

Milewood Health Care Limited

Vincent 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 

Overall summary

We inspected Vincent House on 7 January 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in.

Vincent House is a terraced property located in Redcar. Vincent House is a residential care home that provides

care and support for up to six people with a learning disability. The property consists of two units each with three en-suite bedrooms. There is a dedicated male and female units.

The home had a registered manager. 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.

Summary of findings

There were systems and processes in place to protect people from the risk of harm. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and the records of these assessments had been reviewed.

We saw that staff had received supervision on a regular basis. We saw that staff had received an annual appraisal.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People told us that there was enough staff on duty to provide support and ensure that their needs were met. 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.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people. When people became anxious staff supported them to manage their anxiety and also provided reassurance.

We saw that people were involved in planning the menus and were provided with a choice of healthy food and drinks. However, staff had not undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We found that people did not have a hospital passport. 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.

Assessments were undertaken to identify people's health and support needs as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified. Person centred plans were developed with people who used the service to identify how they wished to be supported.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager.

There were sufficient skilled and experienced staff on duty to meet people's needs. Safe recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision and an annual appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food. Staff monitored people's weight and nutrition, however, staff had not completed nutritional screening assessments to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

People told us that they were well cared for and we saw that the staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities

Good



Summary of findings

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

The service was well led.

The service was well-led. Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

Good



Vincent 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 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 inspected Vincent House on 7 January 2015. This was an announced inspection which meant that the staff and provider knew that we would be visiting. We gave the provider short notice (the day before) that the inspection would be taking place.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We did not ask 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.

During the inspection we spoke with three people who used the service. We also spoke with the registered manager, a senior support worker and a support worker. Before the inspection we contacted the local authority to find out their views of the service.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at breakfast. We looked at two people's care records, three recruitment records, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms, bathrooms, and communal areas.

Is the service safe?

Our findings

We asked people who used the service about safety, they told us, “I always feel safe with the staff around me.” Another person said, “I have stayed at other places but I feel safer here.”

During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with told us about the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that senior staff and the manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case. A staff member we spoke with said, “We are always told about safeguarding and whistleblowing. If there was something I wasn’t happy about I would report it straight away.” Staff told us that they had received safeguarding training at induction and on an annual basis. We saw staff had received safeguarding training in 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. We saw that information in relation to whistleblowing was displayed in the entrance of the home for everyone to see. The home had a safeguarding policy that had been reviewed in April 2014. During the last 12 months there has been one safeguarding concern raised. Appropriate action was taken by staff at the service to ensure safety and minimise the risk of reoccurrence.

The registered manager told us that the water temperature of showers and hand wash basins in were taken and recorded on a weekly basis to make sure that they were within safe limits. We saw that water temperatures were within safe limits. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler and fire extinguishers. We saw measures were in place to minimise the risk of legionella. We saw records which informed that daily checks were undertaken of fire exits and routes and that carbon monoxide checks were undertaken weekly. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people who used the service. 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 had assessed risks to people’s safety. Risk assessments had been developed and were reviewed on a regular basis. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, falls and crossing roads. This enabled staff to have the guidance they needed to help people to remain safe. Staff we spoke with told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We spoke with staff who were able to tell us clear triggers to people’s behaviour that challenged. They told us of actions they took to minimise the identified risk. We spoke with the registered manager about one person the service supported that they hoped would move onto supported living. They told us how they were supporting and enabling the person to progress to going out independently. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

The three staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. 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 to prevent unsuitable people from working with children and vulnerable adults.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. At the time of the inspection there were five people who used the service. During the day and evening there were four staff on duty. The home had a dedicated unit for males and females. Two female staff provided care and support to female people who used the service. Two male staff provided care and support to males.

Is the service safe?

On night duty there was one staff member on duty. The provider had another service which was only a few doors away from Vincent House. At this service there were two staff on night duty and one of which can be called upon if needed at Vincent House. The registered manager said that between two houses there was always both male and female staff on duty during the night. From our observations we saw when people needed help that staff were visible and available to provide the help and support. When people who used the service asked to go out staff were available to take them.

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. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way. Arrangements were in place for the safe and secure storage of people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

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.

Is the service effective?

Our findings

We spoke with people about the service they told us that they had confidence in staff to provide a good quality of care and support. One person said, “The staff are good they give me all the help I need.” Another person said, “The staff are really lovely.” They told us that they had stayed at another service but said about Vincent House, “This is much better.”

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, medicines administration, and working with challenging behaviour. We viewed the staff training records and saw staff were up to date with their training. We saw that some new staff had recently taken up post. We saw that training had been booked for these staff. We saw that staff had also undertaken training in learning disability, schizophrenia, psychology, bipolar and diabetes.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. We saw that staff had received an appraisal. We were told that there had been some new staff appointed recently and that induction processes were available to support newly recruited staff. This included reviewing the service’s policies and procedures and shadowing more experienced staff.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to undertake decision specific capacity assessments and when people lacked capacity to make ‘best interest’ decisions.

At the time of the inspection, nobody who used the service needed to be subject a Deprivation of Liberty Safeguarding

(DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS and when they might need to seek these authorisations.

A senior support worker told us that menus and food choices were discussed with people who used the service at monthly meetings. We saw records to confirm that this was the case. The senior support worker told us that three people who used the service went to a women’s group and that they had learnt about healthy eating and nutrition. We were told how staff had supported two people with their weight loss. We saw that people were provided with a varied selection of meals. People who used the service were able helped with the preparing and cooking of all meals. The registered manager and staff told us that staff and people who used the service go shopping for food.

