Conquest Care Homes (Peterborough) Limited

Millcroft

Inspection report

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Date of inspection visit: 16 February 2014
Date of publication: 19/05/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 16 February 2015 and was unannounced.

Millcroft is an eight bed facility for people with learning and physical disabilities. Accommodation is arranged over two floors with an adjacent annex housing the day activities room and offices. On the day of our inspection there were six people who lived at the home.

All of the people who lived at Millcroft had complex needs and were not able to verbally communicate their views and experiences to us. We conducted a Short Observational Framework for Inspection (SOFI) during the lunch in the dining area/ lounge. SOFI is a specific way of observing care to help us understand the experiences of people who could not easily communicate with us during our visit. It also helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

The manager had been in post since November 2014 and had applied to be registered with the commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection in May 2014 we found the service failed to meet the regulations in three areas: infection control, quality assurance and records. On this visit we found that the manager had made suitable arrangements for the safe storage, management and disposal of medicines, the control of infection and to monitor the performance of the home.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. The manager and staff were familiar with their role in relation to MCA and DoLS.

The new manager had put plans in place to address the areas we identified as needing developing to enhance the experience of people living at Millcroft. For example whilst people benefitted from the home having had some refurbishment, improving the internal appearance and making it brighter. They had not been involved in any aspect of the refurbishment. However, the manager planned to involve people with all future changes.

We observed that staff treated people with respect and maintained their privacy and dignity. However the level of staffing had been affected by two vacancies and sickness levels. This impacted on people in the lack of meaningful activities. It also had an impact on developing people's communication and their care and support to be more creative and accessible. The manager was actively recruiting experienced staff and reviewing staff sickness levels so people could develop social and personal goals.

We have made a recommendation that the provider reviews their staffing arrangements to reflect current guidance on workforce planning.

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?

Requires Improvement

The service was not always safe.

The service had experienced difficulty with long term staff sickness and staff vacancies. There were usually enough staff on duty to make sure people were safe though not sufficient to enable people to always have opportunities for meaningful activities.

People had risks associated with their health and behaviours managed so as not to restrict their lives.

People received care from a staff team who were safely recruited. The service was actively recruiting experienced permanent staff.

People were protected by staff who understood the safeguarding procedures and would report concerns.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Action plans were in place to enable people to build both on their communication and their ability to make choices.

People received support to access health care services when they needed them.

People's nutritional needs were met. They had access to food and drinks of their choice in the home.

Plans were in place to make the whole of the outside area accessible to the people living in the home.

Is the service caring?

Good

The service was caring.

Staff knew people well and used praise and encouragement to support people.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service was developing more ways of being responsive to the people they support. Although staff knew people there had been no development or

Summary of findings

reassessment of people's abilities to communicate or relate to others. The manager had begun creating care plans which give greater detail to people's preferences and researching ways of developing their abilities to relate to others.

People were not always provided with suitable social stimulation and activities.

Whilst the service had an accessible complaints system the new manager was developing a more accessible system.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about the new management team and said they were leading the service well.

There was an open culture which encouraged all involved in the home to voice their views and concerns.

There were quality assurance checks in place to monitor the performance of the home.

Millcroft

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.

This inspection took place on 16 February 2015 and was unannounced. This visit was carried out with two inspectors.

Before our inspection, the provider completed 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. We also reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spent time with the people who lived in the home, the manager, deputy manager, an area compliance manager and two care staff. Following the inspection we spoke with two relatives. We also contacted a number of health care professionals to seek their view of the service.

We reviewed care records relating to three people who lived at the home and two staff files that contained recruitment records. We looked at a selection of other records and audits within the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Requires Improvement

Is the service safe?

Our findings

Due to people's complex needs, they were not able to tell us if they felt safe. However we observed people were relaxed with staff. Feedback from relatives and professionals stated that they felt people were supported in a way that maintained their dignity and kept them safe.

