

## Rochdale Gateway Leisure Limited

# Millgate House

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on the 23 May 2016 and was unannounced. As part of this inspection contact was made with relatives of people using the service on the 24 and 25 May 2016.

The last inspection of this service took place on 6 February 2014 when the service was found to be compliant with all regulations inspected.

Millgate House is part of an organisation that is a registered charity, overseen by a trustee management committee. It is a care home without nursing care that can accommodate eight young adults with learning and physical disabilities on a short term basis. Showers, bathrooms and bedrooms were designed to meet the needs of people with a learning or physical disability. It is also registered to provide personal care to younger people with disabilities living in the community in their own homes. Millgate House is situated just off the main road between Bacup and Rochdale and either town is easily accessible.

The registration requirements for the provider stated the home should have a registered manager in place. The service was managed by 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.

During this inspection we found the service was meeting the current regulations.

People/relatives using the service told us they felt safe and well cared for. They considered there were enough staff to support them when they needed any help. The registered manager followed a robust recruitment procedure to ensure new staff were suitable to work with vulnerable people. We found there were enough staff deployed to support people effectively.

The staff we spoke with were knowledgeable about the individual needs of the people and knew how to recognise signs of abuse. Arrangements were in place to make sure staff were trained and supervised at all times.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained to do this safely.

Risks to people's health and safety had been identified, assessed and managed safely.

We found the premises to be clean and hygienic and appropriately maintained. Regular health and safety checks were carried out and equipment used was appropriately maintained.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected

where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

People using the service had an individual care plan that was sufficiently detailed to ensure people were at the centre of their care. Care files contained a profile of people's needs that set out what was important to each person.

People's care and support was kept under review, and people were given additional support when they required this. Relevant health and social care professionals provided advice and support when people's needs had changed.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. Care plans were written with sensitivity to reflect and to ensure basic rights such as dignity, privacy, choice, and rights were considered at all times.

Activities were varied and appropriate to individual needs.

People were provided with a nutritionally balanced diet that provided them with sufficient food and drink that catered for their dietary and cultural needs.

People/relatives told us they were confident to raise any issue of concern with the registered manager and that it would be taken seriously.

People/relatives and staff considered the management of the service was very good and they had confidence in the registered manager. There were systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being.

## 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.

People were cared for by staff who had been carefully recruited and were found to be of good character. There were sufficient numbers of staff to meet people's needs.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and appropriately managed. Infection control was managed well.

### Is the service effective?

Good ●

The service was effective

People were cared for by staff who were trained and supervised and were given enough information to care for people they supported.

Where people lacked the capacity to consent, the principles and guidance around best interest decisions were followed under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and kept under review.

People were supported to have sufficient to eat and drink and maintain a balanced diet.

### Is the service caring?

Good ●

The service was caring.

Staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care.

People's views and values were central in how their care was provided.

### **Is the service responsive?**

The service was responsive.

People's care and support plans were person centred and sufficient in detail to ensure they received consistent support during their stay from care staff who knew them.

Activities were varied and people were provided with a range of appropriate social activities.

People had access to information about how to complain and were confident the registered manager would address their concerns appropriately

**Good** ●

### **Is the service well-led?**

The service was well led.

People made positive comments about the management and leadership arrangements at the service.

Systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

**Good** ●

# Millgate House

## Detailed findings

### Background to this inspection

We carried out this inspection of Millgate House 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 the 23 May 2016 at the service and was unannounced. We completed this inspection on the 24 and 25 May 2016 when we contacted relatives of people using the service.

The inspection team consisted of one adult social care inspector.

Before this inspection we looked at intelligence held on our own systems about the service. This included statutory notifications,. A notification is information about important events which the service is required to send us by law. We reviewed safeguarding information and any comments or concerns received.

We also contacted commissioners as well as health and social care professionals who visited the service in order to gain their views and opinions on the level of care provided.

We used a number of different methods to help us understand the experiences of people who used the service. With permission we contacted seven family members of people using the service who could not use words to express their views. We spoke briefly with one person using the service. We spoke with two support workers, the registered manager and the deputy manager.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment, induction and supervision records, minutes from meetings, medication records, policies and procedures and audits.

