

Marran Ltd

Miltoun House

Inspection report

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Tel: 01287636567

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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

About the service

Miltoun House is a residential care home providing personal care to people with mental health conditions, learning disabilities and/or autism. The service can support up to 18 people in one adapted building. At the time of this inspection 16 people lived at the service.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were happy at the service and felt safe. Staff had a good understanding of people's care and support needs. Support was provided by a consistent team of staff who were visible around the service. Staff offered guidance and support to allow people to make their own decisions. Positive, caring relationships had been developed.

People were looked after by staff who had the required knowledge and skills to provide effective support. Staff communicated well with relevant professionals to ensure people received healthcare support they required.

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. Choices people made were respected.

People and staff spoke positively of the management team. The service was well-run by an experienced registered manager. The registered manager attended regular forums and events to build relationships and share best practice. They were passionate about providing a high quality, effective service. The service had good links with the local community and other professionals to promote and improve people's health.

Systems were in place to continuously monitor the service. People felt they were listened to and their views respected. The service was responsive to people's needs and the support provided had improved their well-being and independence. Important information had been submitted to CQC as required.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (last report published 18 November 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Miltoun House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Miltoun House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work within the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection we spoke with eight people who used the service. We spoke with four members of

staff, which included care staff and the registered manager.

We viewed a range of documents and records. This included two people's care records and four medication records. We looked at two staff recruitment and induction files, two staff training, and supervision files and a selection of records used to monitor the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. Systems and processes were in place to ensure any safeguarding concerns were appropriately recorded and responded to.
- Staff understood how to respond and report any safeguarding concerns. They had received regular training and demonstrated a thorough awareness of their responsibilities.
- People told us they felt safe. One person said, "I love living here and feel very safe. We all get on well together."

Assessing risk, safety monitoring and management; Lessons learnt when things went wrong

- Systems were in place to identify and reduce risks to people. Positive risk taking was promoted.
- Regular reviews of risk assessments, to ensure they remained up to date, were completed.
- The safety of the building had been maintained. Consideration had been given to people's needs and the support they would require in the event of an emergency.
- Accidents and incidents were closely monitored to identify any patterns or trends. Action had been taken to contact relevant professionals when concerns were found.

Staffing and recruitment

- Staff were recruited safely; appropriate checks were carried out to ensure people were supported by staff of suitable character.
- There was enough staff on duty to provide the support people needed. Staffing levels were flexible to ensure people had regular opportunity to access the community.
- People told us there was enough staff. Comments included, "I can do a lot for myself but there is always someone around if I need anything."

Using medicines safely

- Medicines were stored, administered and recorded appropriately.
- Staff had received appropriate medicines training.
- People told us they received their medicines as required. Comments included, "Staff are like clockwork with the medicines – always on time and know what I need to take."

Preventing and controlling infection

- Good infection control practices were in place and followed. The service was clean and tidy throughout.
- People were encouraged to participate in household tasks to maintain a clean and safe environment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving to the service. Consideration was given to all aspects of people's lives and goals and how this could be supported.
- Staff continuously assessed people's needs and choices. Good communication between staff and people ensured these needs and choices were met.

Staff support: induction, training, skills and experience

- Care and support was provided by staff who had the appropriate training, knowledge and support to ensure they had the required skills and followed best practice guidance.
- New staff received a thorough induction. This ensured they were familiar with the provider's policies and procedures, the environment and people they would be supporting.
- Staff spoke highly of the registered manager and the support they received. Comments included, "I love working here. We are one big family and [registered manager] is brilliant."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to ensure they ate and drank enough. Relevant professionals had been contacted when concerns were found, and professional guidance was followed.
- People were provided with a variety of meals and refreshments throughout the day. People were able to eat out in the community if they wished.
- People had been encouraged to participate in the weekly shopping and meal preparation. Technology was used so people could select what items they wanted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received consistent, effective and timely care.
- Staff worked with other professionals to ensure people attended regular appointments to maintain their health; staff followed the guidance they provided.
- Information was recorded and shared with other agencies if people needed to access other services, such as hospitals.

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet people's needs. Easy read signage was in place to promote independence.

- People were actively involved in any refurbishment decisions.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principles of the MCA were followed.
- The registered manager had made appropriate applications to deprive people of their liberty lawfully.
- Where people lacked capacity to make decisions, appropriate processes had been followed to ensure any decisions were made in the persons best interests.

Is the service caring?

Our findings

Our findings - Is the service caring? = Good

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were attentive to people's needs. There was a relaxed atmosphere; positive, caring relationships existed between people and staff.
- People told us they were all treated equally and felt there was no discrimination from staff.
- People told us they were supported by a consistent team of staff. One person said, "The staff are my friends. I get on really well with them all."
- Staff demonstrated a friendly approach which showed consideration for people's individual needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on behalf of a person who may need support to make sure their views and wishes are known.
- Staff employed by the service understood people's communication needs and body language. For example, when people displayed body language that indicated they wanted some time alone.
- Private spaces were available, so people could speak openly with staff in a confidential environment. Staff were observed to offer guidance and support to people to allow them to make their own decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect.
- People's privacy and dignity was respected. We observed staff knocking on people's bedroom doors and discreetly asking people before providing supporting.
- Staff communicated with people in a way they could understand which aided independence. For example, re-phrasing sentences to ensure people understood what was being requested to allow them to do this for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred support. Staff were knowledgeable about people's needs, personal routines, histories and preferences.
- People had choice and control of their care and were supported to spend their time as they wished. Staff ensured people were offered choices and respected decisions they made.
- Care plans contained detailed, person-centred information. People were included in developing care plans. Care and support plans were routinely reviewed by staff and updated as people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met.
- Staff understood how people communicated and supported people to use appropriate communication aids if needed. Staff spoke with people in an appropriate manner.
- Information was present in a range of different formats, such as easy read and large print if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to be an active part of the community.
- Staff supported people to access the community, take part in activities they enjoyed and to pursue their hobbies and interests.
- People were supported to develop and maintain important relationships to help prevent social isolation. Staff welcomed visitors and people regularly talked with each other. One person said, "I have been here a while now and get on with everyone very well – they are my friends."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they wanted to. The provider displayed information in a format people could read and/or understand about how to do this.
- Staffs knowledge of people meant they were familiar with body language people may display if they were unhappy.

End of life care and support

- No-one was receiving end of life care at inspection.
- Staff had good knowledge of people's preferences and choices in relation to end of life care; these choices were not documented. The registered manager said this would be addressed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture that was person-centred, open and inclusive.
- People's views were listened to and acted upon. They were regularly asked to provide feedback on the service provided and timely action was taken to address any concerns.
- Staff were encouraged to share their views and contribute to decisions about changes within the service.
- People and staff spoke positively about the registered managers approach and commitment to the service. One person said, "I think the manager is very good. We often have chats and they are always around to help me when I need it. They are very hands-on."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Quality assurance systems were effective. Audits highlighted where changes were needed. They did not show if these actions had been addressed on the audits. The registered manager said this would be addressed straight away.
- Senior management often visited and monitored the service to ensure standards were maintained.
- The registered manager was aware of their role and responsibilities and kept up-to-date with best practice. They had sent information to CQC as required, about incidents which had occurred at the service. They understood their responsibilities to act in an open and transparent way by being honest with people when any incidents occurred.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Regular meetings took place to ensure all staff understood their job description and what was expected of them.

Working in partnership with others

- The registered manager recognised the importance of community involvement. The service had good links with the local community and key organisations. Information on events taking place in the community were available within the service.
- The registered manager attended regular provider meetings and forums to share best practice with other managers, for the wider benefit of others.