At our last inspection we found the home failed to meet the regulation regarding infection control. On this visit we found the regulations had been met. The home now employed a cleaner five days a week. There were cleaning schedules in place and staff understood and followed clear guidelines in infection control. Touring the home we saw that it looked clean and fresh. The manager ensured that there were now effective procedures in place so that people lived in a clean home with good infection control measures in place.

There were risk assessments to support staff to manage risks to people and keep them safe. For example one person has had their bed lowered with a crash mattress beside them as they were at risk of falling out of bed. The manager reported they had arranged a trial with another bed with sides to see if they would prefer it and to see if it offered them greater support. This meant the manager was helping maintaining people's safety.

Fire alarm tests and evacuation drills and annual checks of electrical equipment were undertaken. We saw that there were contingency plans in place in the event of any emergency. These checks help make the home was run safely.

Staff knew people and were able to describe the individual changes in people's mood or behaviour and other signs which may indicate that something was wrong. Staff told us that they had received safeguarding training and updates, which was confirmed by the staffing training schedule. They understood the procedure to follow to pass on any concerns and felt these would be dealt with appropriately by senior staff or the manager. The manager and staff also understood their responsibilities in regards to informing CQC and the local authority should any incidents occur.

Staff also showed a good understanding of whistleblowing procedures and said they would not hesitate to use them. One staff member said, "We are encouraged to speak about any concerns. On the wall we have the contact details of the senior management team if we needed to speak to someone outside the service." There were posters with photographs and telephone numbers of the providers and all the staff spoken with said they were encouraged to contact them if they were unhappy about any safeguarding or whistleblowing concerns. There had been a whistleblowing allegation raised last year which had been actioned and appropriately managed by the service.

On the day of our inspection one member of care staff had called in sick and another, although on the rota, was not at work but the rota had not been updated, nor had their shifts been covered. Therefore a staff member who had worked a sleep in needed to start their shift early. The staff member who cleans the home and works Monday to Friday was on planned leave and no cover arrangements had been made. This meant staff, who were not at full complement needed to cover the cleaning tasks as well as their usual duties making them less available to support people in the home. For example we noted one person spent much of the day on their own in the lounge with little interaction from staff who were busy carrying out other tasks.

Staffing rotas did not show who should be and who was on duty each day as there had been numerous changes made. We saw an agency waking night staff member had been on duty six consecutive nights where European Commission Working time directives state long periods of work can present extra risks to workers' health and safety which could then impact on the level of support a staff member could provide for people in their care. Although the waking night was being covered by the same member of agency staff there was no supervision for this staff member during the night other than monthly spot checks. and there had been no revision of their training needs or working hours. The provider could not be assured that people's needs were being met by staff working unsupervised and working extended hours.

Staff said they felt there were enough staff to keep people safe although there was an issue with staff sickness and staffing numbers. One staff member said "Staffing was our main concern but [the manager] is working on this, people are looked after well here but there is still a way to go". The service had a vacancy of a waking night and a daytime carer. The manager was actively recruiting experienced staff for both these posts and for bank staff. One new staff member had started the week of the inspection. Having staff vacancies meant that people did not have

Requires Improvement

Is the service safe?

opportunities for involvement in daily living activities such as meal preparation or have the opportunity to develop new skills or be able to follow their interests. Throughout the day, apart from one person who received a few hours of one to one care there was no support for people in social or leisure activities.

Looking at staffing records as well as speaking with staff and the manager we found safe and effective recruitment practices were followed to ensure that staff were fit for the role and able to meet people's needs. All pre-employment checks were carried out and references verified. Staff confirmed they did not start work until satisfactory employment checks had been completed. They also said they had an induction to the service when they first started to make sure they were familiar with their role and their responsibilities.

We looked at how the medicines were managed for people who lived at Millcroft. There were clear guidelines for staff to follow in safe storage and administration so that people received their medicines safely. There were suitable arrangements for the safe storage, management and disposal of people's medicines. We saw that medicine administration records (MARs) were in place and the recording of medication was accurate. We observed medicines being administered and saw that staff followed safe working practice and people received their medication in an unrushed manner.

We recommend that the service review their staffing arrangements to reflect current guidance on workforce planning.

Good

Is the service effective?