# Is the service safe?

## Our findings

There were three people who were staying at Millgate at the time of our inspection. Two people had limited communication and were unable to tell us of their experience of the care they received. One person we spoke with told us they were happy with the service and when we asked them if they felt safe and if staff treated them well they smiled in response.

We also spoke to seven relatives/carers by telephone after the day we had visited. They told us the service was very good. We asked if they had ever had any cause for concern in how their relative was treated and if they had confidence their relative was kept safe from abuse. They said, "Without question", "Absolutely". One relative said, "I would never let my [relative] go anywhere if I didn't trust the people caring for him. The staff are very professional." Another relative said, "I have no issues at all. They [staff] do a marvellous job. I have peace of mind and feel safe in the knowledge [relative] is being cared for very well".

There were safeguarding and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding procedures are designed to protect vulnerable people from abuse and the risk of abuse. Staff we spoke with told us they had all received training in safeguarding people. We were also shown training records which confirmed all staff who worked for the service had received such training. They were familiar with the signs and symptoms of abuse and knew how to raise a safeguard concern if they witnessed or suspected any abusive or neglectful practice. The registered manager was clear about the responsibility for reporting safeguarding concerns and working with other agencies and we were shown a good example of this.

We found a safe and fair recruitment process had been followed. Appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

We looked at staffing rota's. These showed how the service managed their staffing levels to ensure there were sufficient numbers of suitable staff to meet people's needs and keep them safe. Additional staff were provided for any extra activity people undertook. The registered manager told us any shortfalls, due to sickness or leave, although rare, were covered by existing staff.

We looked at three people's care records and found individual risk assessments had been completed and were centred on the needs of the person. They were wide ranging and covered all aspects of daily living within the home and wider community. The standard of risk assessments and management plans completed were very good. Risk assessments showed the impact on staff, other people and the person involved. The likelihood of an occurrence was also considered and strategies to manage the risk were put in place. These were kept under review and updated on a regular basis. This meant staff had clear, up to date guidance on providing safe care and support.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. People had their medicines when they needed them and we saw documentary evidence to demonstrate staff administering medicines had been appropriately trained. Corresponding Medicine Administration Records (MAR) sheets for staff to use were completed showing people had their medicines as when they were needed them. People's records contained a photograph, full details of the medication and side effects along with information about any allergies the person may have.

Policies and procedures were in place to ensure good and safe practice with the administration of medicines. People who came to stay at the service brought their own prescribed medicines with them to last them for the duration of their stay. The registered manager told us this was usually in a monitored dosage system (MDS). This is a storage device designed to simplify the administration of medicines by placing the in separate compartments according to the time of day.

The service did not order or keep any stocks of medicines on site and each person had their own personal medicines profile. When people arrived at the service, their medicine was itemised, counted and placed in a locked and secure cupboard by two members of staff. A fridge was also available for those medicines which needed to be kept at specific temperatures and fridge temperatures were being monitored. This meant appropriate measures were in place for the safe and effective storage of medicines.

The premises were found to be very well maintained and clean. We looked at the arrangements for keeping the home clean and hygienic. There were infection control policies and procedures in place for staff reference and all staff had been trained in this topic. Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available. Infection control measures were also managed on a personal level for people using the service.

Staff training records showed staff had received training to deal with emergencies such as fire evacuation and first aid. Each person living in the home had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific requirements to ensure people can be safely evacuated from the service. Security to the premises was good and visitors were required to sign in and out.

## Is the service effective?

### Our findings

Relatives/carers we contacted after our visit to the service told us they had confidence in the staff team. One person said, "They [staff] really know how to support her. That gives me confidence [relative] is in good hands. They are familiar with her health issues and she is very happy." Another relative said "The staff are first class. They know everything they need to know about [relative]."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. The training record had not been updated, however, staff confirmed they had attended regular training. In addition to this, staff had been given specialist training such as epilepsy and PEG [Percutaneous Endoscopic Gastrostomy] feeding]. PEG is used for people who are unable to swallow or eat enough and need long term artificial feeding. The prescribed feed contained all the calories and other essential nourishment such as vitamins and minerals that people needed. This meant staff were suitably trained to care for with people with complex needs.

