

# Approach Community Homes Limited

## Milton House

### Inspection report

39-41 Spenser Road  
Bedford  
Bedfordshire  
MK40 2BE

Tel: 01234602741

Date of inspection visit:  
03 July 2019

Date of publication:  
24 July 2019

### 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:

Milton House is a service which provided personal care to nine people, living with a learning disability or autism, at the time of the inspection. The service was split over two houses and people shared facilities such as the kitchen and the bathrooms. The service can support up to 13 people.

The service has been developed and designed in line with 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 positive about their care. One person told us, "It is a nice family atmosphere here. This is really important to us all and it is very pleasant here."

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported with kindness respect and compassion by a staff team that knew them well. People were able to make choices about their support and the staff team supported people to live their life in the way they chose. People were communicated to in their preferred communication methods.

People were supported to access the community and take part in activities which they had chosen. These activities were important to people and promoted their independence and presence in the local community.

People were protected from harm and abuse by systems put in place at the service in areas such as medicines and safeguarding. People had assessments in place to ensure that they were able to take positive risks. There were enough staff to support people safely and enable people to take part in activities which they had chosen.

People were supported by a knowledgeable staff team who received training and supervision to be effective in their job roles.

People were positive about the way they were supported with food and drink. Staff supported people based on their choices and dietary needs. People were supported to visit health care professionals when this support was needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to a complaints policy and procedure. People had been supported to record what would be important to them at the end of their life so that staff could support them at this time.

The registered manager promoted a positive culture and was very visible in the service. The registered manager completed audits and checks to monitor the quality of the service and put action in place to make improvements.

People using the service and the staff team were encouraged to be involved in the development of the service. The registered manager and the staff team worked with other organisations to ensure good outcomes for people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was requires improvement (published 18 July 2018).

Why we inspected:

This was a planned inspection based on the previous rating. At this inspection we found that the service has made improvements and is now rated as good in all KLOES.

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.

# Milton 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:

Milton 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 received feedback from the local authorities who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection:

We spoke with five people who use the service about their experience of the care provided. We observed interactions between staff and people who used the service. We spoke with two staff members and the

registered manager.

We reviewed a range of records. This included two people's care records which included all aspects of care and risk. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection:

The registered manager sent us further evidence in relation to training data and quality assurance records.

# 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 felt safe living at the service. People told us, "I feel very safe living here." and, "I don't like going out by myself, so staff go out with me. This helps me feel safe."
- Staff had training and a good understanding of safeguarding and keeping people safe.
- Staff had access to a safeguarding policy which detailed how to report any concerns.
- People living at the service and staff had access to information about safeguarding signposted around the service.

Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their needs, such as mobility, medicines and what activities they liked to take part in. For example, one person had a risk assessment for going out independently. We saw that staff understood this when the person chose to go out and followed the risk assessment.
- People had risk assessments in place for emergency situation such as a fire or the closure of the service.
- The registered manager completed health and safety checks to ensure that the service was safe.

Staffing and recruitment

- There were enough staff to support people at the service. People told us, "There are more than enough staff. Always someone about. It is never short here." and, "There is always someone about to help me out."
- Staff members told us that there were enough staff on shift to enable them to support people safely.
- We reviewed staff rotas and saw that people were always supported by enough staff. More staff worked at the service at weekends and at people's requests.
- The registered manager completed robust recruitment checks for all staff members. This ensured that they were of a good character to work with people.

Using medicines safely

- People were supported safely with their medicines. One person said, "I take my medicines at the same time every evening. The staff know what they are doing."
- Staff received training in the administration of medicines. Staff had a good understanding of how to support people with their medicines.
- People who were prescribed as and when required (PRN) medicines had protocols in place. These told staff when a person may need these medicines.
- The registered manager completed regular audits of people's medicines.
- The registered manager and staff used an electronic system to administer medicines. The registered

manager showed us how this had reduced administration and recording areas.

#### Preventing and controlling infection

- Staff kept the service clean and we saw that all areas of the service were fresh and well maintained. On person said, "It is really good here. The staff keep it nice and clean."
- Staff had training in infection control and access to equipment to complete cleaning tasks.
- Staff completed regular checks in areas such as legionella and food temperatures.

#### Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents at the service. Any lessons learned were shared with the staff team in meetings, supervision or in a communication book.
- The registered manager showed us examples of where lessons had been learned. For example, the registered manager had updated a medicines policy following some confusion around non-prescribed medicines.



