observed a lunch time medicines administration. Two staff members administered the medicines with one staff member double checking everything was correct.

Staff we spoke with had been trained in safeguarding and displayed a practical understanding of their safeguarding responsibilities. They described potential risks, types of abuse and what they would do should they have concerns. Staff were confident they could raise concerns with the registered manager and external professionals if need be.

We reviewed three staff records and saw pre-employment checks including enhanced Disclosure and Barring Service checks had been made. The Disclosure and Barring Service maintains records of people's criminal record and whether they are restricted from working with vulnerable groups. References had also been obtained from previous employers and proof of prospective staff member's identity was also on file. This meant that the service had in place a thorough approach to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people. People who used the service were also involved in the interview process and fed back their thoughts on each prospective new staff member. One comment about a recent new staff member from people was 'they are like a breath of fresh air.'

We saw incidents and accidents were acted on, documented and analysed to try and identify any trends and patterns. At the time of inspection the accidents and incidents were too few to identify any themes.

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Is the service effective?

Our findings

We found people who used the service received effective care from staff that had sufficient knowledge and skills to perform their roles. Staff confirmed they received regular training and were being supported to complete vocational qualifications. For example every staff member was booked onto learning disability training in May 2017.

We saw staff had received recent training in safeguarding, fire safety, first aid, infection control, moving and handling and food hygiene. The registered manager and providers also held group training sessions on topics such as diabetes and any specific illness people who used the service had. This demonstrated the registered manager had ensured people's needs were met through the provision of relevant training, as well as support for staff to pursue further vocational qualifications.

Staff completed an induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. One staff member said, "My induction was fine and the guidance I received was lovely. I completed seven shadow shifts at different times of the day and night. I got time to read people's care files and ask questions so I had a better picture of who I was looking after."

Staff confirmed they received regular supervision and appraisal meetings and we saw evidence of this in staff files. One staff member said, "Supervisions are very useful to me, especially support with time management and family life." Another staff member said, "Yes there's a proper routine for that sort of thing [supervisions]. There's also list in the office and the administrator prints a list of training courses we are due for or need to do. She chases us up if we haven't noted them done."

We saw further evidence in care plans of regular input from external healthcare professionals such as GPs, nurses, social workers and psychiatrists. Where people had a specific condition, for example diabetes, we saw they had a specific care plan in place which set out additional information for staff, such as how to meet their dietary needs, and information on diabetic complications.

We saw people were regularly weighed to protect against the risk of malnutrition and staff used the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool using people's weight and height to identify those at risk of malnutrition. The cook said, "[Person's name] came from hospital and was dreadfully thin, I made special things to help build them up."

We spoke with the cook who displayed a good knowledge of people's dietary likes and dislikes.

The registered manager said, "We got the top rating "Very Good" rating 5 from the environmental health, it looked at how hygienically food is handled, the condition of kitchen, how we managed and documented food safety.

People who used the service told us they enjoyed the food. People had choice of when and where to eat. On

a morning breakfast was laid out for people to help themselves at whatever time they woke up. People had their own kitchen to make drinks and snacks for themselves throughout the day. Fruit was freely available for whoever wanted it. We saw during inspection people had fish fingers, chips and mushy peas for lunch and there was homemade corned beef pie for the evening meal. People were happy with the food on offer and said, "We get good food it is well cooked," and "We always have enough to eat," and jokingly said, "Some have too much and need bigger trousers." Another person said, "If we don't like what the food is we just ask for something else, a sandwich or something."

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 saw appropriate applications had been made to the local authority and that the registered manager and staff we spoke with demonstrated a good understanding of mental capacity issues, including DoLS. One staff member said, "DoLS is there purely for their [people who used the service] best interests, we assume people have capacity until deemed otherwise."

Is the service caring?

Our findings

People who used the service gave positive feedback about the caring attitudes of staff. One person told us, "The staff are nice and I like living here, it's the best I have been in."

Throughout our inspection we observed staff taking time to support people and reassure when a person had concerns. One person wanted to order some new clothes on line as they did not want to go out shopping. The staff member sat with them showing different items for them to choose. We observed one person had a disagreement with another person who used the service and saw the staff remained calm and effectively resolved the issue. They brought both people to a different area of the service and quietly discussed the disagreement away from other people.

Staff we spoke with all enjoyed working at the service. One staff member said, "I love working here, it's the first time for me working in this environment and I am really enjoying it." Another staff member said, "It is lovely, it's like a home from home."

Staff promoted people's privacy and dignity. We saw that staff were courteous towards people who lived at the service. One staff member said, "I always keep doors closed and I always knock and wait for consent to enter the person's room." And "I don't discuss residents with other residents."

People who lived at the service were independent and staff encouraged people to maintain their independence. Three people who were now more elderly needed some support. For example, carrying their laundry or support when they were showering. One staff member said, "We encourage them [people who used the service] to do as much as they can for themselves, we support alongside them." Another staff member said, "They [people who used the service] choose their outfits and then I ask them what level of support they require and how they would like this support."