The registered manager told us the provider made sure staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. We noted there was an in depth induction programme for new staff. This would help to make sure they were confident, safe and competent. One staff member we spoke with commented "Induction training was very good. All the staff were really helpful. I enjoy my work."

Staff told us they were supported by the management team and provided with supervision. Records showed competency checks had also been completed on staff practical skills. All staff had received an annual appraisal of their work performance. These checks help to identify any shortfalls in staff practice and support the manager to identify the need for any additional training and support required.

Staff told us handover meetings were held at the change of every shift. A communication diary and daily diaries helped them keep up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and the staff we spoke with had a good understanding of people's individual needs. One member of staff said, "We have a very good team and we all work well together. Our work is flexible to accommodate individual needs and choices."

People using the service also had a communication diary and one relative told us, "I know exactly what [relative] has been doing during his stay, even what he has had to eat. We are involved in every aspect of his care and support. Relatives/carers we spoke with told us they were consulted as part of the process of making decisions related to the care and support of their relative. Comments included "[Relative] can't make his choices known, so obviously as a parent we know what he likes and dislikes and what he needs. No decision is ever made without consulting me first." And "I am involved in all the decisions made regarding [relative]."

We were informed by the registered manager that as part of the assessment process family members and

other health and social care professionals, and any other person involved in the life of the individual were invited to contribute to planning a persons' care as appropriate. This approach to assessment helped to make requirements and preferences of people clear. We saw records where introductory visits had taken place along with recorded evidence that people and or their relatives/carers, with consent, had been involved in this process." The information was also used to update care plans and inform staff of any changes between stays at the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA 2005 sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

The service had policies and procedures around the MCA 2005 and DoLS. The registered manager and staff expressed a good understanding of the principles of the MCA and DoLS and code of practice. At the time of the inspection we noted every person had a capacity assessment. DoLS applications had been approved and best interest decisions for personal care and use of bed rails were in place. These were being reviewed at regular intervals and clearly recorded in the support plans.

We were shown around the home. We saw that the decoration was clean and bright and the home was well maintained. The home was equipped to accommodate and support people with a learning disability and or physical disability. Bedrooms were spacious and accommodated various aids and had adaptations where needed. Specialist bathing facilities were provided to support people keep safe from harm.

We looked at how people were protected from poor nutrition and supported with eating and drinking. There were effective systems to identify whether people were at risk of poor nutrition, dehydration or had swallowing difficulties. Records showed people were supported to eat healthy food and to and drink sufficient amounts of fluids to meet their needs. Staff on duty told us they were able to purchase any food people wanted. Special diets were catered for including those diets relating to religious observance.

We looked at how people were supported with their health. People's healthcare needs were considered as part of their admission process. Details of health issues were recorded with guidance in place for staff in monitoring this. We spoke with relatives and asked them if their relative could get healthcare outside of the service. They told us, "They have all [relatives] details regarding his health issues and contact numbers for GP and emergencies." And "I know if they are concerned they would ring the emergency services or GP if necessary. Up to present we have not had any problems in this area."

## Is the service caring?

### Our findings

Relatives of people using the service indicated to us staff were very kind and caring. One relative we spoke with said, "[Relative] had never been away from home before. I always feel no-one can look after him as well as I can. When I visited I knew he would be all right. I've not been disappointed. The staff are so caring and kind. I have to say I feel cared for too. They always ask me how I am and they let me know everything he does. It's very comforting knowing they care." Other comments included, "Wonderful staff," "Very caring, so thoughtful and kind". Another relative told us, "It's like they are an extension to our family. They care about [relative] and they care about us" and another relative said "[relative] has known them for years now. They really know and understand her and I couldn't fault anything they do. They make her so welcome. She has a lovely room with everything she needs and they keep it nice. She has always been happy to stay there and I'm not sure I would find anywhere as good."

Staff training included the key principles on people's right to respect, compassion, dignity in care and empowerment. We observed how people were treated with dignity and respect. People were called by their preferred names and the staff and people using the service communicated well with each other. Staff were able to interpret body language when communicating with people with more complex needs and could not use words.