Our findings

People were supported in a way that promoted and respected their dignity. Throughout the inspection we saw that staff supported people in a way that reassured them. We observed staff were knowledgeable and competent when managing someone's complex needs. They were attentive to the person and regularly checked their medical routine in order to maintain the person's well-being.

We observed both staff during our inspection. It was clear they knew the people they supported and were skilled at relating to them, and responding to their needs. For example one person was supported in a way to help them eat more slowly.

Staff said the service had a system of e-learning training which was complemented by face to face training in areas such as emergency first aid cover, basic life support, fire marshals, diabetes management and moving and handling. All staff completed equality and diversity as well as dignity and compassion training as part of their basic core and ongoing training. Staff said there core training included supporting people with complex needs. Staff told us they had received training and had further training dates booked. One staff member had completed training in Tacpac - an activity resource for helping people with sensory or neurological impairment, through music and touch

The manager had introduced supervision and appraisals for staff. One staff member said how positive they had been in highlighting training needs and areas to work on. We saw that the manager had scheduled all staff for both yearly appraisals and two monthly supervisions.

Staff told us they had received training about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They demonstrated a good understanding of what the requirements meant in practice. For example, one staff member explained that their starting point was to "assume people have capacity" unless there was evidence to question this.

We observed that people's consent was sought before any support was offered. One staff member explained how they understood whether a person consented to the support offered to them. They said they could tell if someone was happy or not by their facial expressions and other body language. Another staff member said how they went out with one of the people in the home to buy shoes and a coat and how much the person enjoyed being able to choose their clothes. However the manager was aware that a more detailed description of each person's way of communicating their preferences was required to make sure people's communication was maximised. We saw there were MCA assessments completed and staff told us as well as noted in care plans that best interest discussions would take place when significant decisions needed to be taken.

Staff were able to explain when it was necessary to apply for an authorisation to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. The manager said all of the people who currently lived in the home had a DoLS authorisation .in place

We observed lunch being served to people. Three people were present at lunchtime with a staff member and an activity worker available to support them. One person required one to one support which they received. There was a calm atmosphere and we saw staff had good interaction with people. Staff encouraged one person to slow down as they had a tendency to rush their food.

There was a weekly menu which staff drew together from foods people enjoyed and which offered good nutritional value. There was a pictorial menu displayed for the day for people to see the choices available. People's food and drink intake was monitored and they were weighed regularly to ensure they had good nutrition and maintained a healthy weight. There had been involvement from the local speech and language therapist (SALT) for a person who had been underweight and required a soft diet and thickened drinks. We saw the SALT commented on how well the staff had managed the person's diet. Staff were confident in following the advice and guidance provided by professionals. We observed people receiving regular drinks throughout the day.

People had access to health and social care professionals. We saw from records that where people displayed symptoms of ill health, staff had contacted the relevant health professional to support them with this. We received feedback from other health professionals involved in supporting people in Millcroft. Their responses were positive about staff's interaction with people.

Good

Is the service caring?

Our findings

We received good feedback about staff from relatives and other professionals. Their comments spoke of staff being very caring and had peoples interests at heart.

We observed that people looked relaxed and at ease with staff. Staff interaction was always respectful and caring. We saw that staff went at people's own pace when supporting them, for example, when they we encouraging someone to eat a little more or suggesting someone may wish to change their clothes. The manager told us all staff as part of their mandatory and ongoing training completed equality and diversity training as well as dignity and compassion. This was reflected in any interactions we observed. The manager and staff spoken with were aware of the need to develop people's full potential and enable them to be as independent as possible.

Relatives and professionals gave positive feedback about staff being caring. Some of their comments included: "My [relative] nature is always happy, I feel [relative] is well cared for".

Another person said, "There is a good atmosphere of care in the home towards each individual's needs at all times. The Management and Staff are friendly and helpful". Relatives are always welcomed at the home and contact is encouraged.

