

Milewood Healthcare Ltd

Blenheim House

Inspection report

1 Blenheim Terrace
Redcar
TS10 1QP

Tel: 01642484420
Website: www.milewood.co.uk

Date of inspection visit:
11 May 2017

Date of publication:
19 June 2017

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

We inspected Blenheim House on 11 May 2017. We informed the registered provider on the morning of our inspection (90 minutes before). We did this because the service is a small care home and people who use the service are often out and we needed to be sure somebody was in.

When we last inspected the service in March 2015 we found the registered provider was meeting the legal requirements in the areas that we looked at and rated the service as good. At this inspection we found the service remained 'Good'.

Blenheim House is a large end terraced property which is registered to accommodate a maximum number of seven people with a learning disability. The property is within walking distance of the beach, town centre and many local amenities, including transportation links to nearby towns. At the time of the inspection there were three people using the service.

The service had a registered manager in place. 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.

People were kept safe from avoidable harm and staff understood the process to follow to safeguard people if they needed to report any concerns. Medicines were managed safely with an effective system in place. Staff competencies around administering medication were regularly checked. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

There were sufficient numbers of staff on duty to meet people's needs. Staffing levels were determined by looking at people's needs and activities including appointments. Risks to people were assessed and managed appropriately to ensure that people's health and well-being were promoted. Action plans to manage risks were in place and staff followed them. There was a system in place to ensure that staff recruited had the appropriate skills and experience and were of good character.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to make decisions about their day to day care and support and staff supported people to maintain their health and attend routine health care appointments.

Care plans detailed people's needs and preferences and were person-centred. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People were actively involved in care planning and decision making. People who used the service had access to a wide range of activities and leisure opportunities. The service had a clear process for handling complaints.

The registered manager promoted a positive, person-centred culture and was committed to making continued improvements to the delivery of care. Regular audits were carried out to identify areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Blenheim 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 checked whether the registered 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.

This comprehensive inspection took place on 11 May 2017 and was announced. We informed the registered provider on the morning of our inspection (90 minutes before). We did this because the service is a small care home and people who use the service are often out and we needed to be sure somebody was in.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service which included notifications submitted to CQC by the registered provider.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

We met and spoke with all three people who used the service. We looked at communal areas of the service and one person gave us permission to look in their bedroom. We spoke with the registered manager, deputy manager, an acting deputy manager, the regional operations manager and two support workers.

During the inspection we reviewed a range of records. This included two people's care records including care planning documentation and medicines records. We also looked at staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

Is the service safe?

Our findings

People told us they felt the service was safe. One person told us, "The staff are so nice and kind they always make you feel safe." One person who used the service had made an entry in their care plan which read, 'Things I like about where I live. It's cosy. I like my flat. I like the food. It's safe.'

People were safe because systems were in place to help reduce the risks of harm and potential abuse. The registered provider's safeguarding adults and whistle blowing (exposing poor practice) procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised, we saw that the registered manager had taken appropriate action liaising with the local authority and reporting any concerns immediately.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any of the assessed risks. Risk assessments were in place for areas such as self harm, behaviour that challenged, self neglect, risks associated with health and going out into the community. We were told the registered provider promoted positive risk taking. Staff told us how people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. For example, one person went out into the community independently. An agreement had been reached with the person and other professionals that this initially should be a maximum of three different places to minimise any risks. The person went out independently for a maximum of an hour and a half and staff were monitoring their progress. The person who used the service told us they very much enjoyed their independence and always made sure they put their watch on when they went out to make sure they were back in time. This person said, "I love my independence and being out. I like to go shopping."

The registered provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) that we look at were completed correctly with no gaps or anomalies.