Staff we spoke with had a very good knowledge of people's likes and dislikes. They also had a good understanding of people's personal values and needs. They knew what was important to people and what they should be mindful of when providing their care and support. Dignity issues were managed very well and care and support plans reflected values such as people's right to privacy, dignity, independence, choice and rights.

One staff member said, "I love my job. It's interesting and rewarding and people are looked after very well." Another staff member told us "Everyone is different with different needs. We get to know them as a person first and foremost. We never lose sight of the importance of respecting people in everything we do. If we can improve people's lives in any way we will."

We saw from people's records that detailed notes were kept during a person's stay. We could see that people's preferences were at the centre of all their care and support. 'All About Me' information provided a more personal touch in meeting people's needs. This gave staff essential knowledge to provide people with a personal 24 hour service. Information included for example, 'What I like to wear, to eat, drink, night routine, personal habits and what is important to me'. Daily records completed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. This meant people using the service could be confident their personal matters were kept confidential.

Relatives we spoke with told us they received an account of their relatives stay. The registered manager kept in touch with them in between stays at the home to see how their relation was doing and if there were any changes they needed to make to ensure their relatives stay was a positive experience for them. One relative

told us, "She has a diary in her bag which they complete and I read. I love to read what she has done and I know she is treated very well."

Relatives told us that they could not speak highly enough of the service and would not hesitate to recommend it to others." One relative we spoke with told us, "I love knowing what [relative] has been doing. We often chat about her care. From my experience of [relative] using the service I don't think they could do any better. She gets a first class service. I couldn't find better."

## Is the service responsive?

### Our findings

Relatives we spoke with told us their family member received a service that was responsive to their family member's needs and preferences. They said, "They know all about her and what she likes to do" and "They are spot on with their understanding of his needs." Relatives told us before their family member came to stay for respite care they were visited by the registered manager who had completed an assessment. They indicated they found these useful and helpful in knowing what to expect. These pre admission assessments were reviewed every time respite care was booked. Relatives told us this was good for keeping the staff up to date with any changes since their family members last stay.

We looked at three people's support plans and other related records. Records identified people's support needs in all aspects of their lives and provided guidance for staff on how to respond to them. The support plans were person centred and included information about people's routines, their likes and dislikes and provided staff with details about when and how they wished their support to be delivered. This helped to ensure people's care and support was maintained whilst away from home at an equivalent standard to that which they would normally receive..

Detailed daily records were kept of the care and support delivered and of what went well. This helped staff to monitor and respond to people's wellbeing. We also noted staff had been trained in understanding health improvement level 2. This qualification is aimed at organisations with an interest in the health and wellbeing of people who use their services. It provides staff with basic health advice and methods of support which they can then use to support people they care for.

We found reviews of people's needs and levels of support were regularly being carried out. Relatives confirmed they had been involved with the review process. They told us they were aware of their relatives support plans and confirmed they had been involved with them. They said, "I am involved in planning [relatives] care. They really do listen to what I have to say." And "We plan everything together. I wouldn't feel happy unless her care was as she was used to and she seems to do a lot more things here. They provide her with good stimulation which she enjoys. In fact a trip was being organised and they rang me to see if she could go. I dropped some money off and I could see her. She seemed so happy and cared for."

Staff told us the support plans were useful and said they referred to them during the course of their work. There was a handover meeting at the start and end of each shift, and combined with care plans, information boards, and communication diaries staff were kept up to date with people's needs. From our discussions and observations we found staff to be knowledgeable about the people in their care. Staff also told us people using the service had regular stays and this helped them recognise if people "were not their usual self". Staff confirmed there were systems in place to alert the management team of any changes in people's needs. A contact list was recorded in people's files of professionals who were involved in their care and well-being. This meant processes were in place to respond to people's needs in a timely manner.

Relatives we spoke with told us the service was flexible. One relative told us they were accommodating to them when an emergency cropped up and they needed extra support. They said "I rang the manager and

told them I needed a short stay. Even though it was short notice they arranged this for me. It was a life saver and I felt better knowing that [relative] would be cared for."