All staff said people were always supported with personal care in private with the doors closed, and involved them in making decisions about their care. One staff member said, "People's dignity and privacy is really important. We always make sure that if someone prefers to wear clothing so they can be independent in taking themselves to the bathroom that they wear them". Another person always liked long sleeves so they could tuck their arms into them. Staff ensured their wardrobes had plenty of long sleeved clothes for them to choose from, as this was their preference.

We also saw that people could be sure their personal and medical information was stored securely. It was in a locked office meaning staff could access it easily yet confidentiality was maintained.

Staff were working on ways of involving people who live in the house more and spoke about the 'your voice 'meetings they have held with people. They tried to understand- what type of activities people would like. These meetings were being developed and the manager was also hoping to involve relatives more in meetings to gain people's views .The service had contacts with an advocacy service who would be called upon if significant decisions needed to be taken. The manager and staff were working towards creating ways to enable people to be more involved in every aspect of their life at Millcroft. For example being involved in some meal or snack preparation. Or another plan was to support people to paint a wall in the garden choosing the style and colour.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us they were concerned about the lack of meaningful activities available One relative told us. "I worry about the long hours staff work and the lack of activities at the home at times" This concern had also been noted by a professional who also commented on lack of involvement of people into the refurbishment of the home. Our observations on the day of the inspection together with discussions with staff confirmed people were requiring more leisure and social opportunities and ways of enabling them to build on their personal and social skills.

We saw one person on their own most of the day just walking around or sitting in a corner with little social interaction with the staff. At teatime one staff member was in the kitchen with the door secured preparing supper and everyone else was gathered around outside the kitchen door waiting for supper but not actively involved in any part of the meal preparation.

Three people went to a day centre three days a week using the home's own minibus but activities within the home and local community were limited. The manager said that they wanted to develop the activities and create more detailed personal activity plans for each person and had an action plan to achieve this by the end of May 2015. A staff member described the meeting they held with people to explore the leisure activities people may enjoy. The staff member explained that people were shown a picture card of a person swimming whilst they made a splash sound. They looked to see how the people reacted. One person appeared to show interest and the staff were looking into accessing a new local swimming pool. They also used a picture of South Bank Centre percussion and again made noises of percussion to help people understand the picture and had plans to visit in the summer.

One relative told us they were unaware who their relative's key worker was. Another said they had not been involved in any recent review of their relative's care. Both were aware of the many changes within the home in recent months but had not been updated by staff about how it may have affected their relative.

The manager said that everyone had a keyworker and explained they were changing the role of keyworkers to ensure staff looked at people's goals and what they wanted to achieve and put together an action plan with each person to achieve this. The manager said an example of a goal could be achieving independent personal care. Currently people had no goals which would help people maximise their ability, identify and build on their skills.

Whilst each person had a care plan the manager said they wanted to review with the staff and families to make them more meaningful for each person. Currently care plans were pictorial but not in a way that people could relate to. The manager explained their plans to develop this using photographs of the people using the service. However there was sufficient information for people to receive care and support.

The manager had recently developed a 'good' day and 'bad day profile for one person. Part of 'good' was being supported to make own pot of tea at home'. A bad day included being ignored or not having their nails done.' We saw clear instructions in the kitchen with each person's specific requirements for example one person needed the use of a special spoon to eat. Another person required their drinks to be thickened to avoid them choking.

People were supported to communicate their needs and preferences. One person's communication dictionary explained how the person may communicate, for example, how they say yes – by smiling and how they take things they are offered by putting out their hand. However there was no clear description of each person's preferred communication or how they liked to spend their day. Staff showed that they knew people and their preferences but records lacked detail to guide new staff members how relate to people.

The manager was not in post when the recent refurbishment of the home took place and was made aware, that people had not been consulted about the refurbishment. The only bath in the home had been replaced by a shower yet many of the people enjoyed a bath. The manager responded to peoples preferences and had arranged for the bath to be reinstalled.

The service did have a system to record people's complaints which was in a pictorial format however people living in Millcroft could not access and understand the information in that format.. The manager explained that although staff would know when people were unhappy and would act on this they were planning to develop the complaints system include what a complaint is for people who do not communicate verbally. For example, for staff to

Requires Improvement

Is the service responsive?

consider when a person did not finish their meal whether it was because they were full or they did not like the meal. We saw there was a clear system for complaints for relatives and professionals to access.