When we arrived at the service we saw that two people were independently preparing their breakfast. People who used the service were encouraged and supported to make their own hot drinks.

We saw that staff monitored people’s weight for losses and increases. We asked the staff what risk assessments or nutritional assessments had been used to identify specific risks with people’s nutrition. Staff told us that they closely monitored people and would contact the dietician if needed. However, staff did not complete nutritional assessment documentation. A discussion took place with the senior care assistant about the Malnutrition Universal Screening tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. The registered manager told us that staff at the service would undertake nutritional screening as a matter of priority.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital. We saw that people had been supported to make decisions about the health checks and treatment options. We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and speech and language therapist. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service effective?

People did not have a hospital passport. 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. This was pointed out to the registered manager at the time of the inspection who said that they would ensure that all people had a hospital passport.

Is the service caring?

Our findings

People who used the service told us that they were happy with the care and service provided. One person said, “Everyone is kind and helpful.” Another person said, “They are kind and very caring.”

People were involved in making the decision to use the service. Prior to people coming to stay, people were given the option to come for day visits and overnight visits to help make an informed decision about whether they wanted to move in. The visit also enabled staff to determine if they could meet the person’s needs and make sure that other people who used the service were happy for the person to live with them. We spoke with one person who had been on ten visits before moving in, they told us they had visited for tea and joined in activities. They said, “It helped me make up my mind.”

During the inspection we sat in the communal dining room so that we could see both staff and people who used the service. We saw that staff interacted well with people and provided them with encouragement. Staff treated people with dignity and respect. Staff were attentive and showed compassion. We saw that staff provided reassurance to people when they needed it. We saw that staff took time to sit down and communicate with people in a way that people could understand. This showed that staff were caring.

The registered manager and staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. There was

a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time.

We saw that people were encouraged and supported with decision making throughout the day. People made decisions about food, clothes, activities and how they wanted to spend their day. One person decided that they wanted to go out for their lunch and staff supported them to do this.

Before the inspection we asked representatives of the local authority for their views on the service and care provided they told us that they did not have any concerns in relation to the care and support provided at the service.

Staff told us how they respected people’s privacy. They said that where possible they encouraged people to be independent and make choices such as how they wanted to spend their day and what they would like to eat. Staff told us how they always covered people up when providing personal care and always knocked on doors before entering. They told us how they respected people as individuals and decisions that they made. This meant that the staff team was committed to delivering a service that had compassion and respect for people. Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

At the time of the inspection those people who used the service did not require 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. The registered manager was aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. We were told how many people visited their relatives on a regular basis. One person told us that they had spent Christmas with their family, they said, "I had a lovely Christmas with my family." We were told by staff that people went horse riding, dancing, shopping, for meals out, did cookery and took part in arts and crafts. One person said, "I love to eat out."

One person showed us their bedroom and all of the games, books and musical instruments that they had.

We saw that people felt confident in their home environment. One person liked to sing and dance and staff encouraged them to do this. We saw that staff joined in and danced with the person when they showed us how to do a waltz. We saw that this person took their own CD to the car when they were going out so that they could listen to their favourite music whilst they were travelling.

During our visit we reviewed the care records of two people. Each person had an assessment, which highlighted their needs. Following assessment person centred plans had been developed with people who used the service. Person centred plan provide a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may affect their care and support 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 and developing the person centred plans.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff spoke of person centred planning. Staff were responsive to the needs of people who used the service.

Staff told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff told us they had undertaken training in first aid. We saw records to confirm that this was this training was up to date. Staff we spoke with during the inspection confirmed that this training had provided them with the necessary skills and knowledge to deal with a medical emergency. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

Staff told us people who used the service and relatives were given a copy of the easy read complaints procedure when they moved into the service. We looked at the complaint procedure, which informed people how to make a complaint. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. During the inspection we saw that one person who used the service approached the registered manager and said that they wanted to speak with them about something they were unhappy with. The registered manager encouraged them to speak out and tell them what they were worried about. The registered manager told the person that she would get them a complaint form. This meant that staff at the service were responsive to complaints.

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. We looked at the record of complaints and saw that two complaints had been made in the last 12 months. We saw that complaints were investigated and that people were satisfied with the outcome.

Is the service well-led?

Our findings

The service has a registered manager. They were also responsible for the management of two other near by care homes owned by the provider. Staff and people who used the service told us that the registered manager was supportive and approachable. A staff member we spoke with said, “She has taught me loads.” A person who used the service said, “She is helpful.”

The registered manager told us about the provider’s plans to recruit a deputy manager to support and help them in the management of the service.

The registered manager told us about their values which were communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us that they had an open door policy in which people who used the service and staff could approach them at any time. The registered manager told us the importance of good team work and ensuring that, “Staff are all genuinely in the job for the right reason.”

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. We saw that they provided both support and encouragement to staff in their daily work.

We found that the registered manager and staff had a good understanding of the principles of good quality assurance. The manager recognised best practice and developed the service to improve outcomes for people. The views of people who used the service and staff were sought at both regular meetings and in surveys. The registered manager told us, “I always ask staffs opinion to find out if there is a better way of doing it.”

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

The registered manager told us of various audits and checks that were carried out on the environment and health and safety. We saw records of audits undertaken which included infections control, medicines, care records, operations and health and safety. This helped to ensure that the home was run in the best interest of people who used the service.

The registered manager told us that senior management carried out monthly visits to the service to monitor the quality of the service provided. We saw records of these visits.