From our discussions with the registered manager and staff and from referring to people's records it was clear people were supported to participate in a range of appropriate activities. Activities were tailored to the individual and in care plans we saw that people enjoyed for example, foot spa, hydrotherapy, Zumba, gym, bowling, shopping, going out for lunch, and trips out to name but a few. One relative told us "[Relative] enjoyed seeing the police horses. There is always something going on." Another relative told us, "We get invited to all the events they have. They had a party for her birthday. The Christmas meal was lovely." And another relative told us, "He has to be watched all the time. They created a safe place for him to move about safely. That was really thoughtful of them as it means he can be out of his wheelchair."

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and people were given information about the procedure in the service user guide.

People who used the service and their relatives were encouraged to discuss any concerns they had with staff and management. One relative we spoke with told us, "If I had any concern I would definitely tell the manager. [Relative] can't speak for himself although I have to say he can be quite vocal if he wants and if there were any concerns I'd know about it. The manager is very good and I'm confident she would handle any complaint very well. Up to present I've had nothing to complain about." Another relative told us, "I've never had to make a complaint. If I needed to I would and I'm sure it would be dealt with properly. They are the sort of people who take their work seriously and I know the manager would sort out any problems I had."

## Is the service well-led?

### Our findings

Relatives and staff we spoke with did not express any concerns about the management and leadership arrangements. A relative said, "I'm extremely happy with the standards of this service. I think everyone is very professional.". Another relative said, "Definitely a well-run service. They are organised and know what they are doing." One staff member told us, "It's a good place to work. The manager works with us as a team member. She is very supportive and available to discuss any issue we have. I feel as a staff member I can talk to her in an open way and she listens. We have regular discussions and we are kept informed of any planned changes, it's a good place to work."

The service had a statement of purpose. This is a document which outlines the vision, aims and objectives of the service. There were clear lines of responsibility and accountability. All the staff we spoke with were knowledgeable and dedicated to providing a high standard of care and support to people who stayed at the home.

The registered manager in place had registered with the Care Quality Commission (CQC) in June 2011 and as such has provided continuous leadership. The registered manager had day to day responsibility for the operation of the home.

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. We were able to determine that these were being reviewed at the time of our visit to ensure they reflected any necessary changes.

The provider used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people/relatives in quality assurance questionnaires. The registered manager was considering how they could improve quality monitoring as the response rate was not good. Because people using the service also used other services and were approached by these services to provide feedback, it was understandable. Feedback was given informally and as a means of going forward. The registered manager intended to log these comments as and when they were given, and to take the opportunity when discussing planned stays and discharge from the service, to complete formal quality monitoring at that point.

Staff were supervised on a daily basis by management. Staff we spoke with had a good understanding of the expectations of the registered provider and had clear defined roles and responsibilities to people using the service, themselves and the provider. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should conduct themselves at all times. They said they received regular feedback on their work performance through the supervision and appraisal systems and enjoyed working for the service. They had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care.

There were effective systems in place to regularly assess and monitor the quality of the service. When people

were admitted to the home staff followed 'booking guests in and out procedures'. This involved for example, 'welcome, fire procedures, clothing inventory, money, medication and equipment'. Equipment people used was checked twice daily,. There were checks on menus, specialist bathing/shower, body maps in use and risk assessments for wheelchairs. People's files were reviewed six monthly and more frequently when changes had been made.

Regular audits and checks were carried out by the registered manager. These helped to ensure that standards were maintained and records maintained evidenced that safety checks took place. We saw records of fire equipment, emergency lighting, water temperatures and the electrical system being checked. Risk assessments addressed the potential risks of using certain equipment at the home as well as making sure that the correct environment was maintained for the diverse needs of people who stayed at the service.

The home was also subject to internal audits in respect of business planning. The registered manager attended monthly meetings with the directors to discuss the development of the service and to ensure the service was maintained to a good standard. This meant there was constant oversight of the service and these meetings provided an opportunity for everyone to reflect and improve the service where needed. We saw evidence of investment made in regards to the refurbishment and general maintenance of the home.

.We saw evidence that the service worked in partnership with other agencies to ensure people received a seamless service that supported their health, welfare and well-being.