# 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 before they began using the service. People's history and cultural preferences were considered and taken in to account. For example, one person wanted to continue attending a church and this was put in their care plan. This person was then supported to go to the church of their choice.
- People who used the service as respite had their needs assessed and reviewed each time they used the service.

Staff support: induction, training, skills and experience

- Staff had training in areas such as safeguarding, moving and handling and the administration of medicines. One person said, "Staff know how to do everything. They know how to use everything, and they know how to do the medicines."
- Staff also received training specific to people's needs. This included training such as end of life care, supporting people living with autism and supporting people with different communication needs.
- Staff received a thorough induction before starting at the service. One staff member said, "Induction was good. I went through the policies and procedures and spent time shadowing other staff members whilst I got the hang of things."
- Staff received regular supervision. Staff's competency in areas such as medicines and communicating with people was observed however not recorded. The registered manager sent us evidence following the inspection showing that these would now be recorded.

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

- People were positive about the food at the service. One person said, "They cook a good dinner here. We all make a menu and the staff help us cook."
- People were supported to make their own choices about what to eat and drink. One person said, "I can always ask for something different. I like tuna mayonnaise and have had this three days in a row. I asked for a fried breakfast this morning and this was no problem."
- Healthy meals and maintaining a balanced diet was discussed with people in meetings.

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

- People were supported to see health professionals when they needed to. One person said, "I mentioned [health issue] to the registered manager and the GP was out the same afternoon."
- One person was returning from hospital on the day of our inspection. The registered manager ensured

that this person's medical records and care plan was updated following this admission.

- Records of health appointments and professional involvement were documented. These were used to update people's care plans and risk assessments.
- Keeping healthy was an agenda item in meetings with people using the service. There was information around the service about how to keep healthy for people to use.

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

- People were not impacted by the size of the service. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when supporting people.
- People told us that the design of the service met their needs. The registered manager had converted one room of the home in to a separate lounge for a person who liked to watch television at a loud volume.
- People were happy to show us their rooms. These rooms were personalised based on individuals needs and preferences.
- All the areas of the service were large and spacious which allowed people to take part in daily living skills such as cooking, cleaning and laundry.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us that staff always asked for consent before supporting them. One person said, "Staff always ask my permission before they help me. Always."
- The registered manager completed capacity assessments and best interest meetings for people who lacked capacity in certain areas. These assessments were decision specific. For example, one person had a capacity assessment for leaving the house unsupported.
- Some people using the service had a DoLS in place. These were in place using the correct legal procedures.
- Staff had training in the MCA and had a good understanding of its principles.

# Is the service caring?

## Our findings

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

- People were positive about the care they received. People told us, "[Staff] are very kind to me." and, "[Staff] are very kind here. [Staff] always make an effort to chat to me and we always have a good laugh."
- Staff knew the people they were supporting well. We saw that people were happy and relaxed when being supported by the staff team.
- The registered manager and the staff team had a good understanding of what was important to people and what people's likes and dislikes were.
- People's care plan and records completed by staff were written using respectful language and gave a good overview of how people liked to be supported. This included people's religious and cultural beliefs.

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

- People told us they could make choices about their care. People told us, "I can choose what I want to eat and what I want to wear. I choose when I want to go out and the staff help me go out." and, "I have lots of choices. I can do whatever I want really."
- People, and those important to them were involved in reviews of their care plans and people's choices were clearly recorded. One person said, "I sometimes update my care plan with [registered manager]. We chat about it every now and then."
- People who did not have family members or friends involved in their care, had been supported to access and use advocacy services. This meant that someone independent to the service supported people to make decisions in their best interests.
- People's choices were respected. We observed people making choices about what to do during the day and staff supported these.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "[Staff] are really good here. They are so respectful especially if we have visitors."
- People's independence was promoted and encouraged. One person told us, "I do as much as I can by myself. You saw me today doing my own cooking and doing all my own washing."
- One person was supported to access the community independently. The registered manager had a detailed risk assessment and a plan in place which the person could understand. The registered manager went through this plan with the person before they accessed the community. This meant that the person was able to keep their independence.

- Staff had a good understanding of how to promote people's independence. The ways to do this were also recorded in people's care plans.