Good

Is the service well-led?

Our findings

We received positive feedback from staff and professionals about the manager. Comments included, “The new manager seems to be keen to maintain high standards. “Another person said “The management and staff are friendly and helpful.” and, “Management are very supportive.” Staff spoken with said the new managers had brought a new culture into the home and whilst there are areas that require improvement the current managers have a clear plan of how to achieve these.

Relatives said they had not had much contact with the manager as yet. Relatives spoken with were waiting to be involved in reviews of their relatives care. The manager told us they planned to contact families and professionals to review each person’s care and support plan and to gain their views of the service.

There had been three changes of managers over the last twelve months. The current manager had been in post since November 2014 and had applied for registration with the commission in January 2015. A deputy manager had been in post since January 2015. Both managers were experienced in working with people with learning disabilities and complex needs and were aware of the areas they needed to develop to enhance the lives of the people living in Millcroft.

For example by increasing people’s ability to choose, by creating more detailed programme of meaningful activities for each person. The manager had also put in plans to make all the grounds around the home accessible for everyone living in Millcroft. The manager explained that this work should be completed by May 2015 enabling people to have greater and safe access to all the grounds surrounding the house.

The manager said there were some existing links with the local community. There had been a longstanding association with the local school and the people had been invited to their carol service at Christmas. The manager said further local contacts were planned.

The manager was leading the staff by example and sharing their knowledge of ways of working with people who communicate in ways other than verbally. One example was in getting to know one of the people in the home and creating a profile of their good and bad days to enable staff to relate to the person more effectively. Another example was by moving their office into the body of the home so as to be more actively involved with the people and staff of the home. Previously the offices of manager and deputy were in the building adjacent to the home. The deputy manager was currently covering a number of shifts whilst recruitment and sickness levels were managed. The manager explained that this had impacted on the time they could spend helping to create more ways to involve people in the service. The staff said they felt there was an open door culture with the new management team and they were clear about what they wanted to achieve and how. We found that staff had the opportunity to express their views via staff meetings. The staff meetings minutes reflected what had been discussed and the action required by all. The manager held meetings to involve staff in all proposed developments and a staff employment survey had been carried out. The results of the survey were being analysed at the time of the inspection. Staff confirmed they received supervision and that annual appraisals were booked.

The management team had ensured that the breaches of regulations identified at the last inspection had been addressed. These areas were infection control, quality assurance and records. The manager had procedures in place to ensure compliance could be maintained. For example, there was a person employed for cleaning Monday to Friday, there was a cleaning schedule in place and staff understood the system in place to effectively clean and maintain the house and the laundry. The schedule also included a rolling deep cleaning programme. There was an effective check list in place to audit the work carried out. However the manager would need to ensure that if the person employed for cleaning is off their work is appropriately covered to minimise the impact on people living in the home.

There were a number of systems in place to monitor the quality of service provided to people living at the home. We saw there were clear audits in place covering for example medicines, accidents and incidents, health and safety checks with action plans in place where necessary. For example following a minor incident involving the minibus new procedures and checks were put in place to prevent a similar incident happening again. Also the sensory room although functioning was in need of upgrading and making it more appropriate for the people using it. An audit

Good

Is the service well-led?

highlighted the need for refurbishment and a supplier had been approached for an estimate. The manager and deputy carried out spot checks at the weekends and once a month during the night.

The provider caries out regular review visits and checks on quality assurance linked to the new fundamental standards. The reports seen reflected some of the same findings as the inspection around the nature of the home and involvement of people.

At our last inspection we found the regulation in maintaining accurate records and storing them safely was not being met. There were gaps in key records and staff could not access other key records as they had not been stored correctly .However on this visit we found records were completed, were easily accessed and were stored securely. The manager and deputy were able to produce any documents requested on the day. They had also put in place audits to make sure records were kept up to date with key information. However we did find a number of other areas of records that need to be improved such as staff rota's and accessible care plans and complaints system.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.