People were encouraged to keep their room's clean and tidy, do their own washing and ironing and help around the home. People had set up rotas for jobs such as laying the tables. However if they wanted to go out on a day that was their turn they would just swap with someone else.

Throughout the inspection we observed staff interacting with people with care and kindness. Staff knew people well; there was also lots of fun and banter. People were very relaxed and comfortable with staff and we could see that people felt happy to express their feelings.

One external healthcare professional had emailed a comment after a visit which said, "The psychologist wanted specifically to say how much they admired the tenacity with which Miltoun House staff have pushed getting [person's name] some help, their knowledge of her, their commitment to helping her and the professional nature of the staff. They also commented on how lovely the house was as they walked in."

One person at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard.

Is the service responsive?

Our findings

We found care files contained a good amount of information specific to individuals, including their likes, dislikes and personal histories. Pre-assessments were undertaken prior to people moving to the home and this ensured there was information available to staff regarding, for example, people's medicinal, dietary and mental health needs. We saw that the follow up assessments were very detailed and included information such as personal details, family history, education, work and hobbies. Where people demonstrated certain anxieties the care file documented how staff should support the person and reduce the anxiety. One person was a heavy smoker and would become anxious thinking there would not be enough cigarettes. We observed staff show this person how many they had left and counted them with the person. This alleviated their anxieties.

A relative we spoke with said, "They [staff] came to see me and my relative when we had meetings prior to them living at Miltoun, they were very involved."

People who used the service accessed many activities independently. We saw people were in and out of the service all day. Four people were going to Flamingo Land [theme park] the Friday of the inspection week.

There was also a hobbies group which took place every Thursday. The other three homes in the group joined in this session. One staff member said, "I do the hobbies group, I have found out people's likes and dislikes, getting to know what they can do and enjoy. One person loves music, so we set up a music quiz." And "Sometimes we do one to one sessions with people and if someone wants some quiet time we go to The Priory and watch the birds, it is very tranquil." Another staff member said, "Because we have a wide age group some people are not into music quizzes or rambling etc. so we will do bingo sessions or movie nights."

One person who used the service said, "We do arts and crafts, we make pictures and knit and sew, I enjoy it." Another person said, "I like to go shopping, I buy chocolate fingers, I do have a sweet tooth."

The service also had a walking group set up and the day before a group had walked to Marske and enjoyed lunch whilst there.

We asked staff how they prevent social isolation. One staff member said, "We do encourage people not to spend too long on their own." Another staff member said, "Some people like to spend time in their room and we respect that. We do welfare checks on them to make sure they are okay. We also encourage people to get out in the fresh air, although most of the people living here already do."

The service had a clear complaints policy in place. People we spoke with and their relatives knew how to make a complaint and who to approach, as per the provider's policy. We reviewed the one complaint they had received and found the registered manager had looked into each issue and responded appropriately, to the satisfaction of the complainant.

Is the service well-led?

Our findings

The provider was Miltoun House Group, which became a limited company and re-registered as operated by Marran Ltd on 31 December 2014. The service has a registered manager, who has been registered with CQC in respect of the Marran Ltd since 8 January 2015. However, they have been the registered manager for this service for more than five years. The registered manager of Miltoun House was also the registered manager of three other services in the local area and spent their time between these services. All services were within walking distance.

Members of staff we spoke with consistently told us they had confidence in the registered manager that they were well supported. Staff we spoke with said, "[Registered manager] is fantastic, I am well supported," "[Registered manager] guides me through a lot of things, I feel happy and respected massively." And "Very very supportive, a lovely manager." One staff member also said, "It is the best place I have ever worked, the boss is so tuned in to what is happening and interested in how we are doing as people as well as staff."

When speaking with staff we found their goals to be in line with those shared with us by the registered manager, namely to ensure people received high levels of care in a place they considered home. This demonstrated the registered manager had successfully embedded a caring culture.

One staff member we spoke with said, "The managers, owners and our vision is all about the residents and staff, our manifest is to have a person centred environment. This is their home where they rest, feel safe and secure, everyone is welcome and both residents and staff are happy."

The registered manager said, "I am really happy with the changes we have done so far such as setting up the resident's kitchen for more independence, freedom and choice. Also getting Wi-Fi installed, this has benefitted both staff for training and residents for things like online shopping."

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits we looked at reviewed areas such as health and safety, finances, training, incidents and medicines.

During the inspection we asked for a variety of documents to be made accessible to us, including policy documentation and care records. These were promptly provided and we found the registered manager had ensured records regarding people's person care were accurate and up to date.

Staff meetings took place every three months. The registered manager said, "I have a meeting with the owners, then that same week we have a managers meeting so I can cascade to them what was said then a staff meeting is arranged. This makes sure everyone hears the same information quickly and at the same time." Topics discussed at the meetings were breaks, medicines, rotas, training and any issues concerning people who used the service.

People who used the service had a meeting three monthly. They discussed menus, tidiness, feedback on staff and the home and the fire risks around smoking.

The registered manager also sent out annual surveys to people who used the service. All surveys showed people were happy as things were. One person commented "May it long continue."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.