# 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 requires improvement. At this inspection this key question has now improved to good. 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

- At our last inspection we found that improvements needed to be made and more information needed to be in people's care plan. At this inspection we found that improvements had been made.
- People's care plans now contained information about how to support them if they were feeling anxious or upset.
- The registered manager showed us how staff were flexible to meet the needs of people. Staff members shifts were based on when people chose to have staff support, for example, to access the community. The registered manager had increased staffing at the weekend, at people's requests to help people access the community.
- People's care plans were very detailed with regards to people's preferences, likes and dislikes.
- Staff were passionate about supporting people in a person-centred way. One staff member told us, "We focus on the individual as an individual. You learn people's likes and dislikes and what they want out of life and support people based on this."

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.

- At our last inspection we found that improvements needed to be made to people's care plans to make them more accessible for people. At this inspection we found that improvements had been made.
- People's care plans had been personalised and produced in formats that people could understand. For example, we saw people's care plans written using pictures and symbols if the person could not understand written words.
- Staff communicated with people in their preferred communication methods such as signing or using pictures and symbols.
- Information about activities and important information such as safeguarding, or what to do in an emergency were on display in an easy-read format for people to use.

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 told us that they could take part in any activities they chose whenever they wanted to. One person said, "I go to the shops and do whatever I want when I want to do it really. We are planning day trips for this

year as well."

- One person had chosen not to attend an activity as they did not enjoy it any more. The registered manager had supported this person to look at alternatives. This person told us, "I was tired of [activity] and I am excited to try something different next week."
- One person told us about how they were a member of a local group for people with learning disabilities. This gave them a chance to talk about their experiences with other people.
- Ideas for social activities and engagement were an agenda item on meetings that were held with people.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place at the service and this was available in an accessible format for people to use.
- People told us they had not needed to make a complain. People told us they would talk to the manager if anything was wrong. We saw that historical complaints had been responded to in a timely manner.

End of life care and support

- At our last inspection we found that improvements needed to be made in this area as people had not been supported to put end of life care plans in place. At this inspection we found that improvements had been made.
- The registered manager had worked with people to put plans in place for the end of people's lives. These were very specific and included information about people's preferences such as music and funeral arrangements.
- Staff had training in how to support people at the end of their life and had a good understanding about how to get information about people's wishes and preferences.

# 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 requires 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection we found that improvements were needed in way that the quality of the service was monitored. We also found that the registered manager needed to improve their knowledge in key areas such as end of life care and Registering the Right Support. At this inspection we found that improvements had been made.
- The registered manager had a good understanding of Registering the Right Support. Measures were put in place to ensure that people were able to live independently whilst sharing a home with other people.
- Audits in areas such as care plans, medicines, health and safety and accidents and incidents were completed to monitor the quality of the service.
- People and staff had clear plans in place for what to do in an emergency situation such as a fire or bad weather. There were plans in place to lead the service when the registered manager was not available.
- The registered manager and staff members understood their job roles and responsibilities. Information was passed between staff members in daily handovers.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The registered manager promoted a positive culture. It was clear that people using the service and the staff team knew the registered manager well. The registered manager was very visible at the service and went out of their way to support people. For example, the registered manager used her own time to support people to access the community if no staff were available at the time.
- During the inspection, there was a positive atmosphere at the service. People were supported to take part in activities and access the community when they chose to do so. Staff encouraged people to speak about the service and what they thought of the support provided.
- People were positive about the registered manager. One person said, "It is very well managed here. [Registered Manager] is doing a good job."
- The registered manager reported all notifiable incidents to the proper authorities. Information was shared with people and the staff team following any incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager held regular meetings with people using the service and the staff team. This

allowed people and staff to feed back about the service. Actions from these meetings were documented and used to improve the service.

- Staff were positive about the management at the service. One staff member said, "We are definitely well supported here. I feel that all my suggestions are listened to and acted up on."
- Information was available in different formats to suit individual's communication needs.

#### Continuous learning and improving care

- The registered manager was passionate about improving the service. The registered manager showed us various measures they had taken to improve the support for people since our last inspection.
- The registered manager and the staff team ensured that actions from meetings and audits were completed to improve the service.

#### Working in partnership with others

- The registered manager and the staff team worked well with others to ensure good outcomes for people. The registered manager had linked with shops and businesses so that people could access the community independently and safely.
- The registered manager and the staff team worked with organisations such as day services and local services like the church and cafes. This allowed people to take part in activities which they had chosen.
- The local authority told us that the registered manager worked with them well and took feedback on board to improve the service.
- The registered manager told us that they were well supported by the provider.