There was enough staff to support people's needs. During the day there were two care staff on duty and at night there was one care staff who went to sleep when people who used the service went to bed. This member of staff could be called upon at any time if needed. People told us there were sufficient staff on duty to enable them to take part in activities and go out with staff. Staff confirmed there were enough staff on duty to support people.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure

health and safety. Tests of the fire alarm were undertaken to confirm it was in working order and fire drills took place involving staff and people who used the service.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "For me I have settled faster than anywhere else." Another person said, "I am very happy here and staff have really supported me, but I do want to move on to eventually living on my own."

Staff told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "I really love working here and feel that I am very well supported by management and the staff team. I also pride myself on making sure other staff feel supported."

Records we looked at showed care staff had received the training they needed to meet the needs of the people using the service. This training included health and safety, safeguarding, first aid, infection control, moving and handling, medication and fire training. Staff told us they had enough training to enable them to support people and meet their needs. One staff member said, "Our training is brilliant." Specialist training had also been completed for Management of Actual or Potential Aggression (MAPA). This training helps staff deal with people's aggression in a calm way and keep people safe.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions. The registered manager kept a tracker of all DoLS authorisations so these could be renewed in a timely manner.

We looked at the home's menu plan. The menus provided a varied selection of meals and choice. Staff supported people to make healthy choices and ensured there was a plentiful supply of fruit and vegetables included in this. We saw an example of promoting healthier eating during the inspection when one person expressed a preference to go to the local fish and chip shop to buy some chips. Staff were supporting the person with their health and losing weight and instead of going to the chip shop they suggested the person had homemade healthy chips at home. The person agreed to do this and were seen to enjoy their lunch. The person said, "These [the chips] are nice." People told us they were involved in planning the menu's and food preparation. One person said, "I am on a cookery course and love cooking. I like to make mince and dumplings."

We saw records to confirm that people had visited the dentist, optician, chiropodist and their doctor. The registered manager said that they had excellent links with the doctors and community nursing service. Visits from professionals were recorded in care records and detailed outcomes of these visits. One person told us they were to be supported by staff on the day of the visit to go to their doctor and have some checks on their heart. The person told us they knew what the procedure was as staff had taken the time to explain this to them and make them understand.

We saw that people had a hospital passport that contained detailed information about the person and had been reviewed regularly. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

People told us that they were very happy and that the staff were very caring. One person said, "All the staff are lovely. They helped me to go on holiday to Blackpool and we had a very nice time."

Care records had information about people's histories and background including education, family, social network, culture, religion and individual preferences. Staff understood people's preferences and respected them. We heard staff address people by their preferred names and we saw staff supporting people the way they wanted. Staff understood people's communication needs and told us how to speak with one person to prevent them from becoming distressed.

We observed that staff and people had developed strong and meaningful relationships. Throughout the day, staff engaged in meaningful communication with all people who used the service. We saw light hearted banter between staff and the people they supported with staff always being polite and courteous. On the morning of the inspection one person who used the service was not feeling their usual self. Staff were very skilled at communicating with the person in praising them and diverting the person to think positively. This had a positive impact on the person who was happy for the rest of the time of our inspection visit.

Observations throughout the inspection showed staff were caring and respected people's privacy and dignity. Staff gave us examples of how they supported people with privacy and dignity. They told us how medicines were given out individually to people and in a private area. Staff told us the importance of ensuring people had choice, that people were supported to make their own decisions and in encouraging people to be independent. During the inspection we saw that people were encouraged to make their own hot drinks. People were responsible for the cleaning of their bedrooms and this was timetabled into their weekly activity planner. One person told us they liked to be independent. They said, "I do all my own cleaning and cooking and I love it."

Staff were seen to be caring and responded to people's requests to affection, whilst ensuring professional boundaries were maintained. When one person returned from an appointment they became upset and reached out to staff for a hug and staff were seen to appropriately respond to this need for reassurance. In addition this person was going out for the evening and they gave staff on duty a hug again which staff responded to. This showed that staff were caring.

People were supported by staff to maintain relationships that mattered to them. Staff regularly took people to visit their relatives. One person said, "I like going to my sisters and they [staff] always take me and pick me up." There was an open door policy and people were able to receive visitors as they wished. The registered provider has a number of other homes within the organisation and encouraged people who used the services to mix and meet with others and make friends. On the day of the inspection people from a local home in the organisation were visiting for tea. People told us they liked people coming to their home and making visits to other homes.

The registered manager and staff told us how they promoted equality and diversity. They told us the

importance of treating people as individuals and everyone having the same chances in life. There was an easy read, pictorial guide on equality and diversity for people who used the service. This guide enabled people to understand that everybody has the right to be treated fairly.

The registered manager told us one person who used the service had an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process to follow should an advocate be needed.

Is the service responsive?

Our findings

People told us staff were very supportive of their needs. One person said, "I like living here and they [staff] have helped me to get better and be more independent."

People visited the service on many occasions to have their needs assessed before they moved in. This enabled people and staff to get to know each other and to determine if the placement was suitable.

Care and support was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. During our visit we reviewed the care records of two people. People's needs had been assessed and care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People told us they had been involved in making decisions about care and support.

A full care plan was written with people and their relatives describing how they wanted to be supported. We found that care plans were reviewed and updated on a regular basis to ensure they accurately reflected people's current support needs. Care plans looked at during the inspection were person centred and contained very detailed information on how the person liked to be cared for and their needs. Care plans clearly stated how people wanted to start and spend their day, what they needed help with and the support needed from staff. For example one person's care plan for behaviour that challenged clearly described what the person looked like when they were upset. This helped to ensure that people were care and supported in a way that they wanted to be.

People were supported to access activities in the community, which included visits to shopping centres, college, voluntary work, swimming, the cinema and for meals out. One person said, "I like my cookery class. Last week I made an ocean pie which I brought home and had the next day. It was lovely." Another person told us they liked to go to Albert Park. One the day of the inspection staff were taking the person to Albert Park. Another person regularly liked to go out for coffee and we saw on the morning of the inspection staff took this person out for coffee.

One person told us they had been to the cinema to see Beauty and the Beast. They said, "It [the film] was very good."

All homes within the organisation hosted their own events and invited people who used the service to the celebrations. People and staff told us they were going to a summer garden party at the registered provider's home in Leeds. Staff told us they and people were to dress in an Hawaiian theme. People and staff were also going to a masquerade ball which they were very much looking forward to. Staff showed us numerous newsletters of events that people who used the service had joined in and enjoyed.

The registered provider had a complaints policy that was also available in an easy read and picture format so that people could understand what they should do if they wanted to make a complaint. People

confirmed they knew how to make a complaint. There have not been any complaints since we last inspected the service in March 2015.

Is the service well-led?

Our findings

People who used the service spoke highly of the registered manager. One person said, "[Name of registered manager] is lovely. What I like about [registered manager] is that they are bubbly."

The service has a registered manager. They were also responsible for the management of three other nearby care homes owned by the registered provider. Since the last inspection of the service deputy managers had been recruited and supported the registered manager in the effective running of services. They had been registered manager at Blenheim since it was registered in November 2014.

Staff told us the service was well-led and the registered manager was extremely approachable and supportive. One staff member said, "[Name of registered manager] is a very good manager. [Registered manager] knows exactly what is going on in the homes. [Name of registered manager] takes an active role and knows exactly what is going on with all service users."

The registered manager and other senior staff carried out a number of quality assurance checks in areas including medicines, care planning, health and safety and staff files, to monitor and improve the standards of the service. Action plans were produced when required and these were reviewed by the registered provider's senior management team to ensure all actions had been completed. The senior management team also completed their own quality audits every month to ensure the effective running of the service

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service and to provide feedback on recent inspections or compliance visits. Meetings for people who used the service had also taken place. These were used to discuss menu choices, activities, bullying, and decoration of the service and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for. One staff member said, "It [coming to work] doesn't feel like a job it feels like being part of a big family. I love working here."

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.